

Franklin's biographer – that he and James Watson had stolen Franklin's data on DNA, he responded: 'As to the theft issue, I will make no comments, or you will accuse me of feeling guilty about it – which I don't' (p. 439).

On many occasions in the book, Olby masterfully exposes many aspects of Crick's life worthy of interest. Amongst them are Crick's role as 'molecular evangelist' – he broadcasted many BBC radio programmes and intensively lectured worldwide between the mid-1950s and the late 1960s – his crucial role in the cracking of the genetic code, his controversial views on eugenics and religion, and his flirtation with two highly speculative subjects such as the origin of life and consciousness.

A key aspect from Crick's scientific life that Olby rescues outstandingly is that of his years working for the Admiralty during World War II (Chapter Four). As a naval scientist, Crick, alongside other scientists, began to work first on the development of sweeping mechanisms to destroy the sea magnetic mines that the German Navy was using to blockade the traffic of vessels through the English Channel. Later, his work shifted towards the design of mines able to neutralise the very same sweeping mechanisms, in case the Germans had also developed them. This was a very intense, working-around-the-clock period, one that allowed for the emergence of a well-defined working culture (weapon development) that would, in Crick's hands, prove determinant for the establishment of a highly competitive science, such as molecular biology. There is no doubt about how precious this culture of fast response and the delivery of results, of the constant strive for getting ahead of the competition's ideas and work, was for Crick and his colleagues at Cambridge when competing with Linus Pauling on the determination, first of protein, and shortly after, on DNA structures. This transfer of war culture into the biosciences, as revealed by Olby's account of Crick's early days of scientific development, certainly deserves

further assessment. It would be interesting to know, for instance, the precise number of army scientists relocated in bioscience laboratories after the Second World War, and the form and qualities that this war working culture took into the laboratories to which it was transferred.

In the preface of Olby's book (p. xvi), he states that he hopes for his work to 'make an additional contribution'. Needless to say, he largely achieves this and in so doing, proves wrong those who, like myself, thought that enough was known about Francis Crick's life. Olby's book is written in a lucid style with an impressive display of sources and a smart and engaging narrative. Definitely a pleasurable read.

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Alex Mold and Virginia Berridge, *Voluntary Action and Illegal Drugs: Health and Society in Britain since the 1960s*, Science, Technology and Medicine in Modern History, (Basingstoke: Palgrave Macmillan, 2010), pp. x + 242, £55.00, hardback, ISBN: 978-0-230-52140-7.

Voluntary action in British welfare provision is not new: an early form being the religious guilds of the mediaeval period. As I write, it is being praised as an activity that 'makes lives better' by a British Prime Minister – this time, David Cameron; and not for the first time 'claimed' as a key plank of the government's plan to deliver improved welfare services.

In their first co-authored monograph, Alex Mold and Virginia Berridge explore the meaning, importance and roles of contemporary voluntary service centred around illegal drug use in Britain from the 1960s. They illustrate that since the 1980s, the key players in the mixed economy of

welfare – the state, the commercial providers and the voluntary sector – have drawn closer together, and the spaces in which they ‘work’ have become less clearly demarcated. This process, they argue, was driven by increasing government financial support of the voluntary sector, as the state, under Margaret Thatcher, ‘rolled back’, and gave rise to additional ‘hybrid’ organisations exemplified by social enterprises, which used business models, operated with a voluntary sector ethos and received government funding. However, as Mold and Berridge note, the government was not a disinterested financier. Central government initiated and directed the actions of some voluntary groups. Moreover, it became increasingly difficult for voluntary organisations to claim autonomy. The state had not so much ‘rolled back’, rather, voluntary organisations were ‘rolled into the state’.

At the same time, government perceived voluntary organisations as well placed to evaluate welfare services and to inform policy makers. This drew some voluntary organisations closer to ‘the heart of government’. Nevertheless, Mold and Berridge question the influence of the ‘voice of the user’, noting that at the turn of the twenty-first century, government policy, whilst outwardly supporting the campaigning role of voluntary organisations (which broadly promoted the liberalisation of drug use), had, in practice, returned to abstinence as treatment, demonised methadone maintenance and delivered an increase in criminal measures to ‘deal with’ offenders.

Additionally, the authors highlight that, in the drugs field, other organisations, such as the Exchange Supplies, have not sat comfortably with any particular sector in this welfare economy.

Their narrative, arranged chronologically in three parts, argues for the existence of an adaptive and flexible voluntary sector, which has responded to many elements, among them

government departments, healthcare workers, and users of welfare services; and crises, such as the explosion in heroin use in the 1960s, and the arrival of HIV/AIDS in the 1980s. It is not a story of linear progression and not, they point out, without its difficulties. Yet it is one of survival.

For all the blurring of boundaries between service users and providers, Mold and Berridge conclude that the voluntary sector, with its ability to develop in changing environments, has and will continue to play a significant role in the public health and welfare sectors of British society.

Historians will find the use of secondary and primary literature in this monograph engaging and their argument ably made. The authors make excellent use of oral histories, alongside archive material, including recent material from the Department of Health and privately held personal papers. As with previous studies by Berridge and co-authors, healthcare practitioners, sociologists and policy makers will find much in this analysis of past patterns to consider future directions in their particular areas of endeavour.

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**Adele E. Clarke, Laura Mamo,
Jennifer Ruth Fosket, Jennifer R. Fishman
and Janet K. Shim** (eds), *Biomedicalization:
Technoscience, Health and Illness in the US*
(Durham, NC: Duke University Press, 2010),
pp. xi + 498, £20.99, paperback, ISBN: 978-0-
8223-4570-1.

This is an important book for historians, and not only because it largely substantiates its bold opening claim, ‘that since around 1985, dramatic and especially technoscientific changes in the constitution, organization, and practices of contemporary biomedicine