- 64 Hargreaves-Heap S. Unemployment. In: Eatwell J, Milgate M, Newman O, eds. The New Palgrave—a dictionary of economics. Vol 4. London: Macmillan, 1987:745–9 (paperback edn, 1998).
- Huntington E. World-power and evolution. New Haven: Yale University Press, 1920 (reprint 1929): chapters II–IV.
- 66 Higgs R. Cycles and trends of mortality in 18 large American cities, 1871-1900. Explorations in Economic History 1979;16:381-408.
- 67 Jin RL, Shah CP, Svovoda TJ. The impact of unemployment on health: a review of the evidence. *Can Med Assoc J* 1995;**153**:529–40.
- 68 Hexter MB. Social consequences of business cycles. Boston: Hougton Mifflin, 1925.
- 69 Burn AR. Ischaemic heart disease mortality and the business cycle in Australia. Am J Public Health 1979;69:772–81.
- 70 Bunn AR. I[schemic]H[eart]D[isease] mortality and the business cycle in Australia. [Letter]. Âm J Public Health 1980;**70**:410–14.
- 71 Watkins S. Recession and health: a literature review. In: Wescott G Svensson P-G, Zölner HFK, eds. Health policy implications of unemployment. Coppenhagen: World Health Organisation Regional Office for Europe, 1985
- 72 McAvinchey ID. Economic factors and mortality: some aspects of the Scottish case 1950-1978. Scottish Journal of Political Economy 1984;31:1-27
- 73 Junankar PN. Unemployment and mortality in England and Wales: a preliminary analysis. Oxford Economic Papers 1991;43:305-20.
- 74 Goff BL. Health and the economy: exogenous versus choice variables. Kyklos 1980.43.437-84
- 75 Forbes JB, McGregor A. Unemployment and mortality in post-war Scotland. J Health Econ 1984;2:239-57.

- 76 LaPlante MP. Mortality and the business cycle. [PhD dissertation]. Stanford, CA: Department of Sociology, Stanford University, 1985.
- Kagan AR. Unemployment causes ill health: the wrong track. Soc Sci Med 77 1987;25:217-18.
- 78 Dooley D, Fielding J, Levi L. Health and unemployment. Annu Rev Public Health 1996;17:449-65.
- 79 Boor M. Relationship between unemployment rates and suicide rates in eight countries, 1962–1976. *Psychol Rep* 1980;**47**:1089–101. 80 **Bollen KA**. Temporal variation in mortality: a comparison of US suicides and
- motor vehicle fatalities 1972-1976. Demography 1983;20:45-59.
- 81 Stern J. The relationship between unemployment, morbidity and mortality in Britain. Pop Stud 1983;37:61-74.
- Bartlet M. Unemployment and health selection. *Lancet* 1996;348:904–5.
 Mathers CD, Schofield DJ. The health consequences of unemployment.
- Med J Austr 1998;168:178-82. 84 Valkonen T. Martikainen P. The association between unemployment and mortality: causation or selection? In: Lopez AD, Casell G, Valkonen T, eds. Adult mortality in developed countries: from description to explanation. Oxford: Clarendon Press, 1995:201-22.
- 85 Martikainen PT, Valkonen T. Excess mortality of unemployed men and women during a period of rapidly increasing unemployment. Lancet 1996.348.909-14
- 86 Martikainen PT, Valkonen T. The effects of differential unemployment rate increases of occupation groups on changes in mortality. Am J Public Health 1998;88:1859-61.
- 87 Blake Turner J. Economic context and the health effects of unemployment. J Health Soc Behav 1995;36:213-29

THE JECH GALLERY

Less medicine, more health: a memoir of Ivan Illich

ontemporary medicine is not comfortable with polymaths: it cannot easily handle visions that transcend its narrowly defined specialist boundaries. This is paradoxical given medicine's cultural imperialism—the ways in which it constantly crosses social boundaries and in which (as Marxists have it) it continually reproduces itself as it gobbles up more areas of our social lives (a current example being the invention of "female sexual dysfunction''1).

Ivan Illich was well ahead of his time² in identifying and classifying the health hazards of the "medicalisation of society". In the mid-1970s he used medicine as an example of his general thesis that industrialisation and bureaucracy were appropriating areas of life previously regarded as personal. In particular, he identified how drugs and other medical technologies remove personal responsibility for suffering and create dependence on health care, which itself has a wide range of hazardous slide effects.

Perhaps it is clearer today that medicine's cultural imperialism is not itself a cultural product but is primarily a result of the profit motive. None the less, it is paradoxical that Illich's critique was at the time so unwelcome to the "health left". Navarro found it "unhistorical and unempirical",⁴ while for Berliner, Illich gave "additional ammunition to those who seek monopoly capital control of health providers and the health system".⁵ Notable among wide ranging characterisations of Illich's thesis were romantic idealism⁶ and "vulgar Marxism".⁷

Illich's dramatic and powerful language enhanced both his positive and negative impacts: "The medical establishment has become a major threat to health""; "...it now seems rational to flee pain rather than to face it''; "...irreparable damage accompanies industrial expansion in all sectors"

His perspective was by no means a static one: 10 years after Medical Nemesis, Illich felt that "Today's major pathogen is, I suspect, the pursuit of a healthy body".⁸ And 20 years on, he saw society as viewing life in systems terms, and asked despairingly "... is there still an autonomous self capable of the act of dying?" Now holding a gentler view of medicine, he could "see no compelling reason why one who practises medicine could not also be a friend...

I met Illich briefly in 1978 when he visited Manchester and we corresponded for two years. In retrospect, his thesis of the disabling of society through the direct dominance of professionalism and industrialisation seems over-simplistic. Clearly it lacked a critique of capitalism-which is surely the driving force behind professional hegemony. It also gave insufficient credit to the achievements of medicine-as a diabetic with retinopathy, I'd certainly be dead or blind without insulin or the laser. But as a preacher of revolution in the politics of health, Illich had few equals.

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REFERENCES

- Moynihan R. The making of a disease: female sexual dysfunction. BMJ 2003;326:45-7.
- Illich I. Medical nemesis. Lancet 1974;i:918-21. 2
- Illich I. Interior interiors. Lancer 1774,1716 21. Illich I. Limits to medicine: medical nemesis—the expropriation of health. London: Marion Boyars, 1976. Navarro V. Political power, the state, and their implications in medicine. Review of Radical Political 3 4 Economics 1977;9:61-80.
- Berliner HS. Emerging ideologies in medicine. Review of Radical Political Economics 1977;9:116–24. Hart N. The sociology of health and medicine. Ormskisk, Lancashire: Causeway Press, 1985. 5
- 6 7
- For RC. The medicalization and demedicalization of American society. In: Knowles JH ed. Doing better and feeling worse: health in the United States. New York: WW Norton, 1977:9–22. Illich I. Body history. Lancet 1986;ii:1325–7. Illich I. Death undefeated. BMJ 1995;**311**:1652–3. 8
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