

## Review Essay / Note critique

# Modernizing Health, Globalizing Concern

### **Diagnosing Empire: Women, Medical Knowledge, and Colonial Mobility**

Narin Hassan

London: Ashgate, 2011, 142 p., £45 (hardcover)

### **Empire, Africa as a Living Laboratory: Development and the Problem of Scientific Knowledge, 1870-1950**

Helen Tilley

Chicago, University of Chicago Press, 2011, 520 p., US\$91.00 (hardcover), \$29.00 (paperback)

### **Coming to Terms with World Health: The League of Nations Health Organisation 1921-1946**

Iris Borowy

Frankfurt am Main: Peter Lang, 2009, 510 p., US\$117.95 (hardcover)

The connection between European Imperialism and Western science and medicine is not a new one for historians of medicine, science, or empire. Colonial policies were dependent on scientific classifications of difference; imperial power expanded and was secured as western medical knowledge was proclaimed a safeguard from endemic and "tropical" diseases. Yet, as these three volumes reveal, there are more complex relationships between colonialism and material culture, epidemiology and cultural reform, conquest of disease and economic development in the late 19th and the first half of the 20th century. Narin Hassan exposes the role medicine and British and native women played in the Imperial project. Hassan argues that both groups of women used and disseminated the idea of western medicine as evidence of "modernity." This supported Imperial ideology and policy while simultaneously creating spaces for women's own political advantage. While Hassan focuses her research on women in the Middle East and India, Helen Tilley and Iris Borowy explore the personalities and politics within national and international organizations. Together, their studies demonstrate the significance of western notions of disease and health to perceived differences between colonized and colonizer. At the same time, each author

describes the way health and cultural development became symbiotic. While supporting classifications of “the other,” definitions of “health” became intricately embroiled in moral reform projects and social improvement in colonies. At the same time, the presence of disease in colonies reflected on the health and vigor of the Imperial power. By the interwar years, Imperial powers such as Britain, France, and Germany understood that their own national vigor was measured by the success of western treatments of disease in their colonies. Eliminating or controlling disease came to represent both moral and economic progress as well as justification for continued Imperial control. Yet, as Borowy observes, between the First and the Second World Wars, there was a paradigm shift. No longer was the Imperial power responsible for the health of its colonies. By the outbreak of the Second World War, the health of the world and the eradication of disease were seen as the responsibility of an international organization such as the League of Nations.

Scholars have begun to recognize the role of European women in the Imperial project. While colonization was an essentially masculine and public endeavor, the connections between travel, European women, and western medicine in “contact zones” is eloquently explored by Narin Hassan in *Diagnosing Empire: Women, Medical Knowledge and Colonial Mobility*. Hassan weaves together the connections between travelogues, commercialized “medicine chests,” and prescriptive manuals marketed to and by British woman. The travelogues entertained British audiences by delving into the secrets of the Harem and the Zenana—those forbidden female spaces of the colonial subject—while the medicine chests and prescriptive manuals offered British women embarking on colonial travel, items deemed essential to health and safety. What Hassan deftly shows is that 19th-century British women took both the ideas of the secret spaces and the medical knowledge of the manuals and carved roles for themselves as “doctresses” and medical experts to the domestic spaces of Empire. Medical knowledge allowed British (and later Indian) women to fashion a critically important political space alongside colonial authorities that sought to improve the moral and physical condition of India’s women. Women, then, according to Hassan, shaped Imperial policies through medical knowledge and their access to Indian women.

Hassan reveals the way travel and medical knowledge became intricately caught up in the women’s movement in Britain. Medical colleges opened for British and Indian women in India were deemed necessary to the Imperial project and yet entrance to the same institutions was denied to women in Britain. Thus the colonial realm became a liberating space for British and Indian women wanting to pursue a medical career. Western medicine then became a symbol of the “new woman” and the “modern” domestic space. With the aid of Lady Dufferin’s Fund, education for women in India became enmeshed in medical knowledge and women’s access to and involvement in medicine. At the same time, Hassan argues the novels and books written by British and Indian women who had medical training both challenged and reinforced colonial policies. Thus medical knowledge for women both supported Imperial policies while simultaneously undermining the Imperial project as a uniquely masculine endeavour.

Tilley shifts our attention to British Africa in the last two decades of the 19th century. In *Africa as a Living Laboratory*, Tilley claims, the “juridical conquest of

tropical Africa at the end of the nineteenth century was a watershed moment for both geopolitics and for knowledge" (p. 313). Africa was considered especially in need of western knowledge, science, and medicine and was conceived of by many as a "living laboratory," a continent of remarkable potential. The interest in Africa as a "living laboratory" was tremendous and stimulated a desire for knowledge as well as the establishment of numerous societies and special conferences. Indeed, according to Tilley, what scholars describe as the "Scramble for Africa" in the 1880s was as much fueled by scientific curiosity as individual Imperial concerns. Once the continent was divided, Imperial policies created colonies as individual entities.

At the end of the First World War, Britain acquired more territories in East Africa. These additional responsibilities, combined with a shift in scientific thinking that equated the absence of disease as the foundation for economic progress and social development, re-fashioned colonial policies in Africa. Tilley focuses attention on the African Research Survey (1929-38) that began as a means to examine the extent to which "modern" scientific knowledge was being applied to African problems. The Survey contributors came from a variety of scientific fields: agriculture, anthropology, epidemiology, ecology, and psychology. The African Research Survey challenged the idea that each colony had unique problems and served to influence British Colonial development policies until decolonization.

The contributors to the Africa Research Survey were predominantly involved in biomedical fieldwork in British Africa, relying to a great extent on African assistance. Many of the "scientists" involved recognized the role of African medicine and animal husbandry as worthy of recognition. Mary Kingsley was most adamant that anthropologists desist from measuring "physical attributes" and "focus instead on African systems of religion, law, and 'fetish beliefs,'" giving more weight to African practices (p. 59). Indeed, Tilley suggests that the Survey, because of this shift in scientific fieldwork and the more positive response to African practices, inadvertently laid the groundwork for decolonization. The survey and the surveyors involved were greatly concerned with eradicating disease and any cultural or quasi-religious traditions that would prevent economic and social development. Many believed that economic development depended on stopping epidemics. Thus health and development were intricately linked and provided the basis for the Colonial Development and Welfare Act, 1940 (p. 172).

At almost the same moment as the African Research Survey was underway, the embryonic League of Nations began to see its role not only as the maintenance of world peace but also as the purveyor of world health. What emerged was the League of Nations Health Organization (LNHO), committed to the establishment not only of world peace but also the improvement of world health. Throughout the two decades between the world wars, the LNHO collected, quantified, and collated data on disease throughout the world. At times this was an uneasy alliance of international collaborators. Scientists, medical men (very few women were involved in the endeavour), and social scientists defined the parameters of disease and the appropriate medical response. At the very foundation of the LNHO, members understood that Imperialism connected the interwar world and that the health of indigenous peoples was

promoted for different reasons. Borowy argues that the LNHO supported the colonial project by politicizing health and disease because medical research was viewed as a tool of domestic and foreign policy. Nevertheless, there were no clear definitions of health. Instead, as Borowy explains, there were three concepts. The first was a disease-centred approach, i.e., health is the absence of disease and therefore medicine is the answer. The second concept stressed the social determinants of disease and argued that groups deemed dangerous to the population should be suppressed. The third concept saw health as a political issue. “[U]sing health as a prism through which to perceive the ‘quality’ of people became a defining trait of the interwar period” (p. 24).

The original idea for the LNHO came from the British in response to the cholera outbreak that emerged from revolution-ravaged Russia and threatened Poland. While Borowy does not make a clear connection, this suggests disease and western medicine played a significant role in an early attempt at containment of communism. As the embryonic international organization took shape it became clear that women were not considered qualified or necessary to the LNHO. As Borowy’s study reveals, “For all practical purposes international health was a man’s world” (p. 73). Unlike Hassan’s study that argued women forged a political space through medical knowledge with the explicit approval of the Imperial power, the LNHO shaped international health as the preserve of men only.

One of the first problems the LNHO encountered was the fact that there was no serological standardization for vaccines. Much of the energy of the first years went into international collaboration with scientists to standardize vaccines. One of the clear successes of the LNHO was the many conferences and agreements made between members of former enemy nations to agree on anti-epidemic measures and mandatory notification of specific diseases. Yet conference travel, biomedical research, and fieldwork cost money and as a result, funding became a pressing concern for both the LNHO and the Africa Research Survey. Remarkably much of the funding for both endeavors came from the Rockefeller Foundation, which saw the LNHO aiding the health of Europe as a means to prevent the encroachment of Soviet communism and later, German Nazism, and the Africa Research Survey as part of a pan-African study for the prevention of endemic disease. The majority of the work for both the Africa Research Survey and the LNHO included the collection of data. The overwhelming concern of the LNHO was the collection of accurate national statistics. Borowy claims that “LNHO work established health as a collective and public entity which could and should be expressed in numbers” (p. 190). The overall result was to establish “health as a comprehensive, multi-faceted phenomenon for which both governments and an international health organization shared responsibility” (p. 190). Thus, Borowy suggests, the LNHO was an essential part of the paradigm shift that occurred in the interwar years. Data collection, statistics and standardization of western medicine, and western social sciences created the concept that the health of the world was the responsibility of not only Imperial powers, but the entire international community, setting the stage for the post-WWII World Health Organization.

Hassan, Tilley, and Borowy make significant contributions in their studies to the history of medicine, western science, and colonialism. Taken together, these

volumes reveal the complex relationship of western medicine to Imperial power and the relations of gender to ideologies of health at the end of the 19th century and the first half of the 20th century. The interwar years emerge as a transformative moment for western medicine. While the same years expose Europe's most heinous use of medicine in the Nazi State, they also reveal a growing sense of responsibility and compassion, albeit within the purview of the Imperial model. What these volumes uncover is the unquestioning authority that western medicine had assumed by the beginning of the 20th century and the way that this power undermined the notion of consent. Biomedical fieldwork undertaken in the name of science required neither invitation nor consent from indigenous populations while their bodies were subject to experiments in the name of health.

SANDRA TRUDGEN DAWSON *Northern Illinois University*



## Book Reviews / Comptes rendus

### **The Quest for Mental Health: A Tale of Science, Medicine, Scandal, Sorrow, and Mass Society**

Ian Dowbiggin

New York: Cambridge University Press, 2011, 269 p., US\$24.95 (paperback)

Ian Dowbiggin's *The Quest for Mental Health: A Tale of Science, Medicine, Scandal, Sorrow, and Mass Society*, traces the history of "therapism" from its beginnings in the 18th century with the French Revolution, through to its firm entrenchment in schools, hospitals, and homes by the 21st century. Dowbiggin defines "therapism" as "the doctrine which states that a growing number of people in the early twenty-first century suffer from a bona fide medical condition beyond their control and require treatment from a wide range of healers and caregivers" (p. 2). Overtime, "everyday feelings have been transformed into symptoms of illness" (p. 3). *The Quest for Mental Health* examines the ways in which government officials, the public, media, the pharmaceutical industry, and medical, legal, and educational authorities have helped to promote mental and emotional health as a democratic right, as part of their own, sometimes conflicting, agendas. Many of these stakeholders argue that no cost can be fixed on emotional and psychological wellbeing, which Dowbiggin sees as problematic given the growing financial burden placed on the government by the use of psychiatric drugs. Demands for the right to mental health also place millions at risk, due to the potentially harmful effects of psychiatric drugs, as well as stigmatization. Framing his work around the commentary of French political observer Alexis de Tocqueville, Dowbiggin questions whether "the principle of democratic equality in everything from politics to mental health will lead to 'servitude or freedom, prosperity or wretchedness'" (p. 7). As both national and international governments remain committed to making mental health a significant policy issue in the 21st century, *The Quest for Mental Health* warns its readers that unless a historically grounded approach to mental health is taken, "wretchedness" and "servitude" will be the likelier outcome.

*The Quest for Mental Health* is divided into five chronological chapters, each demonstrating that advances in mental health care have taken place within contexts of political, economic, and social change. Chapter 1 begins with the French Revolution, which created a unique political climate allowing for scientific, medical, and technological experimentation and the rise of leisure and affluence. This break with the past led to a new understanding of emotional wellness and a demand for ways to make people happy and healthy. Chapter 2 places the pursuit of mental and emotional wellness alongside the rise of the asylum. By symbolizing the government's willingness to provide mental health services and elevating the status of psychiatry in the public mind, the asylum

fed the desire for publically funded mental health programs, setting the stage for the emergence of the therapeutic state. Chapter 3 focuses on the mental hygiene movement in the 20th century, which further highlighted the government's interest in intervening in health matters in order to improve its populace. During this period, the first signs of an entitlement to mental health appeared, fuelled by the media's assertion that mental health was a governmental obligation. Chapter 4 also focuses on the 20th century, specifically on the increase in the labeling of mental states, the expansion of mental health professions attempting to satisfy the public's appetite for psychological wellness, and the anti-psychiatry movement, which made the mental health industry more inclusive. Over the course of the 20th century, more people were diagnosed with anxiety and depression than ever before, and mental health was transformed into a "valued consumer product." The first four chapters of *The Quest for Mental Health* each examine a variety of egalitarian approaches to health, starting with England's "trade in lunacy," animal magnetism, and phrenology through to the spiritualist and mind cure movements of the 20th century. These populist movements fostered a belief that everyone could obtain, and was entitled to, mental and emotional wellness regardless of class. The final chapter of the work turns its attention to the 21st century, exploring the role of the pharmaceutical industry and the politics of reimbursement in popularizing and creating specific "psychiatric disease categories."

Historians of psychiatry and mental health will recognize much of the material presented within *The Quest for Mental Health*. As part of the Cambridge Essential Histories series, which is comprised of "thesis-driven" works intended to introduce critical events, periods, and individuals to upper-level history students, *The Quest for Mental Health* provides students with a concise overview of many of the main topics and themes in the history of psychiatry and mental health. Drawing on a vast body of secondary literature, Dowbiggin ambitiously and successfully traces the rise of the therapeutic state in 200 pages. Although not stated explicitly, it seems that there is room for diagnostic categories that are not "everyday emotions" transformed into "symptoms of illness" within this framework. However, the line between the two is unclear, which is problematic given the nature of his argument. Overall, *The Quest for Mental Health* is a useful introduction to the history of mental health for upper-level history students. The controversial nature of Dowbiggin's argument lends itself to class discussion, encouraging students to question and consider how various interest groups understand mental health, and how this understanding has been shaped by political, economic, and social factors.

AMY SAMSON *University of Saskatchewan*

### **Africa in the Time of Cholera: A History of Pandemics from 1817 to the Present**

Myron Echenberg

Cambridge: Cambridge University Press, 2011, xvi + 208 p., US\$27.99

When the layperson thinks of cholera, he or she likely focuses on Europe, where the disease was once prevalent, killing Tchaikovsky among others. McGill



University professor emeritus Myron Echenberg goes well beyond the bounds of Europe, giving cholera a global presence, as he should to consider the disease a pandemic. The early chapters treat the spread and devastation of the first six pandemics while later chapters concentrate on the seventh pandemic in Africa. Unfortunately the seventh and current pandemic may not be a pandemic at all because most victims live in sub-Saharan Africa. It is now confined to part of one continent. The author elaborates two aims in *Africa in the Time of Cholera*: to trace the history of cholera in Africa from 1817 to the present and to examine the current pandemic—I would prefer the term outbreak—with an eye to policy implications.

Echenberg is at his best contextualizing cholera in its various medical, technological, colonial, and climatic elements. He places cholera in the context of the rise of epidemiology as a medical specialty, as well as the maturation of the technologies of transportation—steamship, railroad, automobile, and in the 20th and 21st centuries, the airplane—in spreading contagion. European colonialism, through its armies and navies, spread cholera throughout Africa. Finally Echenberg places cholera in the context of climate change: the flooding of Senegal provides an environment in which rainwater, sewage, and drinking water all coalesce into a breeding ground for waterborne diseases.

The author's geographic coverage is also to be lauded. One gets the sense from reading World Health Organization or World Bank policy statements that Africa denotes the land south of the Sahara Desert. When Echenberg comes to treat Africa, he begins in sub-Saharan Africa, but the next chapter, chapter 4, rights the balance by treating North Africa and Egypt. Yet within these chapters the chronology may be misleading. Focusing on sub-Saharan Africa, chapter 3 begins in 1821, the year that coincides with the outbreak of cholera in Zanzibar, but the reader does not learn this fact until halfway through the chapter, which Echenberg began with later outbreaks in Senegambia and Ethiopia, inverting the natural chronology that should have dictated the chapter's commencement with Zanzibar. The same is true of chapter 4, which begins with Tunisia, after which it treats Egypt despite the fact that cholera erupted first in Egypt, making it the true starting point of chapter 4. In his treatment of North Africa, the author concentrates on Tunisia and allots a laconic sentence to Libya. This restricted focus derives from the fact that Echenberg drew heavily from Nancy Gallagher's *Medicine and Power in Tunisia, 1786-1900* (1985). This reviewer would have liked extensive treatment of North Africa, with more details about Libya and the inclusion of Algeria and Morocco. As for Egypt, Echenberg drew on Nancy Gallagher's *Egypt's Other Wars: Epidemics and the Politics of Public Health* (1990). Egypt bulks large in later chapters. Alexandria and later Calcutta, India, provided the corpses from which Robert Koch isolated the bacterium that causes cholera, *Vibrio cholerae*. Koch had not been the first to peer at the bacterium through a microscope. An Italian had beaten him, but Koch was the first to demonstrate that *Vibrio cholerae* causes cholera. Egypt also emerged in the 19th century as a region of cotton culture. The crop drew down water supplies, leaving fetid water for consumption.

The material on Koch postdates Echenberg's earlier treatment of medicine and science, in a chapter that might have been entitled "medical milestones" or "medical advances." The achievements of European physicians and scientists

loom large as the author treks from the lowland of ignorance to the mountain whose ascent marks the successes against cholera. It is Whig history, but Echenberg could not have given the reader anything less.

The pandemics receive unequal treatment. The first pandemic receives just three pages, a length that seems appropriate given the fact that it may not have been widespread enough to be a pandemic. Leaving Europe and the New World unscathed, it was an Afro-Asian outbreak. The second pandemic receives only one and a half pages. The seventh and current pandemic, if we must use the term, takes the second half of the book. Curiously the seventh pandemic arose from a less virulent strain of *Vibrio cholerae* known as El Tor. Yet longevity—the outbreak beginning in 1971 and not yet having run its course—and virulence in Africa have marked it. Echenberg links El Tor to “the deteriorating social, political, and economic conditions” in sub-Saharan Africa (p. 109). Curiously the disease has apparently spared Egypt and North Africa, although the author does not explain why. *Africa in the Time of Cholera* should remain the standard treatment of this subject for years.

CHRISTOPHER CUMO, Independent Scholar

### **Epidemic Encounters: Influenza, Society, and Culture in Canada, 1918-1920**

Magda Fahrni and Esyllt W. Jones, eds.

Vancouver and Toronto: UBC Press, 2012, ix + 290 p., \$34.95

As Charles Rosenberg observed, epidemics provide an extraordinary social sampling device. In this vein, *Epidemic Encounters* uses the lens of the Great Influenza to illuminate the vital role that specific socio-cultural and political environments have in shaping the experience and impact of disease. The volume is broken into four parts, which draw on the work of medical historians, anthropologists, and geographers under the themes of public response, differential morbidity, the role of modernity, and finally, the relationship of the 1918 pandemic to contemporary public health efforts and epidemic control.

In the first section, Mark Osborne Humphries explores the relationship between the spread of influenza and the Canadian war effort. He argues that military officials ignored the concerns of public health authorities in favour of war-related strategic aims, and that this disregard for civilian health not only contributed to the rapid spread of the disease but also acted as a catalyst for latent opposition to the state, particularly in Quebec. Linda Quiney's piece looks at the complicated dynamics of gender, volunteerism, and professionalization among influenza nurses. The critical need of nursing aid blurred the line between a burgeoning profession and a gendered notion of the middle-class feminine caretaker, exposing larger conflicts over the role of nursing in health care provision and “women's work” (p. 64) in society more generally. Lastly, Magda Fahrni examines citizen letters to public officials and newspapers, and in turn, the manner that various 19th- and 20th-century discourses of health had taken root among the population. These letters not only expose commonalities in lay and professional understandings of a salubrious environment, but also more persistent concerns with the unhealthy state of contemporary urban life.

Section two begins with D. Ann Herring and Ellen Korol's analysis of influenza mortality in Hamilton, Ontario. Following a syndemic approach and using evidence from death registries, Herring and Korol underline the important role of social inequality in increased mortality. The Great Influenza was not, in fact, a "democratic" (p. 97) disease. Nor, as Karen Slonim points out, did the Spanish Flu affect seemingly homogeneous populations equally. Looking at two different aboriginal communities in Manitoba, Slonim demonstrates the ability of informal social networks to blunt the impacts of influenza—a possibility diminished in more fragmented communities with a historical reliance on the fur trade. Francis Dubois, Jean-Pierre Thouez, and Denis Goulet offer a geographical analysis of the various flu waves between 1918 and 1920 in Quebec. They argue that the second wave of influenza in 1920 was far less severe and also had lower overall impact on the areas hardest hit in 1918-19, despite similar patterns of epidemic distribution.

The third section changes focus to the complicated relationship between influenza and modernity. Mary-Ellen Kelm examines the contradictory role of modernity in British Columbia's experience of the influenza pandemic. Physicians had little ability to impact the flu, and most survivors pointed towards community and family as the primary sources of care and relief rather than modern medicine. In fact, modern modes of life, such as public transportation, were obviously implicated in the rapid spread of the disease. Nevertheless, excessive mortality in vulnerable immigrant or aboriginal communities was quickly blamed on a lack of sufficient modernity. Esvyllt Jones similarly argues that the influenza pandemic "confounds" (p. 195) simplistic notions of modernity. Using the case of Winnipeg spiritualists Lillian and Thomas Hamilton, Jones argues that mass trauma and personal grief can create a shared pursuit of solace in hybrid spaces between faith and a rational-secularist modern.

The concluding section of the text is led by Heather MacDougall's comparison of the 1918 influenza pandemic and the SARS outbreak in Toronto. Both examples, according to MacDougall, demonstrate the necessity of strong local public health organizations, front-line health workers who are well-trained for the requirements of an epidemic outbreak, preexisting relationships with local clinical care and medical research organizations, and clear coordination between provincial and federal authorities. In conclusion, Jones and Fahrni bring the focus back to the experiences of the ill themselves, and remind their readers and current policy makers alike that the choices and behaviours of these individuals are proscribed by the social, cultural, material, and historical conditions in which an epidemic takes hold.

Typical for an edited volume, some contributions are stronger than others, and the effort to draw direct connections between various chapters occasionally produces a sense of repetition. But as a multidisciplinary effort, *Epidemic Encounters* is successful at unifying around a particular set of themes. With its diverse regional and contextual focus, this text would be a welcome addition to courses on the history of health and medicine in Canada or on the 1918 influenza.

BRADLEY MATTHYS MOORE *University of Wisconsin-Madison*

**Migration et système de santé vaudois, du 19<sup>e</sup> siècle à nos jours**

Taline Garibian et Vincent Barras

Lausanne, Éditions BHMS, 2012, xvi + 72 p., € 27,55

Ce livre se divise en trois parties : 1) Médecins et soignants étrangers dans le canton de Vaud, de la fin du XIX<sup>e</sup> siècle à nos jours ; 2) Les maladies : une problématique qui traverse les frontières ; 3) Les migrants : une nouvelle catégorie de patients.

Dans la première partie, les auteurs mettent en évidence la grande réticence des autorités sanitaires cantonales (Conseil de santé, Service sanitaire)—le plus souvent en accord avec les autorités helvétiques fédérales—ainsi que de la Société vaudoise de médecine à accorder aux médecins étrangers, venus se former ou se réfugier en Suisse, un permis d'exercice sur le territoire du canton. Cette circonspection s'expliquait par la peur de la concurrence ou la hantise d'une « pléthore médicale ». De fait, jusqu'aux années 1960, peu de médecins étrangers ont été autorisés à pratiquer dans le canton.

Les auteurs documentent avec soin les propos échangés entre les différentes instances qui étaient partie prenante à ces décisions : Service sanitaire cantonal, Conseil de santé cantonal, Société vaudoise de médecine, Fédération des médecins suisses, département de l'Intérieur, département de Justice et Police, Conseil d'État, Université de Lausanne. De manière récurrente, ces échanges, parfois teintés de xénophobie, portent sur le risque que représente pour la profession médicale l'admission dans le canton de médecins étrangers et sur les mesures à prendre pour limiter ou empêcher cet « encombrement ». Tout au long de cette période, la gestion du personnel soignant étranger a été conduite par les associations médicales. Ces dernières ont pu par conséquent limiter le nombre des médecins étrangers et, ainsi, influencer le marché du travail. Selon les auteurs, c'est le prestige de leur profession qui a permis aux médecins de s'immiscer dans un domaine qui, en principe, relevait des autorités cantonales. Aujourd'hui encore, le sujet est toujours très sensible: « À l'heure actuelle, la question des médecins étrangers, de leur nombre, de leur compétence et de leurs qualifications continue de préoccuper les autorités et les acteurs sanitaires » (p. 26).

Les auteurs soulignent que la question s'est posée différemment pour les autorisations de pratique délivrées aux infirmières étrangères. Après la Seconde Guerre mondiale, le Service sanitaire cantonal considérait qu'il y avait pénurie d'infirmières : il n'était aucunement question de pléthore. Lorsque les infirmières étrangères sont titulaires d'un diplôme d'État de leurs pays, le Service sanitaire cantonal leur accorde assez facilement l'autorisation de pratiquer. La chose s'explique par le fait que le marché n'est, semble-t-il, pas saturé, mais peut-être aussi parce que les infirmières et infirmiers sont moins présents que les médecins dans les instances qui décident de la politique sanitaire du canton.

Dans cette partie de l'ouvrage, les auteurs examinent aussi la pratique des 66 médecins réfugiés et internés dans les camps de travail du canton pendant la Seconde Guerre mondiale. Ils y ont pratiqué une médecine rudimentaire car tous les cas sérieux étaient traités à l'hôpital ou par un médecin suisse. Les médecins juifs sont empêchés d'exercer leur profession. Ils « font les frais d'un réflexe de défense national, protectionniste et corporatiste teinté de xénophobie et d'antisémitisme » (p. 19).

Cette partie traite aussi la question des limitations qui ont été imposées dans les années 1970 au nombre d'étudiants étrangers pouvant être acceptés à la Faculté de médecine de l'Université de Lausanne. Là aussi jouait un certain protectionnisme. Et, par ailleurs, on invoquait la qualité de l'enseignement et de la recherche et des mesures d'économie. Mais certains professeurs de la Faculté s'opposaient à ces décisions.

Dans la deuxième partie de l'ouvrage, les auteurs montrent que les étrangers et les travailleurs migrants ont toujours été considérés comme les vecteurs des épidémies jusqu'à ce que, à la fin du XX<sup>e</sup> siècle, on reconnaisse que, par le biais du tourisme, des ressortissants nationaux pouvaient eux aussi être des agents de transmission des maladies contagieuses. Les mesures de protection et de prévention mises en place contre les épidémies consistent en une surveillance et un encadrement sanitaire de la population migratoire. Les auteurs analysent tour à tour les positions des instances sanitaires et les mesures prises contre le choléra russe au début du XIX<sup>e</sup> siècle, puis celles mises en place pendant la Première Guerre mondiale, en particulier lors de l'épidémie de grippe espagnole. Pendant la Seconde Guerre mondiale, les réfugiés sont vus comme porteurs d'une menace épidémique, et les autorités mettent en place une visite médicale obligatoire pour tous les voyageurs entrant dans le pays accompagnée d'un certificat sanitaire.

Les auteurs examinent ensuite le cas des travailleuses et travailleurs immigrés. Dès l'immédiat après-guerre, en effet, un nombre important d'Italiens viendront travailler en Suisse. Cette population, dont le pays ne saurait se passer, suscite néanmoins des inquiétudes sur le plan sanitaire, car la tuberculose représente en ces temps une grave menace. Des mesures comme la radioscopie à l'entrée du pays sont mises en place par les autorités fédérales. Les ouvriers chez lesquels on détectera une maladie pulmonaire seront automatiquement renvoyés chez eux. La politique d'admission aux frontières se fait de plus en plus disciplinaire, restrictive et sélective ; elle est « le fruit d'une collaboration entre services sanitaires, service de police des étrangers, et patronat » (p. 41).

À la fin du XX<sup>e</sup> siècle, les politiques de contrôle sanitaire sont à nouveau modifiées de façon importante sous la pression, notamment, des syndicats. En 1992, la Confédération helvétique légifère: désormais, les travailleurs européens ne seront plus soumis au contrôle aux frontières. Par contre, les demandeurs d'asile et les travailleurs venant de pays sanitaires problématiques seront l'objet de mesures ciblées. Les auteurs considèrent que ce sont les nouvelles épidémies, comme le SRAS ou la grippe H1N1, et l'intensification de la mobilité internationale qui déterminent depuis ces dernières années l'élaboration des politiques sanitaires menées conjointement au niveau international. Ils notent que si les menaces bactériologiques évoluent, les métaphores guerrières, elles, demeurent. Ils citent à l'appui une nouvelle directive du Conseil fédéral datée de 2011 qui montre que l'état de guerre est permanent : « Les humains et les agents pathogènes s'affrontent donc aujourd'hui encore dans une lutte dont les paramètres évoluent constamment » (p. 48).

Ils soulignent que pendant la première moitié du XX<sup>e</sup> siècle, c'étaient les frontières qui représentaient le support du dispositif sanitaire de contrôle et de prévention, et ils parlent à ce sujet d'une stratégie géographique et mécaniste. Par contre, avec l'intensification du trafic, notamment aérien, la notion de frontière

a été relativisée. De plus, étant donné le nombre de Suisses qui voyagent au dehors, on ne peut plus considérer l'étranger comme le seul agent de l'importation de maladies au pays : « C'est l'occasion pour la communauté médicale de repenser ses pratiques dans un contexte où la maladie s'inscrit moins dans une logique géographique que selon des déterminants sociaux, politiques, et culturels » (p. 48).

La troisième partie du livre traite des regards que les médecins du canton, et plus particulièrement les psychiatres, ont porté sur la santé mentale des réfugiés et des travailleurs immigrés après la Deuxième Guerre mondiale, et surtout à partir des années 60. De fait, dès les années 50, il était acquis dans la communauté psychiatrique que la migration était un terrain favorable à la manifestation de troubles psychologiques. C'est à la Policlinique universitaire de Lausanne que sera menée une première enquête sur la santé mentale des immigrés dans le canton. Elle montre que les travailleurs italiens traités à la policlinique souffrent de désadaptation ». On considère que, de par la fragilité de leur constitution psychique, les italiens vivant en Suisse sont prédisposés à la maladie. On retrouve donc dans ces thèses les « stéréotypes les plus courants sur la culture italienne » (p. 57).

Les auteurs notent que « c'est bien la résurgence d'une peur de la surpopulation étrangère qui motive la multiplication des études sur l'incidence de la présence de travailleurs étrangers en Suisse » (p. 58). Ils montrent ensuite que le milieu médical a amorcé dans les décennies suivantes un virage vers une approche critique et multiculturelle fondée sur une nouvelle discipline, l'anthropologie médicale. Elle permet de sortir de la pratique souvent ethno-centrée qui prévalait jusque-là. La pratique médicale est alors vue comme « une pratique culturellement située, non neutre » (p. 63). Les auteurs écrivent : « En affirmant que les soignants ne sont pas immunisés contre les préjugés racistes ou en soulignant les inégalités de traitement entre patients suisses et étrangers, ces recherches contribuent à faire émerger ce qui deviendra dans les décennies à venir un thème crucial : la sensibilisation des futurs médecins à l'approche de l'Autre, dont la figure principale est le migrant » (p. 65). L'Autre, font-ils en effet valoir, devient ainsi la nouvelle problématique de la médecine et de la santé publique. C'est principalement à la Policlinique universitaire de Lausanne qu'une attention particulière à la santé des migrants se développe. Dès les années 90, plusieurs facteurs amènent le monde médical et sanitaire vaudois à mettre en place des structures médicales vouées aux populations vulnérables. Et ces structures, importantes sur le plan de la santé publique, le sont aussi pour la formation des médecins.

Les auteurs soulignent dans leur conclusion que « La catégorie de l'Autre se révèle aujourd'hui un moment fondamental de la médecine contemporaine, reliant les trois éléments du triangle soignant-patient-maladie : source non seulement d'inquiétudes sanitaires et de mesures préventives, mais aussi et surtout, de richesse culturelle et de réflexion formatrice » (p. 67).

Comme on le voit, les rapports de la migration et du système de santé vaudois sont exposés d'une manière à la fois claire et détaillée dans ce petit ouvrage qui, appuyé principalement sur des sources primaires et étayé par une conceptualisation rigoureuse, se révèle d'une grande richesse.

**Poverty and Sickness in Modern Europe: Narratives of the Sick Poor, 1780-1938**

Andreas Gestrich, Elizabeth Hurren, and Steven King, eds.

London: Continuum International Publishing Group, 2012, viii + 278 p., \$34.95

*Poverty and Sickness in Modern Europe* is a wonderfully diverse collection of individual essays focused on the historical medical narratives of the working class and paupers in a variety of different Western and Central European nations from the end of the 18th century to the immediate years prior to the Second World War. The purpose of this unusual essay collection is to present a cross-section of the literature on the rise of State welfare systems as well as illustrate the complexity of this developing trend across the Continent. The collection attempts to discuss the regional, economic, and ideological differences among the countries under investigation (p. 4 and 6). The essays look at various narratives regarding the European poor across many of the industrialized nations of the 19th and 20th centuries; including Britain, France, Germany, Luxembourg, Spain, Sweden, Switzerland, and the Habsburg Empire.

The main purpose of this collection is to provide a balanced representation of the poor in the decades surrounding the "long 19th century" as well as discuss the development of "pauper agency." One of the most important underlying issues in this collection is Europe's struggle with internal as well as external migration due to the Industrial Revolution and the widespread urbanization that followed this development. The authors examine the various ways that both the poor and the State navigated this rapid industrialization through the displacement of local, volunteer charities with State-directed welfare intervention (p. 7 and 9). The work also attempts to illustrate that the British Old and New Poor Laws were not unique among the nations of Europe, as well the fact that the writings of the poor on illness and welfare were not exclusive to the British Isles, as previously thought by historians (p. 1-2, 5).

The authors included in this collection utilize a variety of primary sources, especially a wealth of under-utilized source material produced by the poor including narratives, letters, petitions, inquests, suicide notes, newspapers, ballads, and poems. The studies also support the above evidence with more "objective," middle-class-written documents such as hospital records, poor relief agencies' records, as well as governmental responses to epidemics (p. 3-4).

*Poverty and Sickness in Modern Europe* fits nicely into the expanding literature of the rise and development of European welfare states (p. 1). Much of the previously published literature has focused on the middle-class commentaries and observations. This work refocuses the literature on the experiences of the poorer classes themselves; this can be viewed as a natural consequence of the historiographical trends of Marxist history and the New Social history of the 1960s and 1970s.

This collection has much to offer to both historians and students of the history of science, medicine, and technology as well as researchers of industrialization and urbanization. It is a wonderfully refreshing investigation on the development of the European welfare systems, with the added inclusion of the writings of the European poor themselves. The work shows the reader that the European welfare system did not mysteriously appear overnight under the

watchful eye of Progressives, Victorians, or Otto von Bismarck. The work does an excellent job of pulling in histories of nations that are not normally discussed in the general historiography; the editors have included a wide range of untypical regional histories including those of Luxembourg, Spain, Sweden, and Austria, which helps to broaden the audience's understanding of the welfare system in Europe. Finally, the essays do a good job at covering a variety of "illnesses" during the period, giving the reader a more comprehensive view of the specific sickness concerns of the period; the authors include studies on such varying "illnesses" as emotions, epidemics, insanity, suicides, and venereal disease, all of which were under the intense microscope of 19th-century middle-class society.

Despite the wealth of positive attributes demonstrated by this work, this reviewer wishes that the editors would have been much more specific on their reasoning for ending the study in 1938, compared to say, 1946 or 1948, when the British National Health Service was founded. Finally, this reviewer believes that the collection would have greatly benefited from the inclusion of at least one or two Eastern European nations for a wider comparison. Overall, this collection is an excellent example of the expanding literature on the history of European welfare and would be a welcome supplement to any upper-level graduate seminar on Modern European History.

CHELSEA MEDLOCK *Oklahoma State University*

### **Laboratory Disease: Robert Koch's Medical Bacteriology**

Christoph Gradmann

Translated by Elborg Forster

Baltimore: Johns Hopkins University Press, 2009. iii + 318 p., US\$37.00 (hard-back)

*Laboratory Disease: Robert Koch's Medical Bacteriology* is not a biography, but rather an intellectual history of Koch's laboratory work. After reading this book, the first and most obvious impression is that it was not written with lay readers in mind. It appeals to specialists who would savor the copious details that Christoph Gradmann amassed. Indeed, the book is well documented, perhaps even too detailed, with nearly 20% of the text devoted to notes and an extensive bibliography.

The book is divided into four parts; each one could or perhaps should be read as a stand-alone essay. The first part traces the knowledge of bacteriology before Koch astounded the world with his discovery. "[The chapter's] purpose," Gradmann writes, "is not to refute Koch's statement that there was no bacteriology at the time." (p. 22). But he does exactly that, proving that any revolution is evolutionary if studied to the minutest detail with an imaginary historical microscope.

Koch did not live in a vacuum, and there were other researchers who were also interested in microorganisms long before him, even though they often mislabeled or misunderstood their own results. Seen in this light, Koch's claim to fame was in his insistence that different types of bacteria caused correspondingly different diseases, thus disregarding the prevailing theory of his time, and providing modern medicine a new basis for understanding infectious diseases.



The author goes into great length in describing all manner of research techniques used in various institutes that Koch never set a foot in, and whose experiments he may or may not have been familiar with. Consequently, readers might receive a muddled picture of Koch's bacteriological knowledge prior to 1879, but they will certainly benefit from an excellent description of the state of microorganism research in the 19th century.

The second and third parts of the book are devoted to Koch's discovery of the tuberculosis pathogen and his ineffective remedy, tuberculin—in short, the transformation of bacteriology from theory into a practical applied science aimed at curing patients. Gradmann, careful not to condemn Koch for his failure, also shies away from venerating the discoverer; instead, he stresses the context of the discoveries by tracing the history and intellectual logic that led Koch to the conclusion that tuberculin was the cure for tuberculosis. Koch's failure, therefore, was not in identifying tuberculin as a cure, but his impatience to find and use the cure without due patience.

The fourth and concluding part of the book is devoted to Koch's colonial laboratory. The first and most important expedition to Egypt and India took place in 1883-1884 to study cholera. The second, less successful, expedition to Africa took place more than a decade afterwards with the aim of studying the infamous "sleeping sickness" (*trypanosoma gambiense*), a parasitic disease spread by the tsetse fly. After Koch's disillusionment with the expansion of bacteriology as a field of study, and the growth of his resentment towards his competitors and critics, he felt his research in Berlin was ineffective. Yet, Koch's desire for travel was not only personal, but also scientific, as bacteriologists turned the "(outside) world into a laboratory... and bacteriological hygiene became a science practiced by traveling experts" (p. 179).

The outbreak of cholera in Egypt in 1883 provided the impetus for an expedition to study the disease and use it as a test case for the fledgling Imperial Health Office (*Kaiserliches Gesundheitsamt*), which was theoretically headed by Koch until 1885. Cholera was the most threatening epidemic of the era. The prevailing theory of the time was that there was a "complex web of causes for the etiology of this disease, in which the soil and its composition played a decisive role" (p. 182). But Koch set out to identify a single cholera pathogen, and therefore provide the means to combat the disease. Due to the unfavorable climate, Koch was forced to cut his expedition short, failing to paint a full picture of the disease but succeeding in providing scientists with pure cultures. Therefore, Koch's expedition is important as Gradmann shows how colonial medicine transformed into a rigorous field of study with practical uses during the late 19th century.

The book is an impressive scholarly work on Koch and the history of bacteriology in the 19th century. The only problem might be a matter of accessibility, as the reader is often lost in the details and names of those researchers who had only a remote influence on Koch's own research, particularly in the first two chapters of the book.

JONATHAN LEWY *Harvard University*

**Policing Egyptian Women. Sex, Law, and Medicine in Khedival Egypt**

Liat Kozma

Syracuse: Syracuse University Press, 2011, xxvii + 174 p., \$29.95

*Policing Egyptian Women* by Israeli historian Liat Kozma focuses on how, from the mid-19th century, the Egyptian state monitored and policed subaltern women and their bodies due to the adoption of new legal principles and notions of forensic medicine, as well as to the aftermath of larger social and political changes taking place under the *khedives* (in Ottoman Turkish: “viceroy”) who succeeded Muhammad ‘Ali (1769-1849), the so-called founder of modern Egypt.

The first chapter takes honour killing “as a starting point for discussing the social history of Egyptian legal reform” (p. 2). Through a reading of police and court records and an analysis of the changing role of village *shaykhs* (in Arabic: “chief”), judges, and policemen vis-à-vis women—as well as the different ways in which the category of honour killing could be framed—Kozma aptly shows that the formation of a modern Egyptian state involved the adoption of “legal principles and regulations [...] formulated in Cairo by the elite,” but often reworked *from below* (p. 21). The author then moves to an analysis of the Egyptian School for Midwives, founded in 1832 by French physician Antoine Barthélémy Clot Bey—a topic that had already been the object of studies by Khaled Fahmy and Nancy Gallagher.<sup>1</sup> In the second chapter Kozma explains that also thanks to the work of the *hakimas* (in Arabic: “midwife”) and more effective sanitary regulations, women’s bodies—and issues connected to them, from childbirth to virginity examination, miscarriage, and autopsy—became more and more disciplined.

Among the groups of women that resented most of the legal and welfare reforms undertaken by the *khedives* were slaves. Drawing on sources ranging from police records to the travelogue of British Lady Lucie Duff-Gordon, Kozma argues in the third chapter that the abolition of the slave trade in 1854 and of slavery in the 1890s signified not only the end of an inhumane practice, but also the creation of “a large group of kinless women”—in large part of Sudanese and Ethiopian origin—that had to readjust to a completely new life where they experienced an unprecedented freedom and agency, but also “racial prejudice and inaccessibility of social networks” (p. 77-78).

The fourth chapter focuses on prostitutes and the complex social and legal status that they had in khedival Egypt, where it was often difficult to distinguish in a clear way between them and other women, like musicians and public performers, who had simply “strayed off the straight path” (p. 81). The author also clarifies how issues of public morality and hygiene became more relevant at an urban level, giving new meanings to places like the brothel, the tavern, and the coffeehouse, and demarcating respectable and non-respectable neighbourhoods.

Virginity, premarital defloration, and their transformation into legal categories are at the core of the fifth chapter. Kozma examines how “litigants, both women and their guardians,” legitimized “the role of the police in community and family life” (p. 116). This stimulated a novel understanding of ideas of gender segregation, class, and mobility in public space as well as of notions of honour and love.

Drawing on the analytical framework of post-colonial and subaltern studies, Kozma convincingly demonstrates that subaltern women, too, were among the actors helping to shape modern Egyptian society, especially health and welfare systems and issues of personal status. Her work is an excellent addition to a field inaugurated not so long ago by the studies of Mine Ener, and will surely help provide a deeper understanding of how medicine, law, and politics mutually interacted in the formation and affirmation of khedival Egypt.<sup>2</sup>

It might have been worth dedicating some more space to comparisons with neighbouring areas that had similar experiences, taking into consideration, for example, the studies by Julia Clancy-Smith on migrant workers and poor women in pre-colonial Tunisia, or by Jens Hanssen on urban and health reforms in late Ottoman Beirut. These additions would have produced a more *global* understanding of the dynamics that Kozma analysed and a perhaps slightly more nuanced reading of the passage from khedival to colonial Egypt. Besides these minor complaints, *Policing Egyptian Women* is a very valuable contribution to the literature, combining a sophisticated theoretical framework with a charming narrative style. It is recommended to anyone interested in Middle Eastern medical and legal history.

DARIO MICCOLI *Cà Foscari University of Venice*

#### NOTES

- 1 Khaled Fahmy, "Women, Medicine, and Power in Nineteenth-Century Egypt," in Leila Abu-Lughod, ed., *Remaking Women: Feminism and Modernity in the Middle East* (Princeton: Princeton University Press, 1998), p. 35-72. For a more general overview, see Nancy Gallagher, "Writing Women Medical Practitioners into the History of Modern Egypt," in Arthur Goldschmidt, Amy J. Johnson, and Barak A. Salmoni, eds., *Re-Envisioning Egypt 1919-1952* (Cairo: The American University in Cairo Press, 2005), p. 351-370.
- 2 See especially Mine Ener, *Managing Egypt's Poor and the Politics of Benevolence, 1800-1952* (Princeton: Princeton University Press, 2003).

#### **The Third Ten Years of the World Health Organization: 1968-1978**

Socrates Listios

Geneva: WHO, 2008, viii + 340 p.

[whqlibdoc.who.int/publications/2008/9789241563666\\_eng.pdf](http://whqlibdoc.who.int/publications/2008/9789241563666_eng.pdf)

Created in 1948, the World Health Organization is the largest and most important health-related institution in the world. At the end of each of its first two decades, a book was issued describing how the WHO had operated in the previous 10 years. In 1978, though, the WHO (along with many other UN-related agencies) was in the middle of a serious financial crisis, and budget cuts affected many of its branches. This is the main reason for the delayed publication of this volume, authored by Socrates Listios (a former WHO employee), which appeared on the 60th anniversary of the WHO.

As openly stated by the author, the book is a "record of records": it follows WHO operations by relying on the reports produced by the two governing

bodies (the General Assembly and the Executive Board) as well as by the several committees established to tackle specific topics. Thus, the reader will find little historiographical discussion nor a wider contextualization of the WHO's activities: only the internal debates and the actions undertaken are discussed and only internal publications are considered for quotation.

A rough picture of the global context in the considered time span is provided only in the first chapter of the book. The Cold War, arms race, the end of colonialism, and the inclusion of the People's Republic of China (PRC) were some of the factors that deeply changed the WHO and its *modus operandi*. Newly formed countries emerged from the process of decolonization: the internal balances of the General Assembly changed accordingly and, within the context of the Cold War, new enemies faced each other. As for the PRC, one billion people entered the WHO "radar," when it was granted access to the United Nations in 1971, introducing one of the most ancient medical traditions and one of the most unique approaches to public health outside developed countries through the "barefoot doctors" program developed in the 1960s under Mao's political leadership.

Subsequent chapters are devoted entirely to the actual operations of the WHO, underlining the complex reforms undertaken in the 1970s under the third Director General, Halfdan Mahler. These reforms not only affected the bureaucracy but also deeply informed subsequent actions of the WHO. The reforms reflected new paradigms in the domain of multilateral cooperation between countries and pointed to the concealed colonialism underlying the "old" approach of richer countries and philanthropic organizations, which in the preceding decades had tried and exported technical solutions for public health issues, generally applying similar practices in different contexts. The "new" WHO, reflecting new critical approaches to medical sciences and scientific progress (the author points to the ideas of Ivan Illich, Paulo Freire, and Ernest Friederich Schumacher), stressed that public health strategies should not be imposed by the WHO and its allies on a technical basis, but should be the result of complex negotiations with all stakeholders, obviously including the government of the country receiving the help. A more comprehensive approach was thus adopted that was centered on the availability of basic health services for target populations. In this sense, the author notes an extraordinary language shift—the moment, late in the 1960s, when the WHO stopped talking about "malaria pre-eradication" because it was finally aware of the failed strategy of DDT spraying against mosquitoes. The 1978 Alma Ata conference, the focus of the last chapter of the book, is the logical consequence of this kind of change of perspective.

On the other hand, the vaccination programs bore substantial results: smallpox eradication, achieved in the mid-1970s, stands out as one of the most important events in medical history, and several other infectious diseases targeted by similar WHO programs also steadily declined. Yet, these programs often raised issues between the WHO and local actors, and the time span of this volume covers most of the changes in the institution's administration caused by this new—and since then, constant—"global vs. local" tension. It is thus clear why the WHO never reached the same status in biomedical research as other international funding bodies. Although important research programs were

set up, there were not considered a key part of WHO strategies. Basic science was an important focus only for more developed countries, while most of the aid-receiving governments were eager to develop public health strategies and medical education for their people. It was in these areas that the WHO had the greatest impact, boosting international cooperation and knowledge transfer.

Freely available for downloading from the WHO website along with the other decade-celebrating volumes, the book provides a great wealth of detail, albeit only from internal published sources.

MAURO CAPOCCI *Sapienza Università di Roma*

### **Global Movements, Local Concerns: Medicine and Health in Southeast Asia**

Laurence Monnais and Harold Cook, eds.

Singapore: National University of Singapore Press, 2012, xxxi+ 289 p., \$30 (paperback)

This volume showcases the latest exploratory research into the history of medicine in Southeast Asia. Although this history is modestly represented in contemporary historiography—both in terms of socio-demographic trends of disease and mortality or from a transnational perspective, which includes some Southeast Asian nations—the local particularities of health and medicine appertaining to the Southeast Asian region are largely overlooked in favour of either South or East Asia. For these reasons, the volume is long overdue given that the essays collectively investigate global health and transnational healthcare initiatives since the early 19th century, the ways in which a biomedical model was appropriated in Southeast Asia, and the construction of the national politics of modern health. The editors argue that the development of medicine in Southeast Asia since the 19th century has not been a simple imposition of Western medicine, but a complex and negotiated process that has drawn upon the experience of local healers, semi-subaltern Western-trained doctors, and changing national expectations of healthcare.

Thomas B. Colvin explores archival sources from Spain, Mexico, the Philippines, and Macao to assess the reception of the smallpox vaccine in the Philippines, which was mandated and financed by the Spanish crown, whereas C. Michele Thompson argues that the introduction of the vaccine in Vietnam at the court of Nguyễn was a non-colonial, yet transnational venture (p. 25). Liew Kai Khiun uses unexplored archival material from the Rockefeller Archives to analyse the complexities of the Southeast Asian region in the Rockefeller Foundation's global philanthropy, its interaction with local players, and its influence in creating a participative culture of public health in the Southeast Asian region (p. 44, 56). Annick Guénel argues that the vision of state as a guarantor of the right to health was championed by a limited number of Western idealists and elite doctors from Southeast Asia who questioned the colonial order. Despite the improvements to the colonial health infrastructures and the ascendancy of the idea of social medicine, the 1930s were marked by weak involvement of colonial governments, who delegated public health to village-based groups and charitable foundations. The increased attention to traditional practitioners and local pharmacopeia was a consequence of the disengagement of the state (p. 72).

Raquel Reyes highlights the paradox that although Europeans and Western-educated Filipino physicians denigrated indigenous medicine and its practitioners for their irrational and superstitious nature, the indigenous practitioners' knowledge of medicinal plants was nonetheless recognised for its practical value. Liesbeth Hesselink's intriguing chapter suggests that although the colonial government in the Dutch East Indies established the *Dokter Djawa School* that hoped to replace the incompetent *dukun* (Traditional Birth Attendants) with Western-trained indigenous doctors, the *Dokter Djawa* never became a serious alternative to the *dukun* due to cultural barriers that prevented ordinary people from consulting them (p. 107).

Ooi Keat Gin points out that the anti-opium campaign in British Malaya, which contributed in part to the eradication of opium smoking, owed its impetus to developments in mainland China where nationalists blamed opium usage for the debilitation of the Chinese race. Doctor-activists in British Malaya, notably Yin Suat Chuan, Lim Boon Keng, and Lien-Teh, capitalized on this nationalist sentiment to win support amongst Chinese immigrants who were most affected by the opium menace (p.144). Michael G. Vann's chapter illustrates that French responses to the bubonic plague and cholera outbreaks in the 20th century embodied the construction of an interventionist state within the racialized logic of colonialism (p. 151).

Yu-Ling Huang's chapter explores how Thailand responded to its HIV-AIDS epidemic from a macro-sociological perspective that shifted the focus from prevention to treatment, especially ensuring the affected population's access to antiretroviral drugs. Ayo Wahlberg's nuanced argument emphasizes that the resuscitation of indigenous Vietnamese medicine has relied upon the development of a comprehensive infrastructure comprising institutions of traditional medicine and collaboration between traditional herbalists and Western practitioners under the banner of integrating traditional and modern medicine into the national health delivery system. Promoting traditional Vietnamese medicine has in part aimed to rehabilitate and emancipate colonially repressed subjectivities by providing the Vietnamese medical corps with the concrete means essential to rediscovering their cultural heritage while at the same dismissing the superstitious practices of soothsayers. Chatichai Muksong and Komatra Cheungsatian-sup argue that historiography is itself shaped by historical circumstances and institutional transformations (p. 229). In the Thai historical master narrative, dignitaries of the royal court have fashioned themselves as patrons of scientific knowledge, including medicine, and have designated founding fathers and founding mothers in various areas of medical science to give legitimacy to medical institutions and to enforce the power of the state in the nation-building process.

Interdisciplinary and eclectic in their approach, the contributors to this volume, in their attempts to relate the complexity of the past to current health issues, employ different historiographies and approaches including gender studies, subaltern studies, and postcolonial studies. These essays force us to rethink the established postulate of colonial medical historiography that medicine was a modality of colonial control. Although the essays converse with each other on a variety of themes, they could be better organized chronologically. The introduction claims that the history of medicine in Southeast Asia is a story

of continuities and inflections, but a qualitative comparison of the Health Organization of the League of Nations of the 1930s and the World Health Organization during the 1950s in the transnational circulation of epidemiological ideas throughout the Southeast Asian region deserves further elaboration.

VIVEK NEELAKANTAN *The University of Sydney*

**Networks in Tropical Medicine: Internationalism, Colonialism, and the Rise of a Medical Specialty, 1890-1930**

Deborah J. Neill

Stanford, CA: Stanford University Press, 2012, 312 p., \$65.00

The birth and institutional concretization of tropical medicine at the close of the 19th century presents fertile ground for historians. Here is a story which involves discipline-creation, nationalism and internationalism, specialization, technologies, communication, authority, and Empire among numerous broad interconnected themes that cover diverse and extensive institutional and geographical spaces. Deborah Neill is certainly not the first to seek to exploit this area, but she has produced a telling contribution to the field, which ties together numerous existing historical threads and provides a broader, more inclusive narrative of tropical medicine. In doing so, Neill builds upon and enhances the work of scholars such as Warwick Anderson, Mark Harrison, and Michael Worboys, providing a genuinely international story about discipline creation, development, and implementation.

*Networks in Tropical Medicine* opens with two thematic chapters that deal with international networks and medical education, respectively, before taking us through the case studies of public health, sleeping sickness, and the impact of the First World War on tropical medicine as an international discipline. Moving beyond the established names of individuals such as Sir Patrick Manson, Neill's argument throughout is that although tropical medicine relied heavily on fieldwork in order to accumulate new information about diseases, it was at its heart an extension of colonial practices; the discipline was organized along lines that conformed to mainstream European medicine. Competition and collaboration between researchers is a central theme here, and Neill shows how this not only persuaded governments and other institutions to invest in tropical medicine research, but also played a key role in forming the identity of the field itself.

Neill's two major case studies—public health and sleeping sickness—provide contrasting yet complementary accounts of how medical practitioners in both urban and rural environments attempted to control and manage disease. These methods encompassed not just technical methods of experimentation with medication, but also controlling strategies, including monitoring, quarantine, segregation, “undergrowth clearances, village relocations, and education programmes” (p. 164). That such approaches and attitudes formed a large part of the European attempts to control the health of both colonizers and the colonized serves to reinforce the key point of *Networks in Tropical Medicine*: tropical medicine was itself a reflection of colonial expansion, and the increasingly important goal of civilizing and educating natives of the colonies. The cultural differences in attitudes towards matters of public health have been the source of

much interest for historians of late (see: Johnson and Khalid (eds.), *Public Health in the British Empire*, 2012), and Neill here adds further to this area by highlighting aspects of public health policy, such as its focus on military hygiene.

Chapters 5 and 6 are particular exemplars in showing how European authorities dealt at both the professional and individual levels with the fearful problem of sleeping sickness. In chapter 5 we learn that preventive measures were favoured over drug-based treatments, although tropical medicine experts kept faith that an effective cure could be found. The efforts of Paul Ehrlich in this regard form the subject of the following chapter, where Neill paints Ehrlich as the beneficiary of the existing network of international expertise and cooperation. Ehrlich and his contemporaries also benefitted greatly from the freedom afforded by working in the field, far from the professional and ethical codes of conduct expected in the European metropole. These two chapters therefore highlight neatly how the establishment of a truly international, collaborative discipline allowed practitioners in the unique quasi-laboratories of the colonial field to conduct groundbreaking research that would not have otherwise been possible. We learn also that the seismic impact of the First World War caused fractures and rifts within the previously trans-national discipline of tropical medicine: German medical scientists were unable to carry out the necessary fieldwork, and distinctive national strategies for the management of tropical medicine programmes and approaches emerged from the 1920s.

For all the positive messages concerning the robust nature of tropical medicine, its adherents, and the results achieved in the case of a number of illnesses, Neill argues convincingly throughout that at its heart, tropical medicine in the early 20th century was characterized by “a racialized view of the world as well as a deep and abiding—sometimes blind—faith in the technology and science of the West” (p. 208). Moreover, the book points us towards the pitfalls of such assumptions, highlighting that awareness of the past successes and failures of tropical medicine serve as useful reminders of how related, present-day health crises in the developing world can best be tackled. *Networks in Tropical Medicine* is beautifully written—scarcely a sentence is wasted—and the book is a valuable addition to the literature that draws together and builds on the existing historiography. It will prove useful to historians of Empire, colonialism and post-colonialism, and global historians as well as specialist historians of medicine.

JAMES F. STARK *University of Leeds*

### **Launching Global Health: The Caribbean Odyssey of the Rockefeller Foundation**

Steven Palmer

Ann Arbor: University of Michigan Press, 2010, 314 p., \$75.00

In 1913, the Rockefeller Foundation set up the International Health (IH) Commission to treat hookworm disease in the tropics. The organizational principles of the IH and its impact on the WHO and other international health organizations have been the subject of numerous studies. *Launching Global Health* adds to this scholarship by going back to the moment when the IH was launched and adopting a local focus. Based on extensive research in the Rockefeller and local



archives, the book examines the hookworm campaigns in Guatemala, Costa Rica, Trinidad, and Guyana from 1914 till the late 1920s, focusing on the interaction between American IH staff and local staff, government, and sufferers of hookworm.

By going back to the launching of the IH and focusing on four very different localities in terms of language, constitutional status, and racial/ethnic make-up, Palmer has been able to challenge the general consensus in IH scholarship that its agenda was imposed from the top down on host communities. Proceeding in a roughly chronological order, starting with the discovery of hookworm and moving on to the onset of the campaigns in 1914 and finally to the changes that they underwent in following years, the book first of all shows that the hookworm campaigns were not just informed by British colonial medical practice, U.S. military medicine, and attempts to control the disease in the Southern U.S., but also by local efforts to combat hookworm, especially the national campaign in Costa Rica from 1910 till 1914. And second, it highlights that the IH started the hookworm campaigns with a particular set of aims and operational principles, in particular its desire to use the campaign to teach people about hygiene, public health, and modern medicine, but that the social and political dynamics of the host communities resulted in an “eclectic series of hybrid hookworm treatment programs” (p. 10).

While the wide geographical spread allows Palmer to provide ample evidence to substantiate his conclusion regarding the eclecticism and hybridity of the campaigns, it also requires him to provide a lot of contextual information and thus leaves him with fewer words to develop some of his minor but very interesting arguments, such as the claim that the hookworm campaigns presented a “dispersed discourse of modernity” (p. 203). And at times, Palmer has also let himself be guided too much by the sources and not enough by his questions. This is especially the case in chapter 6, where he discusses in chronological order the directorship of Dr Struse in Guatemala and Dr Schapiro in Costa Rica to further support his claim regarding the eclecticism and hybridity of the campaigns.

But in spite of these shortcomings, *Launching Global Health* presents an example of truly comparative medical history. Palmer has made a real effort to compare the four localities, which have been rarely discussed together. He has listed and explained the key differences, most notably the reliance upon white, Spanish-speaking, mostly medically trained and fairly well-off men in Guatemala and Costa Rica, but also the use of non-white, lower middle-class, and mainly untrained and multi-lingual men and (some) women in Trinidad and Guyana because of the support (or lack thereof) of local governments. And the book also clearly demonstrates that to do global health history well requires scholars to fully engage with the local context in which international health organizations operated. Chapters 3 to 5 zoom in on the local context. They discuss the efforts of the directors to implement the “intensive method”—the “total biological surveillance, registry, examination, and treatment” of the population (p. 13)—and to exert a “demonstration effect”—convince the local governments to gradually assume the burden of financing the work and the local people of “the truths of microbiology, public health, and modern medicine” (p. 153). These chapters are particularly concerned with the varied and complex relations

between local and American IH staff. They show, among others, that American staff was not free from racism and that many non-white locals were eager to work for IH, even though they were often given the most menial jobs, because it offered the chance of social mobility. And these chapters also highlight that it was not only finances but also attitudes towards excrement and ideas about worms that determined the extent to which local populations participated in the campaigns. By shedding such insights into class and race in early 20th-century Central America and Anglophone Caribbean, *Launching Global Health* not only makes essential reading for medical historians but also for Caribbeanists and Latin Americanists.

HENRICE ALTINK *University of York*

**L'hygiène à l'école. Une alliance de la santé et de l'éducation. XVIII<sup>e</sup>-XIX<sup>e</sup> siècle**

Séverine Parayre

Saint-Etienne, Presses Universitaires de Saint-Etienne, 2011, 364 p., €30,40

Préface de Didier Nourrisson

C'est un ouvrage important que celui publié par Séverine Parayre, sur la base d'une thèse de doctorat soutenue en 2007 à l'Université Paris V, sous la direction de Georges Vigarello. *L'hygiène à l'école* est important parce qu'il est le seul, à ce jour, à aborder en profondeur et avec précision, les racines et les développements de l'alliance entre la santé et l'éducation entre la fin du XVII<sup>e</sup> siècle et la fin du XIX<sup>e</sup> siècle. Les deux extrémités de cette étude – la formation d'un rêve hygiénique nouveau sous l'Ancien Régime d'une part et l'avènement d'un hygiénisme d'État dans la Troisième République de l'autre – ont en effet fait l'objet de travaux en histoire de la santé et de la médecine notamment, mais les conditions du passage de l'une à l'autre restaient encore mal connues.

Important, cet ouvrage l'est également, par la somme de documents étudiés. Il suffit de parcourir la liste des archives et des sources analysées pour saisir l'ampleur de la tâche réalisée par son auteure. Séverine Parayre a le goût de l'archive et sait nous le faire partager. Chaque étape de son étude est solidement étayée par une analyse scrupuleuse de sources – d'ailleurs majoritairement inédites.

Important, ce travail l'est enfin par les résultats fournis. En reconstituant les étapes et les épreuves qui ont organisé la genèse de l'hygiène scolaire et finalement déterminé notre prévention et notre éducation à la santé contemporaine, il permet de renouveler le regard que nous portons sur l'école et sur la santé, tout en repensant des liens que l'on avait trop vite limités à une démarche biopolitique de médicalisation.

La première partie de son ouvrage se compose de quatre chapitres qui explorent les prémices de l'hygiène à l'école de la fin du XVII<sup>e</sup> siècle jusqu'au départ du XIX<sup>e</sup> siècle. À la manière d'un état des lieux introductif Parayre nous présente, sous forme de thématiques ciblées, les différentes conceptions médicales de l'hygiène et de la santé à l'œuvre au siècle des Lumières et nous décrit les conditions de l'enseignement sous l'Ancien Régime. Reprenant, par le biais d'un retour systématique aux sources historiques, les analyses classiques des

historiens de la santé du XVIII<sup>e</sup> siècle, elle fait ainsi apparaître des points de repère essentiels au travers desquels elle décrira l'avènement, au siècle suivant, de l'hygiène scolaire. Déjà, la part belle est faite aux archives, ainsi que l'exemplifie le troisième chapitre qui explicite avec originalité les inquiétudes sanitaires et les espoirs hygiéniques des adultes – parents ou pédagogues – soucieux de la santé des enfants.

La seconde partie, consacrée au développement entre 1802 et 1853 d'une ambition sociale et politique partagée à l'égard de l'hygiène à l'école, poursuit cette valorisation systématique de l'archive. Les trois chapitres, plus denses et plus efficaces, qui la composent traitent respectivement du rôle des acteurs étatiques (inspecteurs d'académie et ministres de l'Instruction publique), puis de la prise progressive de responsabilité des médecins, et enfin de l'implication des instituteurs et des institutrices. Les échanges, alors encore difficiles, entre ces trois corps (étatique, médical, et pédagogique) sont restitués avec précision au moyen des lettres, dossiers, requêtes, et plaintes que Séverine Parayre a pu retrouver en dépouillant une masse considérable de dossiers des archives de l'Instruction publique. On découvre ainsi que la politisation progressive mais continue des questions d'hygiène à l'école engagée par les ministres François Guizot (1787-1874), Narcisse-Achille de Salvandy (1795-1856), et Abel-François Villemain (1790-1870) se heurte à des difficultés inattendues. Tandis que les instituteurs, les proviseurs, les recteurs, ou les maires réclament l'amélioration des conditions sanitaires des élèves et l'intervention des médecins, ces derniers, opposés aux opinions et stratégies gouvernementales, rechignent à s'investir dans l'hygiène à l'école en dehors des grandes épidémies. Et tandis que les inspecteurs d'académie endossent tant bien que mal le rôle de « promoteurs » officiels de la santé des enfants, le gouvernement cherche le soutien des médecins réticents, alors même qu'il ignore massivement les pédagogues et acteurs de terrain (dont les critiques sanitaires sont alors associés à une contestation d'ordre politique). Il faudra attendre une nouvelle génération de ministres, et la crise du choléra de 1854, pour que les trois parties parviennent finalement à s'entendre et que se concrétise l'avènement, pourtant souhaité par tous, de l'hygiène scolaire.

C'est à cette pleine réalisation de l'hygiène à l'école, qui se déroule entre 1853 et 1879, qu'est consacrée la troisième et dernière partie de l'ouvrage. Les trois éléments essentiels à cet avènement sont décrits dans les trois premiers chapitres. La volonté de renforcement des élites, conséquente à l'apparition progressive de la crainte nationale de la dégénérescence, participe d'un investissement dans les conditions sanitaires de l'enseignement secondaire qui forme le premier pas de la concrétisation de l'hygiène scolaire. Grâce au financement de l'État et à l'implication des médecins, une attention soutenue au corps des élèves, à leur santé et à leur force voit le jour, accompagnée d'une campagne d'assainissement des espaces de vie de ces derniers. L'institution par le ministre Gustave Rouland (1806-1878), à la fin de l'année 1860, d'un concours visant à recueillir l'opinion des instituteurs marque une deuxième étape essentielle dans cette genèse. Les résultats de ce « sondage », que Séverine Parayre a retrouvé et étudié dans le second chapitre de cette partie, sont sans ambiguïté : la santé des enfants et l'hygiène des écoles sont devenues des sujets de préoccupation essentiels des acteurs de terrain que les gouvernants

ne peuvent plus ignorer. Le ministre Victor Duruy (1811-1894), qui entre en fonction en 1863 sera finalement l'instigateur, c'est l'objet du troisième chapitre, des réformes nécessaires à l'émergence de l'hygiène scolaire (explicité dans le troisième chapitre). L'hygiène scolaire voit finalement et définitivement le jour, devenant même, ainsi que l'explique le tout dernier chapitre, objet d'enseignement pour les élèves comme pour les enseignants. Commence alors l'âge d'or de l'hygiène à l'école, celui des ors d'une Troisième République placée sous le signe de l'hygiénisme.

Au cours des 300 pages de texte, auxquelles s'ajoutent des annexes et une importante liste d'archives, de sources, et de références bibliographiques, Séverine Parayre présente un travail historique détaillé et rigoureux, fondé sur une analyse précise, mais toujours accessible, de sources essentiellement inédites. Grâce à son patient labeur d'archiviste, elle nous donne accès, comme peu d'ouvrages, au point de vue de tous les acteurs qu'ils soient ministres, professeurs de médecine, instituteurs, recteurs, inspecteurs, parents, ou médecins de campagne, qui ont permis à la santé et à l'éducation de s'allier au profit de la société, de la politique et de la médecine. Explicitant clairement les relations complexes, et jusqu'alors peu connues, qui ont fait naître cette association du scolaire et du sanitaire, elle nous offre une lecture originale de l'histoire du XIX<sup>e</sup> siècle, au sein de laquelle la médicalisation de l'école apparaît dès lors sous un jour nouveau. Loin d'être le résultat d'une extension du pouvoir médical, ou le simple effet de l'apparition d'une biopolitique, le processus de médicalisation du domaine scolaire se dévoile ici comme le dernier terme d'une quête d'amélioration de la santé qui dépasse de loin les seules histoires de la médecine, de l'éducation, ou de la politique mais s'inscrit comme un objet à part entière d'une histoire générale de la santé. Utilisant les archives d'une histoire de l'éducation au profit d'une étude historique de la santé, elle transgresse habilement les champs disciplinaires pour renouveler les perspectives historiographiques ouvertes par les travaux de Jacques Léonard, d'Olivier Faure, ou de Patrice Bourdelais. Dans ce récit où l'on découvre que l'histoire de l'éducation et celle de la médecine interagissent autant qu'elles se complètent, se forme finalement un chantier nouveau : celui d'une histoire transdisciplinaire de la santé.

ALEXANDRE KLEIN *Cegep Saint-Laurent (Montréal)*

### **The Diversification of Health: Politics of Large-Scale Cooperation in Nutrition Science**

Bart Penders

Piscataway, N.J.: Transaction Publishers, 2010, 190 p.

People have always known that what one eats can impact well-being, for better or worse. And since ancient times physicians, scientists, and scholars have sought to develop a science of nutrition to explain the dynamic relations linking food, the human body, health, and disease. Over the years, nutrition science evolved from single-factor, or nutriment, analysis to an increasingly reductionist, chemical analysis in the 19th century, that explained food in terms of its constituent chemical components of minerals, fats, proteins, and carbohydrates. By the 20th century and especially with the decoding of the human genome,

nutrition science became further reductionist in its approach by narrowing to a genetic analysis. Understanding the relations between health and nutrition at the genetic level established the field of nutritional genetics or nutrigenomics. From its inception, this was “Big” or large-scale science primarily because the problem of just what constitutes “health” itself is so broad, and molecular and genetic analysis of nutrition is complex. Consequently, nutrigenomics, like all large-scale scientific projects (such as the Hubble space telescope, the International Space Station, and finding a cure for cancer) involve large, inter-disciplinary, co-operative teams of research scientists working on an array of small problems in different labs that are often geographically dispersed.

The author, Bart Penders, used his training in molecular biology and science and technology studies (STS) to step into the world of nutrigenomics in order to gain broader insight into the very nature of “Big” laboratory science. He engaged in ethnographic studies of two large-scale nutrigenomics research programmes in order to determine: how problems on such a large scale are conceptualized (in order to make them “solvable”); how solutions are constructed and knowledge produced; how technologies shape scientific insights; and what political and social forces swirl around the knowledge production in large-scale science. One of the projects he tracked (Gut Health) aimed to explore how nutrients regulate genes in gut cells, while the other project (NuGo) similarly studied the relations between nutrient and gene expression. Both projects were multi-million Euro endeavors with multiple partners from academia, industry, and government, and both aimed to stimulate growth and innovation for commercial, economic, and scientific purposes.

Penders set out to determine how these large-scale projects were made to “work,” that is, how the complex linkages among divergent people, materials, and knowledge led to a co-production of knowledge and norms sufficient for the projects to accomplish their stated goals. Using nutrigenomics as his case study, he explored how large-scale science is even possible at all given that it is scientific research that is focused on a problem that is so big and so complex that single labs with a singular focus simply are not sufficient. So, for instance, the Gut Health project’s goal of evaluating gut function and health at the cellular level became manageable by setting up a modular structure that allowed different labs to focus exclusively on sub-projects each studying a different compound involved in gut function: amino acids, probiotics, or fatty acids. An oversight or umbrella organization co-ordinated and managed funding and results from all the labs. In order to accomplish the “big” goals of the project, alignment among all the sub-projects had to be maintained.

While the goal of nutrigenomics is to improve population health, achieving such a normative goal requires the establishing (and agreeing upon) a whole range of norms among all the sub-projects, including what counts as healthy (in terms of individuals and foods), and what counts as normal health risks. Reaching agreement on these norms is a necessary first step towards identifying problems and solutions. All of this negotiation is political and a large portion of Penders’ project maps the co-evolution of normative notions of health, individuality, and scientific knowledge with the ultimate aim of uncovering the political implications of this co-production. What he found was that the process of aligning sub-projects to the overarching project impacted the very

notions of what constituted health as well as ideas about links between health and nutrition. Furthermore, the explicit molecular focus of genomics research and its associated methodologies and technologies led to the production and manipulation of new notions of health and nutrition, re-articulating them into “molecularised entities” (p. 97). Penders concludes that this molecularisation in many different labs produces a broader, social molecularisation. So, for instance, the concept of health, when studied at the molecular level in multiple settings, becomes epistemologically fragmented with the political consequence being a shift from a concept of “health” to concepts of “healths”. Thus, “the construction of a network of situated doabilities are perfectly capable of influencing contemporary norms of selfhood” (p. 166).

Penders’ study sets out to understand the nature of nutrigenomics, and thus of “super-sized” science and its particular type of scientific research practice, revealing that the complex and expansive nature of the organizational structure of these scientific projects reverberates at the epistemological level, so that “scientific ‘form’ and ‘content’ exist in intimate and perpetual embrace” (p. 167). This dynamic has the potential to change what we think it means to be healthy or what we consider to be healthy foods. In the end, Pender remains agnostic about whether such a shift will be of much benefit to the people of the world. His study, however, will be of great benefit to scholars studying the complexly interwoven dynamics among the ethical, legal, social, political, and economic effects of large-scale science. In the end, size does matter.

JANE JENKINS *St. Thomas University*

### **Behind Closed Doors: IRBs and the Making of Ethical Research**

Laura Stark

Chicago: University of Chicago Press, 2012, 222 p., US\$91.00 (cloth), US\$27.50 (paperback)

Institutional review boards (IRBs) are cornerstones of modern medical research. Adhering to established ethical standards is an essential requirement for today’s researchers, yet how these standards are determined and enforced remains somewhat opaque. In her detailed ethnographic and historical investigation of IRBs, Stark takes us behind closed doors, revealing the roots and inner workings of institutional decision-making.

Since IRBs are made up of human beings, it is no surprise that much of the objectivity they claim is largely useful fiction. In her first chapter, Stark shows how subjective factors and (arguably necessary) messiness are introduced into the IRB process. These variables range from the importance of personal experience to the way IRB members often think in terms of specific and not abstract terms when considering human subjects. Still, professionalism and accuracy remain important in, for example, concerns about “housekeeping” (i.e., the neatness and orderliness of applications). Decisions further centre around the practice of “warranting,” a process by which members negotiate who can speak authoritatively—whether because of private or professional experience or by relying on tacit or embodied knowledge. Here IRBs reveal an emphasis on variable virtues depending on circumstances.

Moreover, as Stark outlines in chapter 2, IRBs develop “local precedents”—a kind of institutional memory based on past cases that inform decisions about current ones. Rather than basing decisions on abstractions and ideals, IRBs are marked by a kind of “path dependence” whereby a unique system of judgment develops in specific institutional contexts. Particularly revealing is the way intense deliberation sometimes ends up documented as an uncontroversial unanimous decision. In chapter 3, Stark’s intriguing focus on documents and deliberations exposes how self-conscious IRBs are about the documentation process, and how that awareness influences and affects deliberations. In the end, IRBs speak collectively and never single out individuals even when their opinions stand out during deliberations. This, she argues, is a way to absolve any *one* of responsibility where human experimental subjects are concerned.

Shifting gears midway through her analysis, Stark turns to look at the historical origins of the IRB. Despite subtle differences noted in her careful ethnographic study, there is an overall structural similarity to these boards. This resulted, she argues, because all of them followed a model first established by the Clinical Research Committee (CRC) of the NIH Clinical Center in 1953. Born of a series of unique circumstances, the CRC shaped the broader policy framework for other IRBs from 1966 on, policy that became ensconced when Congress passed federal regulations on the use of human subjects in research in 1974.

Stark’s look at the history of the NIH Clinical Center shows that the CRC developed because of the Center’s exclusive focus on research. One of the circumstances of this research paradigm was the use of healthy “patients”—called “Normals”—for clinical research, which created a view of the patient not as sick person, but as human site of medical intervention. These patients, she finds, were initially drawn from a specific pool—the so-called “Guinea Pig Units” of conscientious objectors first used in military research during WWII and eventually transposed to the NIH clinical setting. With time, conscientious objectors became religious volunteers became white middle-class college students. The use of healthy subjects, new government sponsorship of scientific research in the 1950s, and a need to protect the Clinical Center from legal troubles led to an “ethics of place” and a model of policy-making regarding best practices that Stark calls a form of “group consideration.” Loosely modeled on and influenced by the Nuremberg Code (and here the proximity of the NIH to military settings in Bethesda was key), these strictures differed from past approaches to ethics rooted in individual moral consideration or professional guidelines, and moved from individual discretion to committee recommendation. They also differed in being eventually encoded and proscribed rather than tacit.

In chapter 5, Stark moves her focus to the other side of the doctor-patient equation and looks at how consent in human research was obtained or, more to the point, not obtained. In spite of almost pathological concern for record-keeping at the NIH Clinical Center, Stark finds a glaring and arrogant disregard for the need of documented consent among patients, this even after the landmark 1957 *Salgo* case, which gave birth to the concept of “informed consent.” She sees this as the result of a kind of institutionalized sense of professional superiority, a reliance on the peer review process of the CRC and deep doubts about the possibility of even putatively “Normal” patients being able to provide rationally derived consent. This is not surprising, for patients sometimes ended

up crossing the line into the "sick" category during their stay at the Clinical Center, occasionally due to the research they were subjected to. Stark notes, for example, the ambitious research projects in the 1950s involving LSD as a psychiatric therapy before its effects were fully understood.

Finally, Stark explores how the expansion of research programs and the use of controversial research subjects like prisoners, and the ethical dilemmas involved, finally prompted the development of more formal structures to review individual studies. Resistance to overarching standards remained, and Stark shows that even federal regulations imposed in the mid-1970s were conceived as a self-policing system in which experts assumed inborn judgment and integrity and the capacity to evaluate their own ethical standards, without the need to consult outside agencies in their process of "group consideration." Stark illustrates how current IRB processes were derived from particular historical and institutional circumstances at the NIH Clinical Center in the early days of human subject research in the 1950s and 1960s. She suggests the assumption that only experts are competent to evaluate their peers and, further, that these practices are rooted in a specific time and place, may not be ideal frameworks to apply to contemporary research. Like many good historians, she hopes we can learn from the past in order to improve these procedures in the future.

SEBASTIAN NORMANDIN *Michigan State University*

### **Food and War in Twentieth-Century Europe**

Ina Zweiniger-Bargielowska, Rachel Duffett, and Alain Drouard, eds.  
Farnham: Ashgate, 2011, 276 p., 7 photos, \$120 (hardcover)

Historians are proving increasingly receptive to the significance, if not centrality, of concerns about food, diet, and nutrition in 20th-century periods of international conflict. The question of how to feed soldiers and civilians captured the attention of policy makers, medical communities, business groups, and consumers during both the First and Second World Wars. Both of these defining periods of conflict severed long-established trading patterns, disrupted domestic purchasing habits, witnessed extensive food shortages, and provoked pertinent fears of mass starvation. In response, state bodies devised innovative methods of feeding the expansive military machine to bolster their likelihood of success and also intervened in the consumption habits of civilians located on the domestic front. Increased state intervention in that arena, it was hoped, would strengthen civilian capacity to contribute productively to the war efforts, as well as maintain communal health. To achieve these goals, state bodies across Europe called upon the expertise of an array of groups including nutritional scientists, food manufacturers, and medical communities due to having recognized that large-scale war could not be fought or sustained without being attentive to food.

Adopting a trans-European approach, Zweiniger-Bargielowska, Duffett, and Drouard's volume explores these inter-connected concerns from cross-comparative perspectives. Their volume is divided into four sections, the first of which investigates the feeding of soldiers in Germany and Britain. Contributors to this section ask why the German army rationing policies were relatively sufficient



throughout the war despite the state's relatively ineffective economic policies; examine British soldier responses to their strictly regulated dietary provisions; and, in a particularly intriguing contribution, explore the extent to which Jewish communities upheld their dietary laws in wartime Germany on both the domestic front and the battlefield. Section two examines civilian adaptation on the domestic front to dwindling levels of food availability. By exploring Germany, the Czech lands, Slovenia, Spain, and Russia, the various contributors piece together a nuanced picture of diversity in acclimatization to wartime food shortages across both World Wars (as well as the Spanish Civil War), and also the physical and psychological dimensions of becoming accustomed to dietary substitutes. The grimness of wartime domestic life and the perpetual threat of starvation in many European countries are a central focus here.

Section three also investigates food concerns on the domestic front, but with a complementary emphasis on state interventions. The immediate pre-First World War period was one in which state bodies across Europe had made efforts to improve the nutritional health of citizens through initiatives such as the school meals system. War brought added urgency to the imperative to maintain communal health, which was reflected in governmental approaches to diet and nutrition. These imperatives persisted in later periods of conflict. Thematically, this section covers the development of British Restaurants in the 1940s, class inequities in food access in Britain between 1939 and 1945, the French Academy of Medicine's state-assisted intercession in food shortages, as well as the black market in food during the German occupation, and nutritional education in the Netherlands. The extent to which war sparked scientific and business-led innovations in food is a crucial sub-theme throughout this volume, which is fully addressed in the final section. This explores dietary modernization and the science of food rationing in Scandinavian countries, the popularization of horsemeat in wartime France, and interactions between food science and industry in Germany.

Some of the contributions in *Food and War in Twentieth Century Europe* feel slightly half-formed, as if more work was required to translate the proceedings of the event that preceded this publication into a coherent collection of academic essays. In consequence, some of the chapters, despite their often fascinating subject content, suffer from being overly descriptive and for failing to convincingly connect to the other essays contained in each section. The scope of the volume is impressive, covering a vast geographical region across an extensive timeframe in which much changed in relation to food and the society and culture that surrounded it. However, a tighter focus might have enhanced the readability and cohesiveness of this publication. Nonetheless, *Food and War in Twentieth Century Europe* is a fine collection of explorations into a historically rich topic that informs on the wartime development of food policies, the emergence of investigative techniques designed to measure nutritional well-being, the impact of war on national and religious eating customs, wartime innovations in food production techniques, and the legacy of shifting consumption and production practices that endured long after the conflicts under analysis ended.

IAN MILLER *University of Ulster*