

circulating smallpox strain was far more lethal than the strains in Europe and the UK. The development of less reactive vaccines, and techniques that elicited milder constitutional and local side-effects, were thus necessary to encourage people routinely to submit to re-vaccination. The authors argue that the introduction of safer vaccine technologies gradually improved vaccination rates, and, during the 1930s, improved the public's perception of vaccination. Medical innovations and made-in-India technocratic solutions to the problems of production, storage and delivery were clearly significant features in this smallpox story.

By analysing the inter-governmental systems and the technical history of smallpox vaccination, this work has opened up a new array of explanations for why, and in what context, diverse publics resisted state-sponsored vaccination. Unlike explanations that pit western scientific medicine against religious and cultural backwardness, this approach allows for a certain symmetry in the analysis of resistance and the ultimate acceptance of vaccination. It equally highlights the situations where technical, bureaucratic, social and cultural factors led to the enthusiastic adoption of vaccination. Many of the technical and systemic variables identified by this work can be applied to other case studies of smallpox vaccination, and indeed scholars studying its implementation in other regions can now utilize the findings of this important and groundbreaking study for comparative research.

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Simon Szreter, *Health and wealth: studies in history and policy*, Rochester, NY, University of Rochester Press, 2005, pp. ix, 506, £50.00 (hardback 1-58046-198-0).

For more than two decades, the relation between health, social change and politics has been a primary target for Simon Szreter's

historical studies. The present book is mainly a collection of previously published and slightly revised articles with an added introduction and final reflections. The empirical example is Great Britain during the nineteenth and, to a lesser extent, twentieth century, but his conclusions concerning the threats of social disruption caused by rapid change are general indeed.

One article, 'Economic growth, disruption, deprivation, disease and death', published in 1997, has been widely read and quoted by historians, scholars and practitioners interested in the fate of contemporary developing societies. Later, Szreter has used "linking social capital" as a tool to understand why some societies are healthier than others. One of the articles is written together with Michael Woolcock, where this concept incorporates politics, the state and other formal and informal institutions as important and necessary means for the creation or preservation of trust, safety, a fair distribution of resources and a good life, especially during periods of rapid social change.

The author is not afraid of drawing wide-ranging conclusions almost entirely from one historical case, the history of Great Britain. If we accept Szreter's interpretation of British experiences, it may of course still not be valid for what has happened in other parts of the world. Generally, however, there is by now a wide acceptance of his critique of Thomas McKeown's famous thesis that economic growth, increased standard of living and improvement of the nutrition of the population were the key factors behind rising life-expectancy in Europe during the last two centuries. A growing number of studies in other countries are, for instance, supporting Szreter's view that public health interventions were much more important than McKeown thought, particularly when implemented on a local level.

Although details might still be diffuse, the first half of the nineteenth century and the most intensive first phases of industrialization and urbanization were obviously accompanied by hardship and severe health problems for

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large parts of the European population. According to Szepter, this coincides with a significant decline in life expectancy in Great Britain. In Sweden, as another example, this was also the case at about the same time among middle-aged men.

Szepter claims that these historical lessons can be used to understand what happens or might happen in the future in developing countries of today. Most parts of his recipe for building wealthy and healthy societies are not controversial, for instance the need for functional democracy, protection of individual human rights and security, investment in human resources and literacy campaigns. It is the emphasis on the need for political interventions and investments in the human capital that makes him identify the chief opponents: believers in automatic links between economic growth, welfare and health, neo-liberals and advocates of an unrestricted free market. Criticizing those who welcome economic globalization without major objections, he even defends protectionism in situations when domestic economic systems are not yet fit to meet competition from the outside.

Hence, Szepter does not avoid wide-ranging theoretical conclusions drawn from his case. Nor is he afraid of taking a clear standpoint on politically and ideologically controversial questions. The ever-changing historical and cultural contexts are of course always making such efforts open to attack. Yet, made by professional historians who have taken the time to reconstruct and reflect upon their cases, such ventures can, as in this case, be stimulating and enjoyable food for thought.

Written with good humour, presenting interesting and provocative perspectives on his topics, Simon Szepter's book is recommended for all who are interested in the history of public health and its potential lessons for today's world. The articles do, however, overlap when it comes to evidence, argumentation and conclusions. Consumers who do not have the time or the need to go through all the chapters in detail should start with the summary

introduction and continue with the final chapters before they decide where to go next.

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Mark Jackson, *Allergy: the history of a modern malady*, London, Reaktion Books, 2006, pp. 288, illus., £25.00 (hardback 1-86189-271-3).

With this history of allergy, Mark Jackson has completed an ambitious project for which he was uniquely equipped, being both a practising doctor and a historian. It is clear from the text that he has also had some personal experience of allergy, not unusual among those who have worked and written in this field.

In order to tell the story of a century of research and experimentation, Jackson starts with the creator of the word, Clemens von Pirquet. He explains in detail von Pirquet's general acceptance of allergy as an altered reactivity of the body to various substances. The remainder of the book documents the propagation of the word in successive waves and describes how its meaning has become increasingly distant from the original intention of its progenitor.

Jackson has planned a global and multidisciplinary history, along two main themes, the scientific exploration of allergy, and the investigation of its socio-cultural significance. At first sight, these are two separate lines of research. The first deals with the clinical observation of strange disorders following the contact of the body with antigens ("allergens") of various kinds through various routes. The second is concerned with the popular understanding and management of so-called allergic troubles. But it is soon evident that these are not two parallel stories but a unique multilayered epic, combining numerous actors: academic institutions and practising therapists, politicians targeting public health, and journalists eager to identify the