

only view. In her consideration of eugenic ideology and the mentally deficient, she ends by demonstrating that families were often reluctant to sterilize their children. Conceptions of disability are hardly monolithic. This is evident within David E Shuttleton's work that combines politics and morality in the rhetoric of smallpox, and François Buton's consideration of educational policy shifts for deaf children. Connections between the political and the moral are themes that wind throughout the collection.

Kristy Muir explores individual experience via oral testimony of Australian and Indonesian veterans with post-traumatic stress. This provides a useful insight into control over the self that institutional histories may lack. The individual also comes to the fore through Hal Gladfelder's consideration of sexuality and deformity, bringing the body into the debate. The controlled body is also a central theme of Anne Borsay's analysis of orthopaedics and social control. She suggests holism was a central tenet in the drive to produce economic units via orthopaedic care in the early twentieth century. This is worth further exploration as it could be suggested that through holistic approaches a modern perspective of disability could be formed and disseminated.

One of the aims of the project was to consider historical shifts. Whilst this is important, we should not forget the continuities. They include the obvious, but important, negativity that surrounded disability, the continued use of morality and politics to define or treat the disabled, and the tensions that exist between institutional histories and personal experiences. More could have been said about the connection between disability and various national perspectives, but such projects should be taken up by interested parties rather than being prescribed avenues of research.

**Wendy Gagen,**

Peninsula College for Medicine  
and Dentistry

**John Welshman and Jan Walmsley** (eds), *Community care in perspective: care, control and citizenship*, Basingstoke, Palgrave Macmillan, 2006, pp. xxi, 278, £55.00 (hardback 978-1-4039-9265-9), £19.99 (paperback 978-1-4039-9266-6).

Despite the wide-ranging title, *Community care in perspective* is in fact a detailed study of services for people with learning difficulties since the foundation of the National Health Service in 1948. Its mission is to explore the "extraordinary historical transition", which saw community care "transmuted, at least in rhetoric, from an adjunct to the institution to the means for inclusion and rights". Its methodology is the "stakeholder approach" where life histories, oral histories and autobiography, together with documentary sources, are used to construct plural accounts of service development and impact that reject the quest for a single "authoritative" history (pp. 2–3).

The book is divided into four parts. Part 1 consists of two chapters which unpick the 'Ideology and ideas' that underpinned policy before and after 1971. Part 2 conducts a similar exercise for 'Organizations and structures', with the addition of a third chapter that commendably examines the implications of devolved government. Part 3 places the UK experience in international context through a discussion of the USA, Canada, Scandinavia, and Australia. And Part 4, entitled 'Experiences', tells the story from the viewpoint of people with learning disabilities, their families, the workforce, and the voluntary sector. There is also an interesting chapter that teases out the implementation of community care in two contrasting locations—urban Croydon and largely rural Norfolk. Finally, the conclusion offers an excellent summary of the book's two key themes: the "forces for change" in which campaigning families, "an individualistic human rights ideology", the scandal of abuse, and rising costs featured prominently; and the shifting balance between care, control, and citizenship, in which staffing, "the emphasis

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on industrial work rather than education and rehabilitation”, and “the reality of social interaction” were uppermost (pp. 233–7).

In assessing the dynamics of these processes, Jan Walmsley argues that the social model—which attributes disability to oppressive material and attitudinal environments—has been less influential for people with learning difficulties than for those with physical impairments. Correctly, she criticizes a simplistic rights-based response to this discrimination that stresses “individual rather than collective wellbeing” (p. 55) and hence threatens a market-based orientation endangering citizenship. However, there are also risks in over-emphasizing the positive conceptual changes that have occurred since the Second World War. For, whilst not “passive victims” (p. 3), intellectually impaired people remain the recipients of defective services. As a recent report from the Healthcare Commission confirmed, problems continue with major institutional failings in hospitals, treatment centres, and secure facilities that deprive residents of their human rights and dignity (December 2007).

The gap between theory and practice is a product of the separation between ideology and service delivery that *Community care in perspective* embodies. The division of chapters also has other spin-offs, in particular a certain amount of repetition. But this is a minor worry. On the whole, the editors succeed in overcoming many of the weaknesses that beset edited volumes and only the omission of a national backdrop to the case study of community care in the Australian state of Victoria suggests that a brief has not been fulfilled.

Though straddling the boundary between student text and research monograph, the book’s fluent style and coherent arrangement ensure that it will appeal to a wide readership. The evolution of policy is made more accessible by an international timeline, which compares the trajectory of significant events in the countries under consideration. However, it is the oral testimonies that are especially telling. May they realize their potential to

achieve a better understanding of disabled people’s lives.

**Anne Borsay,**  
Swansea University

**Werner Troesken,** *The great lead water pipe disaster*, Cambridge, MA, and London, MIT Press, 2007, pp. 318, £19.95, \$29.95 (hardback 978-0-262-20167-4), £10.95, \$15.95 (paperback 978-0-262-70125-9).

In *The great lead water pipe disaster*, the story of 150 years of lead pollution in public water supplies, Werner Troesken makes an important contribution to the historical understanding of patterns of disease and mortality. With an estimated 85 per cent of major US cities using lead service pipes in 1900, and extensive use in Britain and elsewhere, Troesken makes a strong case for widespread water-based lead poisoning (plumbism). His method is to examine documented cases in late-nineteenth- and early-twentieth-century USA and Britain in the light of recent medical research. To establish the scale of the problem, regional samples are subjected to econometric testing. The result is an engaging balance between sustained argument, narrative, humane case histories and statistical analysis. Extended analysis is contained in three appendices.

There was severe under-diagnosis of the problem, Troesken argues. Partly, this arose from the multi-systemic nature of lead poisoning, capable of affecting the nervous system, the blood, the kidneys and the gastrointestinal tract, and resulting in a great variety of symptoms, including convulsions, paralysis and depression. Troesken is particularly interested in the impact on reproductive health of even low levels of lead exposure, now known to increase the risk of eclampsia, miscarriage, stillbirth and neonatal death. Though non-committal on existing debates over nineteenth- and twentieth-century “mortality transitions”, he highlights the significance of water-plumbism, and its