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The rarity of the dissertation (a unique copy at the University of Marburg?) amply justifies Professor Tower's decision to produce a Latin transcription with facing English translation, notes, and commentary (pp. 223–315). He also provides a life of Hensing and a four-chapter survey, with illustrations, of "some of the political, socio-economic, cultural and scientific heritages and milieu" into which Hensing was born. While much of this material will be familiar to historians, the author's engaging synthesis of German and other wide-ranging sources is impressive and should attract more general readers to the volume. Professor Tower has also been handsomely served by his printer and publisher.

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WILLIAM COLEMAN, *Death is a social disease. Public health and political economy in early industrial France*, Madison and London, University of Wisconsin Press, 1982, 8vo, pp. xxi, 322, £26.25.

Recent debates over the National Health Service in Britain and over the introduction of the Medicare health insurance system in Australia should serve to remind us once again that health in a modern society is as much an economic and political concern as it is a biological one. This has not always been the case, however. In the seventeenth and eighteenth centuries, for example, European political and economic theory tended to emphasize the sheer quantity of a population as a measure of national wealth, but it showed little interest in those features of human existence which we would locate today under the heading of "the quality of life". It was only towards the end of the eighteenth century that the health and life-expectancy of the population (as distinguished from its size) became important for political and economic theory.

This shift in emphasis on the part of social theorists was matched at the same time by the medical profession's growing interest in matters of public health – both as an area of philanthropic concern and as an avenue of collective professional advancement. The result of this convergence of interests was the flourishing of an extensive and many-faceted public health movement during the first half of the nineteenth century, especially in France, Britain, and the United States. Coleman's book concentrates on the work of one of the leaders of this movement in France, Louis René Villermé, whose lifespan from 1782 to 1863 coincides almost exactly with the period of change just mentioned above.

In 1840, Villermé published one of the crowning studies of the early public health movement, his *Tableau de l'état physique et moral des ouvriers employés dans les manufactures de coton, de laine et de soie*, which, together with earlier researches on disease and mortality rates throughout the whole population, constituted a powerful empirical argument that the urban working class in France suffered disproportionately from ill health and early death as compared with the rest of the population, and that poverty and unhygienic working conditions in the newly established factory system were the chief causes of this unhappy state of affairs. Ultimately, of course, death is the biological fate of every human; but the *excess* mortality of workers, Villermé traced to a social origin. Hence Coleman's catchy title, which neatly summarizes Villermé's position: *Death is a social disease*.

As a medical man, Villermé might have expected to follow up his social diagnosis with a therapeutic recommendation; and as an ex-army surgeon he might have been expected to couch his prescription in terms of strong administrative measures. In point of fact, however, nothing of the kind occurred: Villermé's work combined, in Coleman's phrase, "bold diagnosis and conservative therapy". The reason for this seemingly paradoxical combination is indicated in Coleman's subtitle: *Public health and political economy in early industrial France* – for it was the prevailing economic conception of the day that prevented Villermé's implicit indictment of the early factory system under capitalism from becoming an explicit call for social reform or revolution.

Committed to political liberalism and *laissez-faire* economics, Villermé viewed socialism, workers' associations, and state regulation of factory conditions with equal horror. One often thinks of Britain and the United States as typifying extreme *laissez-faire* attitudes and of France as typifying the centralized administrative tendency in government during the early

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nineteenth century, but Coleman points out that British and American public health reformers were far more willing to call for bureaucratic regulation as a social remedy than were Villermé and his French colleagues. Where Britain, for example, began as early as 1802 to legislate in order to control the employment of children in factories, France did not introduce such a law until 1841 – and even then this law was “the first major and for long years the only piece of French labor legislation” on the books (p. 253).

Coleman’s chief concern, as he indicates in his introduction, is with the ideology behind the public health inquiries carried out by Villermé and his associates in France. In simplest terms, that ideology consisted in the two-fold conviction that the application of science to social problems offered guidance for human progress but that only the workings of individual initiative could bring that progress about. When the findings of Villermé’s science seemed to indicate that state regulation of working conditions might be necessary to remedy social evils, Villermé recoiled before this contradiction. Rather than constrain individual liberty in any way, he chose to offer the worker only the counsel of patience, diligence in his or her labours, and the hope of better things to come – either in this world (with the gradual increase in national wealth through increased production) or in the next (with the promise held out by religion for a reward to the deserving in the afterlife).

Coleman ably discusses the methodological strengths and weaknesses of Villermé’s studies, their theoretical underpinnings and preconceptions, and the sociocultural environment in which they were carried out. His work is a useful and opportune contribution to the history of both medicine and the social sciences – and especially to the history of their interaction.

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ARNOLD S. TREBACH, *The heroin solution*, New Haven, Conn., and London, Yale University Press, 1982, 8vo, pp. xvi, 331, £16.95.

The history of narcotic drugs, like the history of Irish nationalism, is seldom written dispassionately. There is simply too much at stake. Given the enormity of the problem of narcotic drugs in Europe as well as America, and the current fluctuations in policy, it is nearly inevitable that advocates will marshal history to support their positions. There is nothing wrong with that. If history is written intelligently, it *should* illuminate present problems.

Professor Arnold S. Trebach is an American who is thoroughly familiar with drug policy and practice in both Britain and America. This book is a persuasive argument for fundamental changes in narcotics laws and treatment patterns of drug addicts. His suggestions are sensible and humane. They do not emanate from an ideological commitment, nor do they flow from a detailed and professional study of the past. Rather, Professor Trebach has picked from the history of narcotic drugs in Britain and America pieces of evidence to support his argument.

Professor Trebach is a liberal reformer. He thinks generally that Americans have wrongly tended to deal with narcotic drug addiction as a criminal problem rather than as a medical issue. Punitive laws against drug-takers must be pared back. Physicians must be given full professional responsibility to deal with drug addicts as they would any other patients. The physician must have a full range of options at his disposal, including the continued use of narcotics: “But the ideal for any modern society should be the availability of a complete range of treatment services for those addicts who want to take advantage of them – temporary heroin therapy, temporary methadone therapy, therapy with any drug that has a low risk of causing organic damage, psychiatric treatment, therapeutic community, detoxification, religious guidance, and meditation, as well as any other types of assistance and support that might be devised in the future” (p. 285).

Professor Trebach’s reading of history is shaped by this reforming position. For example, he characterizes the reign of Harry Anslinger as director of the Federal Bureau of Narcotics (1930–1962) as a disaster. Anslinger saw “dopers” as criminals, pure and simple, and used his powerful position to toughen narcotics laws. Yet history also provides alternatives. In particular, Trebach holds up the British Rolleston Committee Report (1926) and the American municipal drug clinics, especially the one run by Dr Willis Butler in Shreveport, Louisiana