

perspectives the history of public health in Spain. The work of Esteban Rodríguez Ocaña is without doubt a strong reference point within this historiographic trend because of the number and quality of his contributions, but also because of his ability to suggest a particular approach to health problems from a historical viewpoint. This book contains nine of his most significant publications (the first published in 1986, the last in 2001) on relevant, complementary issues of public health in Spain. These papers have been re-published with no amendments, exactly as they originally appeared; however, their selection itself and their grouping in three sections results in an end product that reaches well beyond the usefulness of making easily accessible in a single volume previously widely scattered material. It provides the whole with internal consistency (a solid research line developed over a number of years), which allows the recognition of a global contribution summarizing a major portion of the history of public health in contemporary Spain.

The first part is devoted to the creation of the Spanish health care administration. The initial paper—the only one to discuss the eighteenth century—examines the set-up and operation of the *Junta Suprema de Sanidad* (Supreme Health Care Board) and local, provincial, and harbour-related *Juntas de Sanidad* (Health Care Boards), whose main goal was to defend or “protect” the health of citizens against the threat of potentially catastrophic diseases such as the plague, which might have reached the French Mediterranean. This overall discussion of Spanish health care administration during the eighteenth century represents a major contribution to pre-liberal, Bourbon health care. The remaining papers deal with the nineteenth and twentieth centuries. The article on the Instituto de Higiene Urbana de Barcelona and the statistical work developed therein by Luis Comenge discusses the implications and limits of health care practices as linked to local institutions. The next two studies included in this first part address on the one hand the state organization of health care and its legal, doctrinal framework in early twentieth-century Spain, and, on the other, the significance of international links. In the latter case, the

discussion of the role of the Rockefeller Foundation represents, in my opinion, an outstanding contribution, as it provides a novel—and essential—perspective for an understanding of the constitutive process of public health in the Spain of the 1920s.

The second part, entitled ‘A discipline for capitalist development’, includes two papers that study the way in which discourses and proposals developed from a public medicine and health perspective may legitimize state power and even become decisive factors in the financial and cultural functioning of contemporary societies. Industrial hygiene and urban hygiene are the topics sensibly selected and discussed by Rodríguez Ocaña to illustrate this role of health care in the rulemaking processes within the framework of industrialization.

Finally, the third part includes three papers that discuss the acquisition of both the techniques and modalities adopted by contemporary public health: statistics, surveys, and health-care campaigns. These are specific case studies which, by addressing the constitutive process of a technical core for public health defined as a scientific discipline, reveal the development of a sanitarian technology that, not surprisingly, would lead to the emergence of experts in the study of health problems, considered collectively rather than individually, with a keen desire to improve the health of the population.

In summary, this is an interesting book that, despite its fragmented origin, does provide an overview of Spain’s contemporary public health.

Rafael Huertas,
CSIC, Madrid

Marie-France Vouilloz-Burnier and Vincent Barras, *De l'hospice au réseau santé: santé publique et systèmes hospitaliers valaisans XIX^e–XX^e siècles*, Sierre, Editions Monographic, 2004, pp. 441, illus., €32.00 (paperback 2-88341-109-3).

Published at the instigation of the Valais public health service, *De l'hospice au réseau santé* has all the merits and shortcomings of a local monograph. Its use of archival sources is

ample: medical biographies, picturesque reports on “*rhabilleurs*” (bonesetters), “*mèges*” (charlatans) and other healers using dormouse oil, fox fat or chamois suet, make this a truly valuable contribution to the study of health care in that small part of rural, mountainous Europe (63,000 inhabitants at the dawn of the nineteenth century, 250,000 today). On the other hand, written by and for the Valaisan people, this commissioned work disregards mainstream medico-social history (not a word about AIDS), opting rather for the disjointedness of an impressionistic narrative. Abandoned children, begging, midwives, friendly societies: the book is a mine of information, but the absence of a thoughtful introduction to more subtle concepts such as “bourgeoisie” applied to hospital management (certain hospitals took in only poor bourgeois, others only non-bourgeois) is all the more regrettable.

The work is almost two books in one. Under the somewhat generous title of ‘A history of public health’, there is a short study (of about 100 pages) of health legislation and the attributions of the *Conseil de santé* (1807). This is followed by over 250 pages describing hospital provision and, more precisely, the painful transformation of the (non-medicalized) hospital-asylum into an institution administering care. The main value of the book is its evocation of a sort of *ancien régime* of care lasting until the 1960s. Although assistance for the sick was the responsibility of the localities, the canton’s hospital system was simply a loosely connected string of widely differing institutions—religious, communal, or initiated by a particular doctor—like island communities without a core. Until the period between the two world wars, Martigny took in the elderly in exchange for a fee and participation in the maintenance work. Another curiosity was the rotation of local practitioners, who took turns to be the hospital doctor for one-year periods. In short, vagaries and diversity are apparent everywhere: Saint-Maurice treated foreigners who were passing through; Brigue and Martigny accommodated and fed them only in cases of extreme necessity; Monthey, intended for curable patients, nevertheless refused admittance to anyone with venereal disease, or

the mentally ill or contagious; Bains de Loèche demanded a certificate of indigence as well as one of good conduct signed by the local priest or clergyman. The anti-centralization tendencies were so strong that the 1858 project for a cantonal hospital open to any Valaisian citizen, regardless of their commune of origin, was permanently blocked. And the state? It was totally absent here. The booming postwar economy pushed the fragmentation even further. For example, Brigue and Viège, only six miles apart, engaged in a fierce race to build new wards rather than splitting up specialities between the two sites. Overtaken by delusions of grandeur, the thirteen districts of the Valais thus joyously conducted thirteen separate hospital policies until the creation of the Réseau santé Valais in 2002.

Indifference and disorder reigned throughout public health as a whole. The only period looked on kindly by the authors in the history of what was to become a Swiss canton (1815), is that of the Napoleonic years, when the Valais was first an independent Republic (1802–7), then the French department of Simplon (1810–13). Propagation of the smallpox vaccine, reform of the hospital accounting system, inquiry on the populations’ health: order and Napoleonic rule contrasted sharply with the subsequent *laissez-faire* attitude. In fact, the entire book could be read as a lament for impossible centralization. The authors’ sympathy clearly lies with those liberal, progressive doctors in the early nineteenth century, Hyacinthe Grillet and Maurice Claivaz, who, by constantly publishing advice on the preservation of health and advocating the development of education (“that of girls in particular”), followed in the footsteps of the Enlightenment.

None the less, disease prevention turned into a “lost cause”, starting with the illegal practice of medicine. The Valais, “pledged to its religious principles”, closed and backward, was in this respect the laughing stock of neighbouring cantons. Critics “singled out” its apathy in combating epidemics (no measure was taken in 1830 against cholera, from which the canton believed itself protected by its pure mountain air), the lack of rigour of its medical exams

(considered until the late nineteenth century as a “real joke”), and its strange insouciance regarding tuberculosis even though it had the highest mortality rate in the Confederation (18.6 per thousand in 1928, against the Swiss average of 13.5 per thousand). The most critical flaws were ethno-cultural antagonisms between the Upper and the Lower Valais, quarrels between neighbouring villages, rivalries between religious congregations. A cantonal public health service was created in 1917, but we are told that the doctor’s post was “highly exposed” to endless criticisms. Consequently, a Federation of Anti-Tuberculosis Leagues was established only in 1931, a canton sanatorium in 1941 and a nursing school in 1944. The gradual secularization of health care was not initiated until 1960.

Intense provincialism, government inactivity, and balkanization: are these features peculiar to the *Suisse romande*? The authors refer mockingly to the 1961 law as “the first health law of the xxth century”. Why not look further afield than their homeland, at France for instance, where the flimsy public health structure was also falling apart. Apparently for a young Valaisanne to study midwifery in Lausanne, Berne or Saint-Gall in the 1920s was to “exile herself”. But narrowness of horizons is the most common thing in the world, not unlike feelings of hostility towards general practitioners, or the “head in the sand” approach to social scourges (tuberculosis or syphilis) that it was hoped could be cured without their being recognized. What appears to be peculiar to the Valais is the excessive importance given to private initiative, above all denominational. It seems unbelievable that it was necessary to wait until 1945 for the school medical service created in 1907 to be equipped with an X-ray machine, thanks to private funds. As for the rest—the deep and fatal apathy of public opinion, the protracted ineffectiveness of governments—evidence suggests that Alpine Europe as a whole was hardly the poster child for prevention. Accordingly, the absence of a comparative dimension is felt all the more strongly.

Lion Murard,
CERMES, Paris

Stephanie J Snow, *Operations without pain: the practice and science of anaesthesia in Victorian Britain*, Science, Technology and Medicine in Modern History, Basingstoke, Palgrave Macmillan, 2006, pp. xii, 271, £50.00 (hardback 1-4039-3445-2).

As Stephanie Snow reminds us in the introduction to her excellent first book, anaesthesia has since the mid-nineteenth century widely been seen as “the most powerful example of medicine’s capacity to transform human experiences of suffering and pain” (p. 2). Perhaps, then, it is not surprising that the historiography of anaesthesia is one of the last outposts of unreconstructed medical triumphalism. Titles such as *Milestones in anaesthesia* and *The battle for oblivion* reflect a general unwillingness amongst writers on this subject (frequently senior or retired anaesthetists themselves—*plus ça change*) to go beyond an uncritically deterministic narrative, in which the adoption of anaesthetics in Britain after Robert Liston’s demonstration of ether in December 1846 was rapid, universal and historically inevitable.

Operations without pain is both a magnificently acute corrective to this outdated corpus and a fascinating, original piece of historical analysis in its own right. Snow breaks down the traditional celebratory story to give a richer and more subtle account of the introduction and dissemination of anaesthetic theories and techniques, drawing on John Pickstone’s work on the shift from biographical to scientific models of medicine. By exploring the writing of Humphry Davy, Thomas Beddoes and other Enlightenment experimentalists she gives British anaesthesia a substantial prehistory, based around a compelling demonstration of the “dissociation of sensibility” (noted by T S Eliot in a different context) that enabled early nineteenth-century physicians to conceive of life without (apparent) nervous irritability, and hence to imagine the possibility of inducing controlled, reversible anaesthesia.

Snow divides the six decades between Liston’s demonstration and the end of the century into two broad and overlapping periods. Between the late 1840s and the early 1860s every