

leadership of Professor José María López Piñero, now retired, has to do with the robust way in which the Department developed links with its social environment. The series of interdisciplinary workshops on regional health (mainly promoted by Josep L Barona, supervisor of the thesis that led to this book) and the production of a number of excellent studies dealing with local history give full expression of this. This book and the original dissertation spring from and nicely contribute to such a programme.

**Esteban Rodríguez-Ocaña,**  
University of Granada

**Iris Borowy and Wolf D Gruner** (eds),  
*Facing illness in troubled times: health in Europe in the interwar years, 1918–1939*, Frankfurt am Main and New York, Peter Lang, 2005, pp. xiv, 424, £41.90 (paperback 3-631-51948-6).

“Troubled times” seems a bland summary of the interwar years, and experts—statisticians, scientists and doctors—rather than individual or collective sufferers are “facing illness” in this volume. That said, this is an informative collection with a comprehensive introduction worth further expansion. The editors highlight the ambiguities surrounding health as a public issue in this period, with the repositioning of voluntary and charitable effort and increasing state involvement suggesting responsibility for individuals but exercising authority over them. Health matters took on greater significance in the formation and conceptualization of nations; integrating or excluding, helping to define borders and to forge identities. They were the focus of new and influential international bodies (notably the League of Nations Health Organisation, and the Rockefeller Foundation) and of scientific expertise, with developments in bacteriology, nutrition, eugenics, and social medicine interacting with contending political viewpoints. A healthy citizenry featured in varied ideologies offering “the promise of empowerment and uplift which included the

option not only of a new position for the common man but of a new man per se, strengthened by improved education and status and significantly improved health” (p. 7).

Differing interpretations of health, seen here as “neither an objective reality, nor a cultural construction but a synthesis of both” (p. 8), require allowance for conceptualization and contextualization by contemporaries and by historians. This involves the interaction of problem-laden objectification of certain “realities” and of their political, social or ideological usage. Most contributors are content to focus upon data or policy issues, however, and the book divides along these lines. Part One needed a summary of changes in mortality in European countries, as this cannot be established from individual chapters. Robert Lee’s examination of causes of mortality, specifically defects in the quality of data and the limited implementation of an international classification system, demonstrates that “more” did not necessarily mean “better” in data provision. Mortality is a poor approximation for health and Paul Weindling reviews studies based on insurance, school and family records, and efforts to quantify morbidity and to utilize health indicators. Iris Borowy also evaluates problems surrounding the compilation and use of the League of Nations’ International Health Yearbooks (1924–9) for comparative purposes.

Central and south-eastern Europe, where health featured strongly in nation building, are well-represented. Hana Mášová and Petr Svobodný survey health care in the new Czechoslovak Republic and the awkward combination of public health arrangements, an established sickness insurance scheme, and voluntary and state institutions with interests in social medicine. They see inclusionary innovations in social hygiene (combating “civilisation diseases”) and hospital provision before the Munich Agreement and subsequent invasion. Yugoslavia suggests contrasting interpretations. Željko Dugac focuses upon Andrija Štampar, at the Ministry of Health

and working closely with the Rockefeller Foundation, who ascribed a pivotal role to public health and health education but was removed in 1931 by self-interested private physicians and ethnically-motivated anti-centralisers. Patrick Zylberman's study of the anti-malarial campaign in Macedonia depicts this as a form of border consolidation and "Serbianisation", whereas Esteban Rodríguez-Ocaña's parallel Spanish study suggests the limitations of international bodies and new medical technologies when faced by suspicious local physicians and powerful, unsympathetic landowners.

Thorsten Halling, Julia Schäfer and Jörg Vögele consider German infant mortality in the contexts of the epidemiological transition and of attempts to measure "human capital" assets (or, on racial or eugenicist grounds, liabilities). Sylvelyn Hähner-Rombach's examination of depictions of TB sufferers as "anti-social" is germane to this, though her comparison of medicine and scientific discourse with earlier social labelling of such "threats" seems compartmentalized. A disturbing parallel may lurk in the influence of Zionist ideology and the medical selection of Jewish migrants to Palestine, discussed by Nadav Davidovitch and Shifra Shvarts.

Generally the approach is "top-downwards" in national or local studies, with some privileging of doctors, scientists or institutions as principal actors shaping health policy or medical campaigns (Lion Murard on Jaques Parisot in Nancy or Emilio Quevedo on the Rockefeller Foundation and the London School of Hygiene and Tropical Medicine). However Martin Gorsky and Bernard Harris build on James Riley's work, using Hampshire Friendly Society records to suggest that rising claim rates were driven by an ageing population, specifically the over-fifties. This offers a rare glimpse of ordinary people facing illness in a none the less valuable and informative collection.

**Steven Cherry,**  
University of East Anglia

**Virginia Berridge and Kelly Loughlin** (eds), *Medicine, the market and the mass media: producing health in the twentieth century*, Routledge Studies in the Social History of Medicine, London and New York, Routledge, 2005, pp. xx, 299, £80.00 (hardback 0-415-30432-6).

It is hard to imagine anyone wanting to read this volume from cover to cover. Only the most stalwart would fancy following a procession from the ideological fortunes of American insurance-modelled health indices to debates over industry-modelled costings in NHS hospitals in the 1950s—by way of interwar health education in Switzerland, the management of the media during the Aberdeen typhoid outbreak of 1964, health education in France in the 1970s, ICI's development of beta-blockers, the politics and economics of "safe smoking" campaigns, clean air debates, and drug regulation in the UK—to arrive, after an interesting detour through cardiovascular research in the GDR pre- and post-Cold War, at breast cancer testing in contemporary France. Clearly, "medicine", "the market" and "the mass media" cover all the bases (though "medicine" here is mostly a phonetic nicety for "public health"). In no way, however, do these eleven conference papers develop an "overall synthesis" (p. 2). Nor do they open out sufficiently the relations between public health and the mass media.

Struggle though the reader must to triangulate medicine, the market and the media, the volume, nevertheless, does more than make a start at widening understanding of the nature of change in post-1945 public health. Through a wealth of solid scholarship and hard-core evidence, it flags up and fleshes out several of the knowledge bases and dominant ideologies that have helped fashion public health thinking and policy implementation in post-war Europe and the UK. And the best of its chapters considerably deepen our comprehension of the construction of "life" and its "risks" in today's world. Although stock models of "knowledge transfer", "impacts", "influences", "movements", and "reform" still weigh heavy