

Perhaps the greatest takeaway gleaned from these texts is that the opioid crisis is not easily explained. Because of this, the solutions are not easily explained either. But there are things that can be done: we can stop thinking about addicts as criminals, rather understanding that there is a need to rebuild civil society and a return to the community for health care. Through this cultural shift we may come to better ameliorate the conditions under which addiction persists; we can offer means to help those in need through harm-reduction initiatives. Criminalisation and the war on drugs remain institutionalised villains that have been shown to create nothing but societal decay. All three texts must be regarded a required reading for anyone curious about how we got to where we are, amidst the opioid crisis. For historians, they are invaluable texts regarding the socio-political context within which the contemporary opioid crisis has emerged. Through investigative journalism these authors produce a common narrative that clarifies the complexity of the crisis, identifies its main actors and defines important milestones. However, I encourage readers to keep a critical eye on what the future may hold.

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**Marcos Cueto, Theodore M. Brown, and Elizabeth Fee, *The World Health Organization: A History*** (Cambridge: Cambridge University Press, 2019), pp. 388, £26.99, paperback, ISBN: 9781108728843.

Written by three medical historians, Marcos Cueto, Theodore M. Brown and the late Elizabeth Fee, *The World Health Organization: A History* is a timely and resourceful story told beyond an institutional account. The book covers seven decades of the accomplishments and setbacks of the largest intergovernmental health organisation on Earth. It is characterised by the authors as a narrative history. It does not offer ambitious theoretical or historiographical remarks on the transformation of the organisation, but it does provide readers with a thorough and engaging examination of the institution, from its pre-incarnation and origins to its contemporary evolution in the ever-changing world order.

The WHO documents its internal histories almost every decade, with its developmental objectives and project outcomes summarised in in-house records. Medical historians who mostly work at universities have published several historical critiques in the past 20 years. Given the volume of publications devoted to the WHO, why do we still need a narrative history? This well-timed chronicle tells us how the WHO has transcended its traditional purview as an institution. It explores the organisation's relationship with its multiple antecedents and partners, such as the United Nations Programme on HIV and AIDS, Medicine Sans Frontier, the United Nations Children's Fund, the World Bank and the Gates Foundation. Most importantly, the narrative comments on a visionary and well-intended design that has been embedded into an intricate and diverse world map.

A cross between chronicle and social history, *A History* features 11 chapters that unfold from socio-medical and technocratic, biomedical perspectives. These chapters largely trace the sequential order of the WHO's development, starting with the period before the establishment of the organisation during the years of the League of Nations. In some chapters, the authors present a comprehensive examination of project gains that have also been offset by losses – occurrences that are best represented by the organisation's varied attempts to eradicate malaria, smallpox and polio. The organisation first emerged at the time of scientific internationalism, being influenced by the interests of major Cold

War players before transforming itself alongside the new global political economy and scientific prospects. The book ends with a discussion of developments under different directors-general, implying the reliance of the organisation's work on various charismas and the difficulty of commenting on its overall merits.

Different from other historical accounts, *A History* partially covers relatively untouched global health topics, such as family planning, sexual and reproductive rights and primary care. Agendas involving these issues coincided with the shift of the organisation from a top-down planning model (born against the population debates in the early 1960s) to a framework that underscores individuals' well-being in relation to health citizenship on the global level. This shift suggests that in the closing decades of the twentieth century, the WHO was compelled to formulate plans on the basis of the conflicting principles of human rights, neoliberalism and religious conservative values.

Despite the authors' claim of the material as merely a narrative history, the book offers two noteworthy historiographies. First, the authors used the term 'vicissitudes' to describe the primary health care initiatives emerging from the 1970s onwards – a terminology pointing to the reality that the WHO no longer functions in 'one world'. With the joining of the People's Republic of China and decolonised Africa as WHO member states, international health entered a completely different phase. The world citizenship that was upheld by the first director-general, Brock Chisholm, became not as illusory as the organisation's Western-centred structure. According to the authors, the Alma Ata Declaration should not be treated as a philosophy espoused by a single school, but as a collection of alternative approaches that counter the naturally emerging vertical model of health planning. Second, this is the first time that a book historicises the origins of 'health promotion', a concept with which we are now familiar. This concept's concern with a wide range of social and environmental interventions for the protection of individual and population health and its accompanying preventive measures targeting the root causes of diseases are a response to the vicissitudinous landscapes of health beyond treatment and care across cultures.

*A History* also includes a chapter that enquires into the most dramatic stage of WHO's development. With regard to the organisation's management of AIDS, other accounts assess it as a scandalous failure that resulted from differences of opinion and the disintegration of resources. However, by demonstrating how intricate the globalised epidemic was with respect to causation, transmission and response, the chapter contextualises factors beyond the inadequacy of the conventional WHO design as a prelude to the most difficult decade in the organisation's history. It points out the creation of partnerships, which eventually became the favoured direction in the most recent phase of global health governance. It was in the 1990s that the vision of functional economists became ineffectual, given the world's hijacking by neoliberalism. The gap between rich and poor countries widened. People began to suffer from chronic and non-infectious conditions, followed by new global pandemics of infectious diseases, such as Ebola outbreaks in West Africa, influenza cases that continue to menace the world every year and other epidemics associated with vaccine hesitancy.

*A History* is an important source book not only for historians of medicine and public health but also for scholars of international relations and developmental studies. One can find a basic conclusive remark in the section 'Looking to the Past, Looking Ahead', accentuating the WHO's changing role from its pre-1970s golden age to its current much weakened status. This conclusion implies a new global health system composed of players that include strong member states, non-state actors, international non-governmental organisations and enterprise donors in the age of new regionalism. However,

the authors' decision to refrain from drawing an explicit conclusion is understandable, for the information in the book is so comprehensive that it would take time for readers to identify the historiography embedded in its different themes. As averred by the authors, the main purpose of the book is to offer lessons from history to readers. For public health workers, however, it takes extra effort to appreciate the critical angle that counters the conventional planning and practices of global health that still focus on intransigent interventions and outcomes defined by numbers. These hindrances, nevertheless, do not reflect historians' reluctance, but the ongoing challenges faced by all mankind.

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**Simon Shorvon and Alastair Compston**, with contributions by **Andrew Lees, Michael J. Clark and Martin Rossor**, *Queen Square: A History of the National Hospital and its Institute of Neurology* (Cambridge: Cambridge University Press, 2019), pp. xii + 563, £59.99, hardback, ISBN: 9781107100824.

The history and legacy of institutions, though immensely important, is a tricky subject to write about – almost inevitably so, for the more scholarly and comprehensive the writer aspires to be, the greater the risk of asphyxiating the readers' interest. Mindful no doubt of this danger, Simon Shorvon and Alastair Compston have produced a truly outstanding account of the Mecca of neurology, from its founding in 1859 as the National Hospital for the Paralysed and Epileptic to the recent past. It would have been a formidable challenge weaving together its several themes into a coherent narrative – encompassing, *inter alia*, the hospital's prodigious contribution to the evolution of neurology as a scientific discipline, the tensions in fulfilling its tripartite function of providing a clinical service while also maintaining its preeminent position as a centre of teaching research and the recurring financial and organisational threats to its independence.

Queen Square is thus a hefty volume ('we have not spared the reader details' (p. 1)) but, ingeniously structured and fluently written, a lively one enriched by vivid contemporaneous descriptions of personalities and events and numerous digressions culled from unpublished papers and memoirs and memories. The authors are fortunate that the history falls conveniently into three distinctive epochs of roughly 50 years, to each of which they allocate two complementary chapters – an integrative overview amplified further by a series of superb biographic profiles of the more prominent *dramatis personae*.

Queen Square's meteoric rise from relatively humble beginnings to its preeminent status is inseparable from the exceptional calibre of its consultant staff – of the first 20 physicians appointed, no less than seven would be elected as Fellows of the Royal Society and four would be knighted. The dual perspective – institutional and biographical – afforded by those complementary chapters fruitfully allows the authors space to explore how the character and attributes of these eminent Victorians determined their achievements and the role of Queen Square, as a crucible of collective thought and action, in realising them.

The illustrious Sir William Gowers' advocacy of the systematic, painstaking recording of the nuances of patients' histories and physical examinations would both refine and expand the nosology of modern neurology. His own efforts, collating a vast database of more than 20 000 observations on 5000 patients, would lead to his describing several novel neurological disorders (ataxic paraplegia, vasovagal syncope, distal myopathy) and clinical signs (the palatal tremor, sleep paralysis). His magnum opus, *A Manual of Diseases of the Nervous System*, published in two volumes in 1886 would become 'The Bible of