

technologies to women of all races. Attendance rates at the two clinics reflected the differences in the types of services provided. While the Johannesburg clinic struggled to entice women to its doors, the one in Cape Town was highly popular.

Klausen's research of the two clinics powerfully illustrates not only the different ways ideology shaped provision in the two cities, but also how such services were influenced by patients. Women's lack of attendance at the Johannesburg clinic prompted a major shift in its organization. By the late 1930s the clinic was employing women doctors and being run by lay female members. Moreover women of all races were being encouraged to use its services. As Klausen points out, such changes demonstrated "that the relationship between users and providers was not one of control from above by providers" and that "the service providers needed users more than users needed the birth-control clinics" (p. 104).

While focusing on South Africa, Klausen's study meticulously shows how the ideas and practices of the different birth control campaigners drew upon and influenced those being developed in other countries such as Britain. For anyone interested in the history of birth control, Klausen's book provides a fascinating insight into the complex dynamics between ideology and the provision of services, as well as the influence of international and local politics on the networks that shaped access to contraception.

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Nadja Durbach, *Bodily matters: the anti-vaccination movement in England, 1853–1907*, Durham, NC, and London, Duke University Press, 2005, pp. xiii, 276, illus, £14.95 (paperback 0-8223-3423-2).

This outstandingly vital work is a breakthrough in the historiography of English anti-vaccinationism. Gone is the generations-old emphasis on organizations at the national level; gone the top-down

conflation of the chronological framework, based on laws and lobbyings, with the whole building.

Instead, we have an often riveting emphasis on how discourses interweave and broadly inter-reverberate. In overall vaccinal historiography, however, campaigns are not won by inter-reverberations. Worse, while any historian is almost bound to privilege some voices over others, "anti" sources are here over-privileged. Durbach is plausible when reporting "[s]ome public vaccinators" as making "illegal rounds, forcibly vaccinating unsupervised children" (p. 74). But the reader's footnote-thumb (for which object, see below) turns up merely one reference in an "anti" monthly: either find a contrasting source or two, or unleash old weasels such as "allegedly". Outside the spotlight, at least twenty non-discursive clumsinesses clatter by. The 1898 Act extended the period for parents to get their children vaccinated to six months (Clause 1), not to twelve (p. 178). Jenner simply "invented" vaccination (p. 20).

Nor is Durbach interested in the sometimes confusing range of pre-1898 operative methods: not only in the rhetorical world of chapter-headings is "the lancet" made to do all the work. Thus, memories become the workhorse, "perpetuat[ing] well into the twentieth century" the "(often working-class) fears of heroic medicine evident from at least the 1850s" (pp. 144–5). Self-evidently, memories—family, neighbourhood, mediated—were powerful. But any implication that they fed mainly off themselves needs balancing with research on, among much else, changes within private operations, and in the enforcement of officially-approved methods within public operations. Such research is admittedly difficult and of complicated relevance but, without it, every soldier at Waterloo remains British.

Durbach's "discourse"-based perspective on vaccinal relations encourages her to leave unnamed many obscure(d) names, not only of "antis". Flights to Colindale or the Milnes Collection cost money: must discursiveness obstruct cross-referencing? In such a

multi-dimensional field, prosopography is no mere long word but a vital qanat.

Discursiveness also encourages a broad-brush, sometimes almost achronic, accumulation of instances. Specialists had been worrying about vaccinal syphilis decades before Durbach's too indirectly-sourced 1880s (p. 132). "A Home Office circular of 1906" and "memoranda of 1904 and 1906" (pp. 188–9) are footnoted to "1904". Admittedly, either date is plausible, but the contexts subtly differ. Too often, quotations which, amid the text, feel contemporaneous turn out to hale secondarily from other years or decades.

Durbach's merely two pages on 'The Aftermath of the [1907] Act' (pp. 196–7) are a curate's egg: delicious irony that Walter Long, who had presided over "the largely ineffectual and heavily criticised" 1898–1907 compromise on "consciencings" during most of its fraught life, should pop up during 1915–16 "in charge of managing the terms of exemption from military service"; but seeming lack of curiosity about further falls in infantile vaccination-rates during 1911–14, let alone about Britain's partly resulting interwar status as the smallpox-capital of Europe. The latter would have sharpened her concluding gesture towards the recent MMR controversy (p. 204). Furthermore, the early years of the 1898 compromise were a worrying time for many anti-vaccinators who saw it as far from "ineffectual": the changing provenance of Durbach's heavy critics is itself an aspect of the story.

Another tantalizing opportunity remains unperceived: not merely "according to anti-vaccinators" was Henry Chaplin, Long's predecessor at the Local Government Board, "the Toryest [*sic*] of Tories" (p. 177). The briefest perusal of almost any extra-vaccinal source would have confirmed him as a feudal caricature of the hunting Tory squire: boon feasting-crony of the Prince of Wales, bane of the strongest horse in any stable, and lucky to have lived between the eras of Gillray and Scarfe. If medical historians ever want a wider readership, they must relate widely.

Where relations with labour historiography need nuancing, a softer curate's egg is thrown.

On pages 92–4, we begin with the exciting claim that "[w]orking-class resistance to the vaccination-laws . . . reveals the centrality of the body to the production of, and the meanings generated around, class in nineteenth- and early-twentieth-century Britain". We end in a chronological mush of a paragraph in which, from the 1860s to the 1900s, "emerging [in fact, often short-lived] socialist organisations" are first rightly differentiated but then lumped together as philistine. Cement for the lumping comes during seven lines around that cantankerously narrow-minded stockbroker, H M Hyndman: no typical worker or socialist. We have to presume that the quotation from him dates from the early 1900s: given the often secondary sourcing, over-compression leaves our dating too dependent on the immediate context. If so, his by then two-decades-stale hegemony, even over Marxists, was wilting in face of working-class-born activists such as George Lansbury of Poplar: a non-vaccinating parent and, around 1911, star of "anti" oratory while also a nationally prominent semi-syndicalist and pro-suffragette. Just incidentally: from 1931 to 1935, he was also to lead the Labour Party. In mitigation: all Lansbury biographies follow his autobiography in omitting his anti-vaccinationism. So much for secondaries, and some primaries. From elsewhere, Durbach notes (p. 94) the 1903 anti-vaccinationism of Reading's *Labour Herald*: particularly unsurprising after the key 1898 by-election, during which Hyndman's sectarianism happens to have sealed his candidate's fate. She would have done better to mention the non- or anti-vaccinationism of, say, Robert Blatchford, Will Crooks, George Bernard Shaw and countless other socialists, before brandishing her contrast between socialist and working-class cultures.

To judge from the absence of jacket-adverts, this book splendidly opens its series. If so, is there time to implore the publishers to rethink presentation? The footnote-pages are headed with chapter—not text-page—numbers not even, unlike the text-pages, chapter-titles. Result? Myriad palimpsestuous labyrinths, explored three-handedly.

Book Reviews

As Durbach turns out to thank this reviewer with typical generosity, he “hereby declares” that he deliberately skipped her Acknowledgements until after completing his review, for fear of meeting too many friends beforehand.

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Raj Bhopal and John Last (eds), *Public health: past, present and future: celebrating academic public health in Edinburgh, 1902–2002*, London, The Nuffield Trust, 2004, pp. xxi, 213, £25 (paperback 0-11-703264-6).

One of the best things about this post-conference publication is a fascinating overview of the next epidemiological transition in the Asia Pacific. What, you may ask, has that got to do with academic public health in Edinburgh? Not a lot, and neither has the bulk of this book. My hackles first rose when reading in the Preface that no other British university can match Edinburgh’s claim to have founded academic public health. In fact Liverpool created a professorship in public health in 1897—a year before Edinburgh—and earlier post-graduate courses had been established by both Dublin and Cambridge. Although this is a personal whinge, it highlights one of the main weaknesses of the book: its attempt at history is vague, muddled and at times plain wrong. This is not helped by delegating the section on ‘The Past’ to non-historians. There is a sketchy chapter on general ‘Landmarks in the history of public health’; ‘Some historical notes on health and public health in Edinburgh’ and ‘Edinburgh’s contribution to public health’. No one appears to have given any thought to how these would fit together, so they read like verbatim conference presentations, where the speakers have subjected the audience to a sequence of repetitious anecdotes. They are all keen on “gardyloos” but not so keen on analysing (or even describing) how academic public health in Edinburgh has developed with reference to the local or national changes in

scientific knowledge, or socio-economic structures. There are already comprehensive accounts of the work of the nineteenth century MOH Henry Littlejohn, his successors, and the development of health in Edinburgh. These disparate hagiographical reminiscences add nothing new.

The section entitled ‘The Present’ actually contains reviews of late-twentieth-century developments. Anthony Hedley (Professor of Community Medicine in Hong Kong) presumably features because he at one time worked in Edinburgh, which is fortunate for this volume. His chapter on emerging problems such as SARS and tobacco control in the Asia Pacific is well written and useful. Yet, we are then thrown back again to Littlejohn (and an erroneous claim that he carried out the first epidemiological survey of a city in Britain), and further regurgitations of the history of diseases such as smallpox. There is actually very little about the contributions of Edinburgh academics, if that is what this volume sets out to achieve. Much more could have been said about people like Mary Fulton, who pioneered research on coronary heart disease and lead poisoning in children. Sheila Bird’s chapter is a welcome relief, and an example of how oral history can illuminate the interface of academic and practical public health. Her account of the development of the CD4 database during Edinburgh’s HIV crisis in the 1990s is what I had hoped to find in a volume with such an enticing title. She provides an excellent case study in the politics of epidemiology. Helen Zealley’s autobiographical approach to Scotland’s post-devolution struggle to produce joined-up public health policy is also worthwhile.

This volume, produced to celebrate the centenary of academic public health in Edinburgh, unfortunately obscures some of the most interesting aspects of its development in a mire of second-rate historical anecdotes. Despite the claims of Bhopal and others that twenty-first-century public health is now truly inter-disciplinary, it sadly illustrates the pitfalls of failing to engage with historians in a meaningful way.