development in the field of mental disorder since 1913. Her explanation for her rather arbitrary decision to consider four main periods 1890–1929, 1930–53, 1954–73, and 1973 to present, then has the unfortunate effect of crowding out the much anticipated case studies of shell-shock and psychopathic disorder that are given excellent but necessarily brief treatment at the end. It might have been better to expand the case studies and simply anticipate developments to come. However, this is a minor point that does not detract from the overall quality of the book.

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Hilary Marland, Dangerous motherhood: insanity and childbirth in Victorian Britain, Basingstoke and New York, Palgrave Macmillan, 2004, pp. xii, 303, illus., £50.00, US\$69.95 (hardback 1-4039-2038-9).

Today psychiatrists estimate that between half and two-thirds of women experience some sort of post-natal depression shortly after childbirth. In the nineteenth century such sufferings were rarely remarked upon. Yet, severe mania or melancholia among pregnant women or those who had just given birth attracted a great deal of medical attention in the same period. Called "puerperal insanity" or "puerperal mania", the disease was devastating to those it struck, causing once calm women to physically and verbally strike out at both themselves and those around them. At its most severe the disease could result in infanticide or suicide. Even at its less extreme a woman's behaviour could seem disturbing and bizarre, leading to the neglect of her child, home and her own body. Using a wealth of asylum records, case notes, diaries and medical texts, Hilary Marland's scholarly book, Dangerous motherhood, provides a rich window into some of the anguish puerperal insanity could inflict on women and their families, and the variety of ways medical practitioners explained its cause and sought to treat it.

Dangerous motherhood begins by tracing the rising fascination of the medical profession with

puerperal sepsis at the start of the nineteenth century and ends when many within the medical profession began to dispute the link between psychosis and childbearing at the end of same century. As Marland points out, puerperal insanity was a disease of its era, gripping lay people and the medical profession's attention at a time of heightened anxiety about the dangers of childbirth and social fears about the future sanctity of the bourgeois home. What stunned most contemporary observers was the intensity and violence of the condition and the degree to which it challenged the social norms and feminine behaviour expected of Victorian mothers. Moreover it could strike both rich and poor women, including Queen Victoria herself. So common was the disease believed to be that medical experts began to see it as an "almost anticipated accompaniment of the process of giving birth" (p. 5).

As Marland shows in her book, puerperal insanity became the subject of concern for a wide range of Victorian health professionals, including obstetricians, gynaecologists, asylum doctors, general practitioners and midwives. With many of these practitioners just beginning to forge their specialisms at this time, puerperal insanity provided a useful means of building reputations as well as obtaining clients. Given the disruption the disease could cause to households, health practitioners perceived themselves as healing the whole family as well as the woman herself.

Each type of practitioner attributed different causes to the disease, partly reflecting their specialism and clientele. Midwifery practitioners, who were more likely to deal with wealthier women, for example, commonly linked the condition with the risks and stresses associated with childbirth. By contrast, asylum doctors, whose clientele were poorer, frequently attributed the disorder to poverty and neglected health. Much of the debate around puerperal insanity, Marland points out, centred on the location of treatment. Many Victorian midwives and obstetricians believed the disease to be a special category of mental illness, which if caught early, lent itself, in less severe cases, to treatment at home. Asylum doctors, on the other hand, argued puerperal insanity was best treated within the confines of the asylum.

Dangerous motherhood not only provides a vivid study of the specific Victorian conditions that led to the rise and fall in the fascination of puerperal insanity, but a powerful insight into the relationships between doctors, patients and their families in this period.

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Abigail Woods, A manufactured plague? The history of foot and mouth disease in Britain, London, Earthscan, 2004, pp. xvi, 208, illus., £19.99 (hardback 1-84407-080-8).

It has always seemed anomalous that the world's leading research laboratory into foot and mouth disease (FMD) for most of the twentieth century, the Pirbright Institute, was located in Britain. There was little of a tradition of veterinary research here, while, given the extreme infectiousness of FMD, such a centre seemed incompatible with a long-standing commitment to the prevention of the introduction of FMD into the country (and there were in fact outbreaks traceable to Pirbright).

An explanation for this conundrum (concerns over germ warfare in the 1930s led to ample funding from the Ministry of Defence) can be found in the work under review. And Abigail Woods provides cogent explanations for many of the other peculiar features of the struggle against FMD over the 150 years of its incidence in Britain. The most important of these, her central theme, was the manner in which what was for many years regarded as a relatively minor ailment, an occupational hazard of livestock production, became a "plague" from the late nineteenth century, to be "stamped out" whenever it appeared (as it did with frequency). This stress on "stamping out", on the slaughter of infected and contact stock, was not merely the necessary outcome of scientific or even economic logic, although these played their part. Rather, it was as much if not more the result of an alliance

between the official veterinary services, for whom "stamping out" became an article of faith, and a small group of politically influential livestock breeders. Over time, "stamping out" was adopted by the National Farmers' Union even more fervently than by official veterinarians, as was so graphically demonstrated in the epidemic of 2001, despite the costs it imposed on the mass of farmers directly affected by FMD outbreaks.

Dairy farmers in Cheshire, so often the epicentre of FMD epidemics, suffered especially, and came to regard FMD as a plague more because of the rigour of control policies than because of the nature of the disease. They occasionally rebelled, but while their protests had no effect, the obeisance paid to exclusion and "stamping out" by veterinary officials could be modified when other economic and political considerations were paramount for their political masters. During the inter-war years, chilled meat from Argentina became identified as the chief source of continuing FMD outbreaks. However, this meat was so substantial a proportion of domestic consumption that its exclusion would have led to a politically unacceptable rise in prices. In these circumstances, as Woods demonstrates, veterinary officials colluded in obfuscating the evidence against Argentine meat in the interest of maintaining an essential source of supply.

As is evident from the examples above, this book is "a history of politics, society and knowledge" (p. xvi) in relation to FMD. This makes for a dense text; there is an extraordinary amount of material packed into 151 pages. However, both the context and the results of the intense primary research that inform each episode or theme are presented concisely and with great clarity. Above all, Woods shows that history matters. The disasters of the 2001 FMD epidemic, the focus of the last two chapters, were due in part to inadequate resources and a slow response. As is amply demonstrated here, they were also due to a poor appreciation of the lessons of history, of the manner in which policy needs to be constantly adapted to changing circumstances.

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