

Book Reviews

The 1933 Pharmacy and Poisons Act gave the Society increased control over a wider membership; and established control by the Home Secretary of the scheduling of poisons. Holloway's coverage of the post-war period is less detailed, but, none the less, includes significant recent developments such as the Society's establishment of the College of Pharmacy Practice in 1981 and its continuing commitment to the education of pharmacists.

This is a fascinating history, which pays due attention to the significant role of women pharmacists (two of whom have been recently Presidents of the Society). It draws our attention to the social context of pharmacy while tracing its legislative history. Kate Arnold-Foster and Nigel Tallis have chosen illustrations which aptly underline the rise of the profession.

Virginia Berridge, London School of Hygiene and Tropical Medicine

ELIZABETH W. ETHERIDGE, *Sentinel for health: a history of the Centers for Disease Control*, Berkeley and Los Angeles, University of California Press, 1992, pp. xx, 414, illus., \$42.50 (0-520-07107-7).

This book is a magnificent demonstration of the contribution to the general history of a period that can be made by the in-depth history of a single social institution. The Centers for Disease Control, located in Atlanta, Georgia, is only one of many agencies within the United States Public Health Service, but the analysis of its background illuminates the entire public health movement in the United States over the last half-century. The author is a historian, rather than a public health specialist.

The 24 chapters present an extremely interesting account of the development of this organization from 1942 to the present. The early chapters explain the origin of the CDC in the wartime programme against malaria. This mosquito-borne disease had been endemic at a low level in the southeastern states, but there was fear that large movements of soldiers might cause it to flare up. The leadership and inspirational role of Dr Joseph W. Mountin is fully explained.

In the early 1950s, the scope of the CDC was broadened to encompass concern for other communicable diseases. The CDC saw its role as "epidemiological intelligence" for any infectious disease, especially if its identification was obscure. The CDC was supported by Congress particularly for work that might be necessitated by biological warfare.

When the Salk vaccine against poliomyelitis was discovered, the CDC played a major role in the evaluation of field trials. It acquired in the 1960s the USPHS branches responsible for tuberculosis control and venereal disease control. The Tuskegee experiment on untreated syphilis, however, gave a black mark to CDC for unethical epidemiological field research.

A major contribution of the CDC in the early 1960s was the development of an effective vaccine against measles. Widespread use of the vaccine brought down the incidence of this childhood infection dramatically. In the 1960s, also, the CDC extended its scope to international health. This meant assignment of staff to other countries, especially for malaria control. CDC was also responsible for procedures in U.S. spacecraft to prevent transmission to the earth of organisms from the moon or outer space.

The worldwide eradication of smallpox was an achievement of the World Health Organization, but the leadership of this vast programme came from the staff of the CDC, especially Dr D. A. Henderson. The repercussions of this triumph have elevated the status of public health throughout the world.

One débâcle of CDC concerned the threat of swine influenza in 1976. Since the virus had been the cause of the devastating pandemic of influenza in 1919-1920, there was reason to be extremely cautious. When no such virus disease occurred, CDC was criticized for the false alarm.

The last chapters of this book explain the work of CDC in the 1980s. There was further attention to childhood immunizations—both in the United States and Africa. Environmental health breakdowns, such as the Three-Mile Island nuclear accident in Pennsylvania or the contamination of water in Love Canal, New York, are reported. The identification of "toxic shock syndrome" in young women was another CDC accomplishment.

Book Reviews

Over the years, the CDC has undergone many reorganizations to accommodate to its expanding functions. The latest has resulted in six Centers for: chronic disease prevention and health promotion, environmental health and injury control, infectious diseases, prevention services, health statistics nationally, and occupational safety and health. In addition there are three Offices for the epidemiology programme, international health, and public health practice. The book concludes with the epidemiological bombshell of the AIDS epidemic, and the role that the CDC played in identification of the virus. This chapter unfortunately is far from completed.

The great virtue of this book is its thoroughness in analysing an important public health institution, through exploration of its fifty-year history. Perhaps this is also its only weakness. The account is so detailed that one may sometimes lose sight of the large trends. The discussion at several places, for example, of CDC's adventures in acquiring one or more new buildings gives us more than we need to know. All things considered, this account by a professional historian demonstrates very well indeed the contribution of history to an understanding of the present in health affairs.

Milton I. Roemer, University of California, Los Angeles

HANS J. TEUTEBERG (ed.), *European food history: a research review*, Leicester University Press, 1992, pp. xii, 297, £55.00 (0-7185-1383-5).

This volume is intended primarily to be an annotated bibliography. Scholars from thirteen countries discuss, and then list, the main publications relating to the food history of their regions of Northern and Central Europe. The aim is: "to clarify not only what and how much was eaten . . . but, above all, for what reasons something was eaten in a specific way . . . [and] to look at the changes in food behaviour at different times." Hans Teuteberg comments that: "there has been much naive and uncritical publication in this field, pretending knowledge that we do not really have." There is reference in one chapter to a paper in which agricultural workers in Sweden were calculated to have received 3,523 kcalories per day in the seventeenth century. Even today, one could not determine an individual subject's intake to the nearest kcalorie, and the energy contributed by the "pound of meat" in an old record could vary anywhere from 800 to 1800 kcal. according to how fat it was. Early writers were most interested in spectacular feasts at royal courts, or in folk traditions and recording just the meals associated with Easter, Christmas, etc. Concern with the regular diet of ordinary people was stimulated by the French historian, Fernand Braudel who believed that the production of food and its availability to the population was a key long-term factor limiting historical development. The papers that followed in the 1960s typically described eighteenth- and nineteenth-century records of the rations provided for people in organizations such as armies, monasteries and hospitals, and estimated their nutritive value. Since then, there has been a feeling of frustration that such records were still not representative of the bulk of ordinary families having to find their own provisions. However, from studies of recorded incomes and food prices, together with town records where tolls were paid on merchandise coming into their markets, it has been possible to estimate the patterns of food consumed in particular communities and what the workers could have afforded. It seems agreed that in earlier centuries, and even as late as 1870, a working-class family typically had to spend 70% of its income on food, compared with about 25% today. Unless there were bad harvests or severe unemployment, the people could satisfy their nutritional needs, but with little margin for other expenditure. Bread provided one half of the total energy, except where potatoes had become the staple as in Ireland and Poland. Fat consumption was extremely low. Meat consumption had previously been higher. But, after 1700 with populations increasing, animal pastures were sacrificed to cereal production, and meat became a luxury.

Medical historians are concerned with the extent to which poor nutrition could have been responsible for retarded growth and ill health. This is not an important concern for the authors, though several comment that they found little support for Thomas McKeown's thesis that