

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.

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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

on the minds of the editors and many of their contributors, there is also here material to encourage more cultural and discursive thinking on the interpenetration of the political and economic in the representational world of contemporary medicine.

In this connection, two case studies stand out, that by Martin Lengwiler on visual strategies in Swiss interwar occupational safety education, and that by Luc Berlivet on the strategic deployment of the media in the modernization of French health education after 1975. Both are pioneering papers on historically pioneering developments. They well illustrate the need for medical historians not only to engage seriously with the history of the media, but to do so with a keen eye to political and economic contexts. Lengwiler reveals how American and French “liberal” types of industrial liability legislation fitted well with posters and other visual propaganda aimed at holding individual workers responsible for their safety. But it was a different matter in places like Germany and Switzerland where a centralized corporatist system of insurance operated, and where trade unions were stronger. Here, what served best were not entrepreneurial “psychological” approaches to workers, but “technical” interventions by the state favouring investments in safer machinery. Thus safety engineers, lawyers and physicians tended to call the visual shots, not psychologists and advertising professionals as in the USA. Not until 1956, during the growth of the private sector, did the Swiss send a representative to the USA to sound out psychologists in educational advertising and propaganda. All of which is hugely instructive on the role of ideologies and methodologies in the take up and deployment of visual materials in the area of health education in general. Historians who still believe that visual objects speak for themselves and can therefore be used unproblematically should take heed.

Berlivet’s chapter in many ways follows on, not just topically, chronologically and spatially (European-wise), but also intellectually from the medicine-media intersection. Here, the benefits will be greatest

for those who tend to believe that the manufacture of health education follows some kind of medical enlightenment narrative. Focused on the French anti-smoking media campaign of 1974–79 under Simone Veil, then Minister of Health, Berlivet shows how audiovisual manipulation of social images by new health education specialists managed completely to transform French health education, much to the financial and political empowerment of Veil and her department. Ironically (or perhaps not) the changes wrought through Veil’s anti-smoking campaign enabled a new gang of Illichean opponents to the “medicalization of society” to carry the transformation forward enthusiastically armed with the latest science on “motivation research” as elaborated in the USA by advertising professionals and marketing experts.

Like all the essays in this volume, these testify to the immensity, complexity and rich investigative potential of the post-1945 historical landscape. They also testify to the increasing challenge in medical history to reach out and move on.

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Fay Bound Alberti (ed.), *Medicine, emotion and disease, 1700–1950*, Basingstoke, Palgrave Macmillan, 2006, pp. xxviii, 196, £45.00 (hardback 978-1-4039-8537-8).

As any student of nineteenth-century British literature or culture soon learns, the Victorians enjoyed a good cry; and none more so than the men. Weeping in public was more common then than now, and might be prompted by a range of feelings: friendship, forgiveness, reconciliation, beauty, as well as the more familiar emotions of grief and loss, could provoke unabashed tears. Only rarely, as in the scenes in London following the death of the Princess of Wales, are westerners now treated to such public manifestations of emotion.