volume, Briese merely contents himself with justifying his selection. "How can one decide which poems are bad ones, to be included in the collection, and which are good, to be excluded?"—he asks. There is no decision to take, is his conclusion: "poems about cholera from that era are bad in principle", even those few written by poets who produced better work elsewhere.

A huge, sprawling work like this, consisting of 450 pages of text and 900 pages of documents, is a testimony to Germany's subsidized academic publishing industry, splendidly printed and bound by the Akademie-Verlag, and selling at a price that is far from unreasonable given its enormous size and strictly academic appeal. But I wonder whether the disciplines of commercial book publishing might not have been beneficial in this instance at least. Useful though they are as quarries for future researchers and literary analysts, the second, third and fourth volumes do not really add very much to the first, and the rambling and discursive account in the first volume, fascinating though it often is, contains a great deal of information and analysis that is not really central to the main argument. Nevertheless, the whole ensemble is an undeniable achievement, and Briese's approach succeeds in contributing something genuinely new to a subject where it had long seemed there was nothing very new to be said.

Richard J Evans,
Gonville and Caius College, Cambridge

James C Riley, *Rising life expectancy: a global history*, Cambridge University Press, 2001, pp. xii, 243, £30.00, US$49.95 (0-521-80245-8), £11.95, US$16.95 (paperback 0-521-00281-8).

Human mortality decline has resulted in massive improvements to life chances in all parts of the globe. In the two centuries preceding the end of the second millennium, average life expectancy more than doubled, from below thirty years in 1800 to nearly sixty-seven years in 2000. Further increases are anticipated. The essence of this highly readable book is to lay down the probable reasons for this remarkable transformation. As such, James Riley demarcates six broad areas for the reader's consideration: public health; medicine; wealth, income and economic development; nutrition and diet; household and individual behaviour; and literacy and education. The lucidity and clarity that Riley has brought to bear on a topic—namely the routes to low mortality—that continues to excite intense debate in both historical and medical literatures, is commendable. The footnotes and guides to further reading that appear at the end of each chapter are pleasingly eclectic. It is perhaps unavoidable, however, that writing a history of synthesis sometimes involves summarizing complex issues in an overly simplistic way. On the one hand, the section on the ambiguous and still-contentious role of maternal education in child survival is frustratingly brief. On the other, the influence of germ theory in public health intervention, in the development of biomedicine, and on individual behaviours is dissipated sketchily through as many as four separate chapters of the book. The demands of brevity can, of course, work favourably in the hands of a capable author, since crucial points need to be more tellingly made. The pithy observations that Riley makes at the end of each chapter testify to his talent in this respect and underline that in absolutely no way should the criticisms outlined above prevent the book from becoming a standard introductory text in undergraduate history courses concerned with the evolution of human health.

It is also probable that Riley's contribution will find for itself a profitable market in the field of global history. One of the book's strengths is the way in which it pays far more than lip service to international comparisons. Riley's thematic organization enables him to make some prescient contrasts, such as the divergent ways in which enteric ailments were largely brought under control in industrializing Britain in the nineteenth century and in Costa Rica and China during the later twentieth. Readers in some parts of the developing world may be struck by the close comparison of overcrowded domestic conditions in slum dwellings in Nigeria and India in the

present and the very recent past, with those in nineteenth-century Europe. Such wide-ranging examples, both in terms of time period and geographic location, are commonplace throughout the book. They lead to Riley's main conclusion that no one nation's—or even sub-national region's—experience of improving life expectancy was or is replicated in another. National routes to low mortality inevitably vary due to choices made from the suite of six "tactics" (Riley's word, p. 56) available in relation to public health intervention, medical care and the emphases placed on wealth generation, education, nutrition and behaviours. But is an international comparative framework enough to make *Rising life expectancy* a truly global history? If Riley's panoptic use of evidential material were the criterion, then for those of us who scratch around in the dark warrens of local and micro-histories, his approach is a refreshing and necessary counterpoint. But this should not be the sole basis for judgement.

A more fundamental question would be to ask whether an account of improving global life expectancy that places the "health transition" at its intellectual core is any more or less satisfying as a world-view than demographic and epidemiologic transition theories, both of which are deeply Euro- and North American-centric in their basic assumptions and empirical grounding. As Riley explains, "the key factor in the health transition is not disease but the actions that diminish it, reducing mortality or morbidity. Those can be divided into four categories: avoidance, prevention, treatment, and management" (p. 26). Obvious though the advantages may seem that this definition holds over epidemiologic transition theory, the idea of health transition is fairly recent, achieving widespread acknowledgement only in the mid-1990s. But from a global historical perspective, surely it remains problematic as a unifying schema. At the risk of applying a different gloss on the "global" to that which Riley intended, two observations make this point. First, he notes that the gap in life expectancy between rich and poor countries has been shrinking, largely due to mortality reductions in countries that "came late to the health transition" (p. 40). "Late" compared to which countries, in what time period, and when? Second, in the chapter on the role of medicine, Riley sees the need to distinguish practices of traditional and modern healing from one another (p. 89). "Traditional" and "modern" for whom, when? And who decides what is "traditional" and what is "modern" anyway?

Graham Mooney,
Institute of the History of Medicine,
Johns Hopkins University

William H Hubbard, Karl Pitkänen, Jürgen Schlumbohm, Sølvi Sogner, Gunnar Thorvaldsen, and **Frans van Poppel,** *Historical studies in mortality decline*, II. Hist.-Filos. Klasse Skrifter og avhandlinger Nr.3, Oslo, Novus Forlag in association with the Centre for Advanced Study, at the Norwegian Academy of Science and Letters, 2002, pp. 134, €22.70, Kr 182.00 (paperback ISBN 82-7099-360-3, ISSN 1502-9727).

This volume, which is published in faultlessly clear English, comes from a research group within the Centre for Advanced Study at the Norwegian Academy of Science and Letters. Its subject is the mortality decline—that is "the secular decline in mortality without an immediate significant fall in the birth rates"—between 1780 and 1920. If 1780 sounds surprisingly early it is because Norway had the lowest rate of infant mortality in Europe, and was one of the earliest countries for the onset of the mortality decline.

There are six chapters: three from Norway, one from Finland, one from Germany and one from the Netherlands. It is the fate of most multi-authorship books to consist of good chapters and some which are conspicuously weak. This is an exception. All six chapters are winners. All are clearly written. All consist of original contributions to our understanding of the nature and the determinants of the mortality decline and the value of international and inter-regional comparison.

https://doi.org/10.1017/S0025727300007729 Published online by Cambridge University Press