

government solely to its cost to the NHS (p. 111). He is on firmer ground in noting that, even in the early days, the signs of drug resistance began to emerge, with the first cases of what is now called the “super bug”, MRSA, in the 1960s; these are explored, together with the development of the semi-synthetic penicillins, in chapter 6.

A brand can be diluted or damaged very quickly by loss of trust, and Bud discusses this at some length in chapter 7, when he explores the complex transaction by which prescription medicine reaches its ultimate consumer, and the relationships between doctors and patients. He goes on to examine the use of penicillin in animals through the second half of the twentieth century in chapter 8. The penultimate chapter discusses the threat of a “post-antibiotic” age in the light of the emergence of not only drug-resistant bacteria but also of new diseases such as AIDS in humans and BSE in animals, reflecting on the changing perceptions of the penicillin brand and use of antibiotics. These developments, together with other changes in the last two decades of the twentieth century, such as the emergence of biotechnology and increasing scientific knowledge lead to a concluding chapter which argues that while penicillin is no longer a “wonder drug”, it is, and is likely to continue to be, useful.

This is an erudite and wide-ranging study of a revolutionary drug, offering much of interest to historians of medicine, of science and of business. It also deserves to reach a wider non-academic audience interested in a scientific revolution which shaped our lives in the second half of the twentieth century.

**Judy Slinn,**

Oxford Brookes University

**Marcos Cueto**, *Cold war, deadly fevers: malaria eradication in Mexico, 1955–1975*, Washington, DC, Woodrow Wilson Center Press, and Baltimore, Johns Hopkins University Press, 2007, pp. xvi, 264, £30.00, \$45.00 (hardback 978-0-8018-8645-4).

The reorganization of international agencies in the early years after the Second World War—the creation of the United Nations and, in particular its specialized agencies, the World Health Organization, UNICEF—brought health to the forefront of development planning and policies. The entry of the United States government into areas of international financing and policy shifted the power base from former colonial empires concerned with post-war reconstruction and decolonization to the bilateral Soviet Union versus United States Cold War superpower framework. From 1945, within the climate of the Cold War, the United States actively engaged in directing policy agendas for development and, as a sub-interest, for health. Until very recently, historical writing on this period has focused on the competition between the United States and the former Soviet Union as superpowers. Marcos Cueto’s book, with its focus on Mexico, redirects our attention from the superpowers of the north to the south, from “high-level politics” to “everyday life” (p. 7). The frame for his narrative is the Malaria Eradication Campaign (MEC), part of the World Health Organization’s Global Malaria Eradication Campaign, undertaken in Mexico by the National Commission for the Eradication of Paludism from 1955 to 1975. While Cueto critiques the global programme, his focus is to situate his analysis of the development, delivery and responses to this health intervention in Mexico. Linking popular culture with public health, Cueto calls attention to the perhaps unintended consequence of public health campaigns, the resultant “culture of survival” of Mexico’s poor, i.e. populations whose experience has led them to become accustomed to struggle to gain access to state programmes and foreign aid in a situation characterized by Cueto’s second metaphor, “privileges of poverty”, in which powerful national elites and international agencies control the distribution of limited resources. Cueto exposes the underpinnings of MEC funding (mostly American), delivery (mostly Mexican) and acceptance (mostly elites). The World Health

Organization instituted the Global Malaria Eradication Campaign in 1955 but delivered this campaign selectively, notably ignoring sub-Saharan Africa. As Cueto indicates, Paul Russell, a Rockefeller Foundation officer and global campaign promoter, while recorded as stating that Africa was not ready for this campaign, endorsed the programme in Latin America. As a case study, the book is an important contribution to the history of malaria eradication and control and the competing statal and para-statal interests in this period.

After setting the global context, the three central chapters of the book address the international, national and local dimensions of the MEC. Chapter 2 situates the Mexican experiences within the international contexts. The overlay of Cold War rhetoric in the media presentation of the campaign—citing malaria as the “mortal virus of international communism” (p. 66)—is a familiar trope. Perhaps of more interest for researchers are the national debates on the adoption of power-sharing models, choosing between multilateral and bilateral agencies. Cueto’s extensive archival research provides valuable insights into the role of UNICEF at the level of policy—a more influential player in Mexico than other MEC sites. Mexico rejected the United Nations agencies’ concern with overpopulation and turned the campaign into a locally acceptable pro-natalist programme.

Chapter 3 focuses on how the Mexican governments and elites adapted the global campaign to local concerns. With three-fourths of Mexico malarious in the 1950s, fighting malaria was a national public health issue. While maintaining administrative control in Mexico City, the national government astutely presented the campaign to the Mexican people as a fulfilment of the mandate for better health of the 1910 Mexican Revolution. Participation of health workers in the campaign was shored with the promise of competitively high salaries. Compliance with the campaign at the domestic level earned house owners a poster declaring, “I am a patriot” (p. 102). Given concerns expressed today with the revival of DDT as a legal pesticide, readers will be

interested in the debates and evidence Cueto presents on the use of pesticides, particularly DDT, during the campaign.

Chapter 4 is drawn largely from Cueto’s previously published work on local responses (*J. Lat. Am. Stud.*, 37: 533–59). The chapter provides extensive evidence to disprove the international and national assumptions that the Mexican people would be passive recipients of the MEC. Local pamphlets, reports (such as those of a prominent local physician, Dr José Villalobos) and a broad variety of health education materials collected from a number of archives could provide entry points for further research. On that note, one would have wished for the addition of interviews with Mexicans who participated in the campaign, especially given Cueto’s call at the end of the book for future public health interventions to involve communities in programme design and delivery. In his concluding chapter, Cueto criticizes health interventions for their lack of long-term sustainability. Programmes such as the MEC in Mexico, programmes of too short duration and with too little effect, have contributed to the “culture of survival”, underscoring popular perceptions of public health interventions as of little value in meeting local needs. His conclusions echo those of many researchers in international health. The experiences of this campaign in Mexico could inform a model for more effective organization of global programmes or health interventions.

**Maureen Malowany,**  
McGill University

**Pamela Dale and Joseph Melling** (eds), *Mental illness and learning disability since 1850: finding a place for mental disorder in the United Kingdom*, Routledge Studies in the Social History of Medicine, No. 22, London and New York, Routledge, 2006, pp. xii, 234, £70.00 (hardback 978-0-415-36491-1).

The papers in this collection originated as presentations to seminars held at the