on industrial work rather than education and rehabilitation", and "the reality of social interaction" were uppermost (pp. 233–7).

In assessing the dynamics of these processes, Jan Walmsley argues that the social model—which attributes disability to oppressive material and attitudinal environments—has been less influential for people with learning difficulties than for those with physical impairments. Correctly, she criticizes a simplistic rights-based response to this discrimination that stresses "individual rather than collective wellbeing" (p. 55) and hence threatens a market-based orientation endangering citizenship. However, there are also risks in over-emphasizing the positive conceptual changes that have occurred since the Second World War. For, whilst not "passive victims" (p. 3), intellectually impaired people remain the recipients of defective services. As a recent report from the Healthcare Commission confirmed, problems continue with major institutional failings in hospitals, treatment centres, and secure facilities that deprive residents of their human rights and dignity (December 2007).

The gap between theory and practice is a product of the separation between ideology and service delivery that *Community care in perspective* embodies. The division of chapters also has other spin-offs, in particular a certain amount of repetition. But this is a minor worry. On the whole, the editors succeed in overcoming many of the weaknesses that beset edited volumes and only the omission of a national backdrop to the case study of community care in the Australian state of Victoria suggests that a brief has not been fulfilled.

Though straddling the boundary between student text and research monograph, the book's fluent style and coherent arrangement ensure that it will appeal to a wide readership. The evolution of policy is made more accessible by an international timeline, which compares the trajectory of significant events in the countries under consideration. However, it is the oral testimonies that are especially telling. May they realize their potential to achieve a better understanding of disabled people's lives.

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Werner Troesken, *The great lead water pipe disaster*, Cambridge, MA, and London, MIT Press, 2007, pp. 318, £19.95, $29.95 (hardback 978-0-262-20167-4), £10.95, $15.95 (paperback 978-0-262-70125-9).

In *The great lead water pipe disaster*, the story of 150 years of lead pollution in public water supplies, Werner Troesken makes an important contribution to the historical understanding of patterns of disease and mortality. With an estimated 85 per cent of major US cities using lead service pipes in 1900, and extensive use in Britain and elsewhere, Troesken makes a strong case for widespread water-based lead poisoning (plumbism). His method is to examine documented cases in late-nineteenth- and early-twentieth-century USA and Britain in the light of recent medical research. To establish the scale of the problem, regional samples are subjected to econometric testing. The result is an engaging balance between sustained argument, narrative, humane case histories and statistical analysis. Extended analysis is contained in three appendices.

There was severe under-diagnosis of the problem, Troesken argues. Partly, this arose from the multi-systemic nature of lead poisoning, capable of affecting the nervous system, the blood, the kidneys and the gastrointestinal tract, and resulting in a great variety of symptoms, including convulsions, paralysis and depression. Troesken is particularly interested in the impact on reproductive health of even low levels of lead exposure, now known to increase the risk of eclampsia, miscarriage, stillbirth and neonatal death. Though non-committal on existing debates over nineteenth- and twentieth-century "mortality transitions", he highlights the significance of water-plumbism, and its

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eradication, for shifts in rates of mortality and life expectancy. His samples in Massachusetts (1900) and England (1880s) suggest that rates of infant mortality and stillbirth were between 8 per cent and 25 per cent higher in cities using lead pipes than elsewhere; over 50 per cent higher where pipes were new or the water particularly soft. New pipes were more likely to leach into soft water; calcium and magnesium in hard water helped (though not invariably) to form a protective layer within pipes. Despite some high-profile outbreaks, Troesken shows that authorities frequently played down known, if ill-defined, risks: lead was more flexible and resilient than alternatives, and expensive to replace. Some cities saw no reported cases, but when Massachusetts discovered it had a problem, in 1900, many residents were habitually consuming over 100 times the current US safety limit. Until the 1930s, US and British legal systems held consumers responsible for their lead pipes, even where lead use was compulsory.

Troesken's chapter on mid-nineteenth-century Glasgow suggests the culpability of municipal politicians in subduing concerns over water-plumbism and the failure to undertake precautionary treatment by the addition of lime or chalk. While improved water systems are often closely related to declining mortality, he points out that the arrival in 1859 of the famously pure and soft municipal supply from Loch Katrine brought no break in trend: mortality rates in Glasgow had begun to decline in 1840. Troesken argues convincingly against a simple equation between public (municipal) provision and the public good. There is also an implication, here, that private suppliers may have been more responsive to the safety issues, but this is not explicitly stated. On the evidence presented, the relative merits of private and public suppliers remain open to question.

There are some important omissions in the British context: there is no Hamlin, Hassan, Luckin or Millward. Troesken's focus on drinking water, and on the role of epidemic disease in motivating reform, leaves under-examined the implications of industrial demand for plentiful soft water. A few errors include Snow's 1854 pump breakthrough set in 1848. These reservations aside, this is a ground-breaking study, placing lead pipes on the map for histories of water, public health and the environment, historical economics and demography. It calls persuasively for increased vigilance on the still unpredictable impacts of inorganic poisons.

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Marjaana Niemi, *Public health and municipal policy making: Britain and Sweden, 1900–1940*, Historical Urban Studies Series, Aldershot, Ashgate, 2007, pp. xiii, 228, £55.00 (hardback 978-0-7546-0334-4).

Marjaana Niemi examines the impact of political, social and economic interests on local public health policies in the early twentieth century by analysing and comparing infant welfare and tuberculosis prevention campaigns in the cities of Gothenburg, Sweden, and Birmingham, Britain. According to the author, these campaigns "served to depoliticize and 'naturalize' local economic arrangements, social structures and moral norms" (p. 22). Both cities were part of an international public health community and justified their public health policies by scientific knowledge, claiming to be value-free and politically neutral. Yet there were striking differences in their public health policies, partly due to national and local social, economic and cultural differences.

In chapter four Niemi presents the infant welfare campaigns in each city and looks at how they served to regulate working-class family life and gender roles, and also how they were used to promote the aspirations of medical professionals. Political ideals and norms were embedded in the campaigns, like the norms of the responsibility of families to be self-supporting, and of the men as breadwinners. Although there were clear links

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