

Imperial Tobacco bore to the British company of the same name, or how they came to take over a large American concern in Canada. Standardization crossed national, as well as cultural, boundaries, but it is notable in Montreal that this occurred more slowly than in Britain or the United States: soldiers in the First World War retained allegiance to the pipe and *le tabac canadien* well after their return to civilian life. In the end, however, Rudy's book is less about urban liberal ideals dominating rural heritage, than the eclipse of both.

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Carmen Barona Vilar, *Las políticas de salud: la sanidad valenciana entre 1855 y 1936*, Universitat de València, 2006, pp. 292, illus., €16.65 (paperback 84-370-6331-0).

This book is a substantial part of the PhD thesis defended by its author in 2002 at the same university which now publishes it, under the slightly different although more accurate title of *Health organisation in the province of Valencia*, as the emphasis is put more on the legal and institutional framework of government activities concerning the protection of health and the care of the sick poor. This means that Barona's sights are concentrated on the evolving shape of institutions (i.e., organic structure and administration, finance, personnel, targeted public) over time; the doctrines and strategies that directed them stay somewhat out of focus. In three chapters, she reviews the crucial legal turning points and the development of this part of state administration, follows the fate of the primary levels of health administration at the capital city and the provincial level, and studies the organization of medical care through poor law strategies.

The book is thoroughly systematized, law by law and institution by institution, evolving over time. If the first chapter and the first section of the second chapter, dealing respectively

with the review of national developments and the formation of a public health service in the city of Valencia, stand as able surveys of existing knowledge, this is not the case for the following one and two-thirds chapters. These, which include a study of the provincial health services, as well as the organization of care by charities, step empirically into hitherto unexplored ground, based on an assiduous exploitation of provincial archives. Barona gives a detailed picture of the inner fabric of the main official institutions built for the defence and promotion of health and the care of the sick. Diverse authors (Josep Bernabeu, Jorge Molero, Enrique Perdiguero, Ramón Castejón, and myself, among others) have explored the development of public health services at the state level or have followed most of the different initiatives deployed within the agenda of social medicine in the first forty years of the last century, but this is the first complete essay that deals with the whole group of health activities, personnel and institutions of a single provincial health institute. An obvious shortcoming for the modern history of public health in Spain is the lack of archival resources. It must not be forgotten that, for example, the building that housed the National Health Department stood at the front line during the siege of Madrid in the Civil War; and most provincial Health Institutes do not keep documents prior to the late 1970s, as an inquiry showed in 1989 ('Archivos administrativos contemporáneos', *Dynamis*, 1989, 9: 79–90). On the other hand, the provincial archives of the *Diputaciones*, the Spanish provincial organs of government, are much richer, and well cared for. Barona has quarried the Diputación de Valencia's archives to obtain an interesting ore. To my knowledge, this is the first case study to produce an integrated picture of all official health strategies, preventive and curative, and within the broader scope of the poor-law schemes at the provincial level for the given period.

One of the reasons why the University of Valencia stands as a stronghold of the academic history of medicine in Spain, under the inspiring

leadership of Professor José María López Piñero, now retired, has to do with the robust way in which the Department developed links with its social environment. The series of interdisciplinary workshops on regional health (mainly promoted by Josep L Barona, supervisor of the thesis that led to this book) and the production of a number of excellent studies dealing with local history give full expression of this. This book and the original dissertation spring from and nicely contribute to such a programme.

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Iris Borowy and Wolf D Gruner (eds),
Facing illness in troubled times: health in Europe in the interwar years, 1918–1939,
Frankfurt am Main and New York,
Peter Lang, 2005, pp. xiv, 424, £41.90
(paperback 3-631-51948-6).

“Troubled times” seems a bland summary of the interwar years, and experts—statisticians, scientists and doctors—rather than individual or collective sufferers are “facing illness” in this volume. That said, this is an informative collection with a comprehensive introduction worth further expansion. The editors highlight the ambiguities surrounding health as a public issue in this period, with the repositioning of voluntary and charitable effort and increasing state involvement suggesting responsibility for individuals but exercising authority over them. Health matters took on greater significance in the formation and conceptualization of nations; integrating or excluding, helping to define borders and to forge identities. They were the focus of new and influential international bodies (notably the League of Nations Health Organisation, and the Rockefeller Foundation) and of scientific expertise, with developments in bacteriology, nutrition, eugenics, and social medicine interacting with contending political viewpoints. A healthy citizenry featured in varied ideologies offering “the promise of empowerment and uplift which included the

option not only of a new position for the common man but of a new man per se, strengthened by improved education and status and significantly improved health” (p. 7).

Differing interpretations of health, seen here as “neither an objective reality, nor a cultural construction but a synthesis of both” (p. 8), require allowance for conceptualization and contextualization by contemporaries and by historians. This involves the interaction of problem-laden objectification of certain “realities” and of their political, social or ideological usage. Most contributors are content to focus upon data or policy issues, however, and the book divides along these lines. Part One needed a summary of changes in mortality in European countries, as this cannot be established from individual chapters. Robert Lee’s examination of causes of mortality, specifically defects in the quality of data and the limited implementation of an international classification system, demonstrates that “more” did not necessarily mean “better” in data provision. Mortality is a poor approximation for health and Paul Weindling reviews studies based on insurance, school and family records, and efforts to quantify morbidity and to utilize health indicators. Iris Borowy also evaluates problems surrounding the compilation and use of the League of Nations’ International Health Yearbooks (1924–9) for comparative purposes.

Central and south-eastern Europe, where health featured strongly in nation building, are well-represented. Hana Mášová and Petr Svobodný survey health care in the new Czechoslovak Republic and the awkward combination of public health arrangements, an established sickness insurance scheme, and voluntary and state institutions with interests in social medicine. They see inclusionary innovations in social hygiene (combating “civilisation diseases”) and hospital provision before the Munich Agreement and subsequent invasion. Yugoslavia suggests contrasting interpretations. Željko Dugac focuses upon Andrija Štampar, at the Ministry of Health