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

Universities of Southampton and Exeter. The first five substantive chapters deal with a variety of aspects of the history of psychiatry in the period between 1850 and 1930, and, the book's subtitle notwithstanding, focus almost exclusively on English developments. They consort somewhat uneasily with two chapters on mental deficiency and "mental defectives" (one of which actually deals with Scottish materials) before the book concludes with a piece by John Welshman examining the place of hostels in the provision of some sort of "community care" for the mentally ill and the learning disabled in the period between 1940 and 1974.

Even more than most such compilations, we have here a very heterogeneous set of contributions, varying widely in tone, in ambition, and in quality. Recent historiography has emphasized the significance of the Poor Law and of kinship structures in understanding nineteenth-century mental health provision, and these themes surface in a number of the early chapters. Elaine Murphy, in particular, contributes a characteristically trenchant analysis of workhouse provision for the insane—a bête noir of the Lunacy Commissioners which, none the less, retained a significant place in the institutional treatment of lunatics even as county asylums proliferated. She is particularly concerned to examine why London moved away from relying on workhouses from 1890 onwards, substantially earlier than the rest of the country, and draws much of her evidence from the poorer unions of the East End. Joseph Melling's essay on the English governess and the asylum contributes some interesting insights into the plight of these women, though, despite a title that suggests a general treatment of the subject, his evidence is generally drawn from those admitted to a small sub-set of institutions in Devon.

Like a number of other contributors, Melling seeks to provide some sense of how asylum life was experienced by the patients themselves, a fashionable and worthy goal recommended some two decades ago by the late Roy Porter. But Porter's call to retrieve "the patient's voice" was not matched by any sustained discussion of how this might actually be done for any save a small and unrepresentative group of literate and wealthy inmates. By definition, governesses were possessed of at least a modicum of literacy and education, and they were confined in a spectrum of institutions, not just the overcrowded public museums of madness. For all that, the materials Melling musters are tellingly quite fragmentary, and he rightly laments "the elusive promise of recalling the patient experience". Frank Crompton's piece on pauper patients admitted to the Worcester County Asylum in Powick fares no better in this regard.

We have moved beyond the early polemics about gender and mental illness. In a more careful, nuanced fashion, David Pearce explores the use of the new physical treatments in psychiatry in the immediate aftermath of the 1930 Mental Treatment Act, using data once more drawn from Devon to refute the notion that "female patients were a particular subject of the new treatments, or even of diagnoses of neuroses". But, lest anyone be inclined to doubt the enduring and deep-seated role of gender inequalities, Louise Westwood provides a chilling account of how deep-seated and entrenched social prejudices damaged and distorted the careers of two pioneer British women psychiatrists, Helen Boyle and Isabel Hutton.

The contrast between a grand title and a limited, local focus is once more evident in Pamela Dale's paper on "'Lay professionals" and the planning and delivery of mental deficiency services, 1917–45', which again draws almost exclusively on data from Devon in making its case. There is something distinctly odd about using a single rural county in the west of the country to stand as a proxy for England, and even more so for Britain—since provision in Ireland and Scotland for the mentally ill and the mentally "defective" had its own quite distinct trajectories in the century and a quarter with which this book purports to engage. That

distinctiveness, and its limits, is engaged quite directly in the one paper that really ventures north of Hadrian's Wall. Drawing on national rather than purely local data, Matt Egan explores 'The "manufacture" of mental defectives' in Scotland between 1857 and 1939, suggesting (as I have previously argued was true for mental illness in nineteenth-century England and Wales) that it was the elasticity of official definitions which largely explains the rapid increase in the number of officially identified "mental defectives".

Specialists will find some useful, if limited, contributions on particular topics in this volume. The book is, however, badly served by its title, which promises a far more ambitious approach to its subject than it even begins to deliver.

Andrew Scull,

University of California, San Diego

Elisabeth Dietrich-Daum, *Die "Wiener Krankheit". Eine Sozialgeschichte der Tuberkulose in Österreich*, Sozial- und wirtschafts-historische Studien, Band 32. Vienna, Verlag für Geschichte und Politik, Munich, Oldenbourg Wissenschaftsverlag, 2007, pp. 397, €49.80 (paperback 978-3-7028-0431-2).

Although tuberculosis was until recently one of the most frequent causes of death in many countries, national histories of the disease are few, and the existing historiography is dominated by studies of England and the United States. Elisabeth Dietrich-Daum's account of tuberculosis in the Habsburg Monarchy and Republic of Austria is thus a very welcome addition to the literature.

Tuberculosis entered the Austrian public health discourse in the 1780s as "*morbus viennensis*" or Viennese illness. From the outset it was acknowledged to be a great pestilence, and as the nickname implies it was widely considered a "social disease", associated especially with urban lifestyles and

living conditions. Dietrich-Daum aims to establish a general framework for the social history of tuberculosis in Austria and focuses broadly on three interrelated topics—medical-political discourse, epidemiology, and public health intervention. Although the work's chronology extends from the late eighteenth century to the present, the period from the 1870s to the 1920s is clearly privileged and takes up half the book. One reason is that the 1870s mark the beginning of reasonably detailed and accurate data on public health that enable the discernment of socio-economic and geographic patterns in tuberculosis morbidity and mortality in the Habsburg Monarchy. More importantly, however, the epistemic and therapeutic paradigms that developed then determined the country's public health policies on tuberculosis up to the antibiotic revolution of the late 1940s.

Readers acquainted with the history of tuberculosis will find many familiar elements in Austria's encounter with the disease: long-standing disagreement among medical experts about causes and treatment; a public opinion divided between near-phobic dread and utter disregard of the disease depending on socio-economic position and residence (city versus countryside); predominance of care institutions (above all, sanatoria) and services run by private charities; and variable engagement of official public health authorities, which are always inadequately financed. The epidemiological pattern of the disease—*c*.1910—is also familiar: higher mortality among the very young and the middle-aged, among men in general, and in urban areas—especially in working-class districts.

Although the tuberculosis mortality rate in Austria was one of the highest in Europe, and in spite of numerous, systematic investigations of the so-called "people's disease" by public and private health authorities, specific medical intervention came relatively late. The first sanatorium was not established until 1898, and there was no state-wide association dedicated to combating the disease until 1916. Concern about the debilitating consequences of