

strength of this book is that it considers other things as well. Read it to find out why the BMA is not only one of the most effective trade unions in the world, but is still seen by opinion-formers as a source of dispassionate and authoritative advice.

T H Pennington,
University of Aberdeen

Josep L Barona and Steven Cherry (eds),
Health and medicine in rural Europe (1850–1945), Scientia Veterum, Valencia, Seminari d'Estudis sobre la Ciència, Universitat de València, 2005, pp. 372, €18.00 (paperback 84-370-6334-5). Orders to: Javier.crespo-crespo@uv.es; Publicaciones de la Universitat de Valencia/Libreria, C/Aretes Graficas 13, 46010 Valencia, Spain.

Historically, the world has been overwhelmingly rural, yet proportionally, rural history has received little attention. This includes the “rural dimension of health and health care”, which, as Steven Cherry succinctly notes, has remained a “relatively neglected research area” (p. 19). Therefore, the volume he and Josep Barona have edited deserves credit for addressing an important topic about which we do not know nearly enough. The book results from a cooperative project between the Universities of East Anglia and Valencia, which explains the focus on Spain and England that form the subject of ten out of sixteen contributions. In addition, Northern Russia, Norway, Bavaria and the League of Nations are studied in the papers. Collectively, they present a variety of aspects ranging from public health administrations, via the work of rural practitioners, medical topographies and anti-malaria campaigns to child care facilities.

The articles demonstrate that “rural” is a diffuse concept. In nineteenth-century Norway, it denoted any community of up to 200 people whose houses were more than 50 metres apart, so that most Spanish, English or Russian villages were urban by Norwegian standards. But all regions perceived as “rural” in their societies shared key characteristics. During the nineteenth and early twentieth century emerging

bacteriology and germ theory upset conceived notions of health, and the encounter of traditional with modern forms of medicine runs through most of the contributions as a central theme. In the process, the rooted view of the pure, wholesome countryside of fresh air, open space and uncorrupted people was joined by a new perception of backwardness, ignorance and superstition.

The complementary rural perspective on modern medicine becomes less clear, since the volume inevitably reflects the main difficulty of the topic: peasants generally give little testimony about themselves, which leaves historians with few sources. Thus, the papers rely on documents by administrators and physicians or on legal texts, which tend to portray rural communities as objects rather than subjects of their own histories. But the descriptions from various places suggest that the perception was probably similarly ambiguous. Rural communities often resisted modern medicine, experienced as an intrusion from a strange urban culture focused on hygiene and social control. Meanwhile, physicians in Bavaria and Russia despaired at superstition and the exasperating peasant stubbornness regarding even the most elementary hygienic measures, whose incompatibility with the necessities of rural life they often failed to appreciate. As a rule, circumstances were marked by extreme poverty, isolated and remote dwellings, forcing an inadequate number of underpaid and underrated doctors to spend a large part of their time on the road (if there was one). Efforts to educate rural people usually failed unless coupled with improvements in public health infrastructures that offered tangible benefits for peasants. However, mutual distrust was tempered by pragmatism, and modern medicine tended to complement traditional healing instead of supplanting it. In Spanish medical topographies the shift from miasmatic to germ theory appeared as change in terminology rather than concept, and in Majorca ideas of modern medicine spread through elaborate monastic and kinship networks.

In various ways, politics and economics intervened in the process: evolving democratic structures shaped local responsibilities for public

health in Norway, Northern Russia and Spain, capitalism spurred anti-malaria campaigns, Spanish liberalism stimulated international studies on rural hygiene, and changes of government through dynastic heritage or revolution could spell the end or the beginning of energetic public health efforts in most areas.

This volume is certainly not the last word on rural health. But it is an important contribution to the field and, hopefully, it will inspire numerous follow-up publications.

Iris Borowy,
University of Rostock

Jacalyn Duffin, *Lovers and lovers: disease concepts in history*, 2002 Joanne Goodman Lectures, Toronto and London, University of Toronto Press, 2005, pp. xvii, 234, £35.00, \$55.00 (hardback 0-8020-3868-9); £29.95, \$27.50 (paperback 0-8020-3805-0).

In *Lovers and lovers*, Jacalyn Duffin offers a witty, clear and comprehensible account of disease concepts and how they are constructed and change over time. Originating in three lectures delivered in 2002, the book retains the best of the spoken form in its admirable brevity and ability to engage—it should rapidly become a staple of course reading lists. As Duffin emphasizes, the problem of understanding disease concepts is not a new one. And what she offers here is not a polemic or radical hypothesis, but a carefully thought out and balanced account of the different ways in which concepts are formed and operate. Her basic argument is that “disease constructs emerge from social as well as biological conventions, and they are constantly revised to fit moral and intellectual premises” (p. 83). This careful presentation of a moderate view deserves to be warmly welcomed by those frustrated by the artificiality and vitriol of some recent discussions about constructivism and its alternatives.

Duffin begins her study with a tidy exposition of the ways historians, philosophers and doctors have thought about disease concepts. As is standard, she distinguishes illness and disease, and then dissects the “components of a

well-dressed disease concept” (p.10)—illness/symptoms; patients; name; outcome; cause; and treatment/prevention. To this she adds the idea of the Hippocratic triangle of patient, illness and observer. This provides her with the basis on which to analyse the different “shapes” of diseases, and to describe the four main extant disease models (organismic, population, ontological and physiological) that she deploys in the rest of the book.

The lovers and lovers of her title form the centrepiece of the book. The chapter on lovers shows how lovesickness moved from metaphor to disease, and then was further transformed from ailment to sexual perversity. She goes on to challenge those who presume that love is no longer a disease, showing how even today some kinds of love are fitted into disease concepts with labels such as codependency, erotomania, and counter-transference. Interestingly, Duffin’s final explanation for the pervasive connection between love and disease is rooted in the “loss of control” it promises. In its uniqueness, private happiness, loss of self, and overwhelming commitment, love offers an affront to society and the rest of the world. These essential elements of the symptom-complex of love thus provide a structure for its social understanding. The chapter on lovers takes a newer subject, Hepatitis C, the virus for which was discovered only in 1989. Liver disease and hepatitis does, of course, have a much longer history—discussed here. But it is the ways in which this older concept was split into new diseases over the later twentieth century that is Duffin’s main concern. As she shows, the clinical sorting of hepatitis was a slow and provisional story with effects that were in turn affected by external factors—the use of blood transfusion, HIV—and social concerns, particularly the legal debate over compensation. Finally, by highlighting how morals, culpability, and incidence interact, she argues that Hepatitis C is dividing further into two groups, one symptom-free and externally caused, the other symptom-rich and the result of “lifestyle” choices. Together these studies demonstrate how effectively the careful and close analysis of