

in a myriad of ways. The result is an eclectic collection that informs, raises issues and creates discussion in the medical humanities and across a range of sub-disciplines.

**Julie Anderson,**  
University of Manchester

**Randall M Packard, Peter J Brown, Ruth L Berkelman and Howard Frumkin** (eds), *Emerging illnesses and society: negotiating the public health agenda*, Baltimore and London, Johns Hopkins University Press, 2004, pp. ix, 420, £35.50 (hardback 0-8018-7942-6).

Given the West's preoccupation with biomedical approaches to health, it is refreshing to read a book where the overarching premise examines health issues through a socio-political lens. *Emerging illness and society: negotiating the public health agenda* skilfully explores how diseases and illnesses become public health priorities and trigger responses by public health institutions. This ambitious volume merges a collection of thirteen case studies—predominantly born out of a series of seminars between 1998 and 2000 at Emory University—into a unified picture of the overlapping processes that researchers, activists, courts, politicians, and communities of suffering employ to gain disease recognition and public health action.

The editors Randall Packard, Peter Brown, Ruth Berkelman, and Howard Frumkin set the stage by proposing two loose models through which health conditions garner legitimization and a place on public health agendas. The models, as recognized by the editors, are too simplistic to be applied to all diseases and illnesses. As such, they highlight the fact that the socio-political processes surrounding different health problems are not universal and, therefore, a strict roadmap to public health acceptance/action cannot be fashioned. The utility of the models, therefore, rests only in their enumeration of the broad categories of factors that push emerging illnesses and diseases into the limelight and onto public health agendas.

The first half of this two-part book focuses on the discourse of 'Making illnesses visible'. The editors effectively organize seven case studies to illustrate how different combinations of their models' elements—advocacy, media attention, epidemiology, and social class—can produce medical recognition of a wide assortment of unrelated ailments. Strong activism is the common thread that binds these studies. Media attention and epidemiological variables proved important in the papers by Colin Talley and Howard Kushner, where activists successfully used media coverage to raise awareness for multiple sclerosis and Tourette syndrome, despite unclear aetiologies, case definitions, and diagnostic tests. Additionally, social composition established its import in numerous case studies. Steven Epstein and Diane Goldstein show how affluence empowered AIDS treatment activists and menopause Internet communities. Similarly, Ellen Griffith Spears documents how poverty among Newtown inhabitants hindered their ability to gain public recognition of environmental illnesses. A theme I would have liked to see integrated into the introductory models, which emerged from the chapters, is the contrast between soliciting versus rejecting biomedicine for increasing disease visibility. Talley, Kushner, Epstein, and Deborah Barrett (fibromyalgia) all highlight cases where activists sought to gain recognition by working in tandem with the medical community, or by becoming biomedical experts themselves. Conversely, Goldstein and Griffith Spears, Barrett (chronic fatigue syndrome), and Michelle Murphy (sick building syndrome) all give primacy to lived experiences in lieu of more traditional biomedical substantiation.

The crux of the tome's second half, 'Institutional Response to Emerging Illnesses', concentrates on the political, economic, and cultural factors that shape public health institutional response to disease. The influence of political factors is felt throughout the case studies, exemplified in Christian Warren's demonstration of how changes in national political agendas decreased support for childhood lead poisoning and in Lydia Ogden's commentary on political tensions between the

CDC and Capitol Hill in the case of blinded HIV testing. Economics often overlapped with political factors in terms of changes in political processes for funding. Sandy Smith-Nonini underscores this intersection in her discussion of the pressure of foreign and national political reforms on tuberculosis control funding, while Ruth Berkelman and Phyllis Freeman provide insights into the political culture of the CDC and the legislative process through which illnesses are funded. The impact of cultural factors on institutional response is viewed from several standpoints, such as through Lawrence Mass's observations on the media's slow response to hepatitis C or Spielman *et al.*'s examination of the US culture of multiple agencies focusing on one problem (Lyme disease).

The book provides ample opportunity for future research, from refining the initial models to examining these themes across countries. Overall, the chapters are scholarly and well-written, although a few are distractingly mired in details. Despite this minor criticism, the volume should be of great interest to both historians and modern researchers interested in the overlap between social processes and public health, and is deserving of critical attention.

**E Melanie Brickman,**

Columbia University and University College  
London

**Ole Peter Grell, Andrew Cunningham and Bernd Roeck** (eds), *Health care and poor relief in 18th and 19th century southern Europe*, History of Medicine in Context, Aldershot, Ashgate, 2005, pp. viii, 326, £49.50 (hardback 0-7546-5156-8).

This is the last in a series of four books, edited by Grell and Cunningham—with third partners in most cases—on the general subject of *Health care and poor relief in Europe 1500–1900*. The scope of the books—issued in 1997, 1999, 2002 and 2005—presents a twofold divide, chronological and religious (this “southern Europe” is made up of the Catholic countries of western Europe: Portugal, Spain, Italy, and

Austria; France being included in northern Europe). The series is a most welcome attempt to produce a comprehensive European history of a problem—the provision of health care to the mass of the population—which has lost none of its prominence, its evolution being the origin of some of the common features of today's medical care. At the same time, issues regarding the meaning of poverty, its management and solutions, have only slightly changed, mainly in terms of the subjects involved, but are still pressing in post-industrialized societies. A timely effort, then, worthy of praise, although affected by the fact that the series has been published by several different publishers.

This particular volume is composed of an introduction, eleven chapters that discuss care and relief in eighteenth- to nineteenth-century Austria (Martin Scheutz), Spain (Castile and Madrid—Pedro Carasa, and Barcelona—Alfonso Zarzoso), Portugal (Maria Antónia Lopes), and Italy (Rome—Martin Papenheim, Parma—David Gentilcore, Naples—Brigitte Marin, Bologna—Gianna Pomata, and Piedmont—Giovanna Farrell-Vinay), and the European travels of John Howard (Ole Peter Grell), plus index. The customary introduction by Andrew Cunningham links this to the general purpose of the editors of the series, as a farewell to the whole enterprise.

The first two chapters are analytical in nature, first there is an overview by John Davies aiming to underscore the common historical features of the diverse national processes studied; second, an ideological summary of the main questions on poverty and its relief—causes, interventions and responsibilities—by Nicholas Davidson. Certainly, these are probably the most difficult parts to write, as they require uncommon scholarship; both are overtly slanted towards Italian examples as well as to an English-language critical bibliography. There are slight differences of scope and perspective among chapters dedicated to national contexts, ranging from the driest of analysis for Castile, where hardly any empirical data are given, through full descriptions of social actors and events for Austria and Rome; to the beautiful account of Howard's journeys “of body and