

remains beyond reach, but this book will serve to alert the wider scholarly community both to the riches that have already been found there and to the opportunity that has been lost to provide these exceptional finds with a proper context.

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**Patrice Bourdelais and John Chircop** (eds), *Vulnerability, Social Inequality and Health* (Lisbon: Edições Colibri, 2010), 172 pages, € 10.00, paperback, ISBN: 978-972-772-998-2.

This compact book consists of the editors' introduction and nine papers delivered at the two conferences held in Paris in 2007 and 2008 around the theme of 'Vulnerable populations and welfare reforms'. The editors describe three common issues which are supposed to intersect all papers in the volume: (1) the shifts in the definition of vulnerability over time and place; (2) the coping strategies of individuals, groups and communities in dealing with vulnerabilities; and (3) the reforms of social welfare and health care systems. But, understandably in view of the fact that they are collected from two separate conferences, not all papers address all three of the issues to the same degree, and their focuses are actually diverse. Temporally, they scatter between the sixteenth century and the present and geographically, from France, Mediterranean port districts, Portugal and Spain to Poland and Romania.

The editors note that vulnerability has been defined through the perspectives of age, gender and social class. Let us here touch upon the topics of the nine papers very briefly according to this classification, regardless of the actual order of the papers in the book. Three papers approach the issue of vulnerability from the perspective of age. Serenella Norris-Vigilante's paper, 'Hospitalised children: Their frailties and ill-treatment in nineteenth and early twentieth-century France', highlights the ways in which children were defined as vulnerable through cultural negotiations between doctors and parents. Children in the early twentieth century turned into the elderly of the final decades of the century. Claire Scodellaro's paper, 'The vulnerability of the elderly in France: The case of the generations born during World War I,' suggests, based on a cohort specific mortality analysis, that the vulnerability of the elderly in late twentieth-century France was related to their living and health conditions in their infancy (in particular, in the 'mortality crises' of the First World War and the Influenza Pandemic in the late 1910s). Andrea Fabian focuses on the vulnerability of present-day Romanian children whose parents work away from home for economic reasons, in her paper 'The effects of parent migration in Romania: Assessing the vulnerability of families and "abandoned children"'.

There are two papers in which the gender perspective is strongly present. Critically drawing analytical insights from various historical or sociological visions such as the 'female agency approach', the Bourdieuan and Foucaultian notions of the *habitus* and the body, and the neo-materialist emphasis on political economy, John Chircop examines

'Female vulnerabilities and coping strategies in the poor neighbourhoods of three colonial port districts: Corfu, Malta and Gibraltar, 1815–1870'. Aude Fauvel, in her piece 'Madness: A "female malady"? Women and psychiatric institutionalisation in France', attempts to fill the gap caused by the dearth of historical research on the relationships between gender and mental vulnerability in France, by examining the statistical fact that psychiatric confinement of females significantly outnumbered that of males in the early twentieth century.

The remaining four papers discuss vulnerability and health care provision mainly from the social class perspective. While the Portuguese city Evora had a seemingly comprehensive relief system to address various vulnerabilities of the poor in the sixteenth and seventeenth centuries, there was a gap between its appearances and workings. Laurinda Aberu's paper 'Defining the poor: Between Crown policies and local actors (Evora, 16th–17th centuries)' reveals, by noticing the seasonal regularity of hospital admissions, the specific intention of the local elite who ran the relief system to make it cater for the city's economic interests by prioritising the admissions of seasonal migrant labourers rather than the main section of the poor in the city. By the early twentieth century, the working classes themselves began to organise mutual aid societies for their own health problems. Pilar León Sanz focuses on one of these societies in the Spanish town, Pamplona, in her contribution 'Private initiatives against social inequalities and health vulnerabilities: The case of La Conciliation (Pamplona 1902–1920)'. Whereas such voluntary initiatives certainly played an important role in some places, a dominant feature across Europe during the twentieth century was the extension of government involvement in the provision of social welfare and health care. Starting from a historical overview of the formation of state welfare and health care systems in the first half of the twentieth century, and their reforms after the fall of the communist regime in 1989, Anita Magowska's paper 'Health care reforms and the needs of the poor in Poland' points out the need for further investment in social welfare in Poland to meet the health needs of the poor. The design of state welfare and health care programmes is concerned directly with the definition of who is more vulnerable in the population. Adina Reveleanu, in her study 'Vulnerability in the Romanian health care system', traces how legislation has redefined the notion of vulnerability in Romania (where health care reforms have also been under way since the fall of the communist regime) and compares it with perceptions, obtained from family doctors at the local level, of which sections of the community are socially excluded, and which are vulnerable where health is concerned.

This is a collection of case studies whose methodologies are also various. It is therefore not easy to draw an integrated view on the history of vulnerability, social inequality and health, from this book. Each paper raises interesting points and is informative for someone who is not well acquainted with the area which the paper discusses. But it might be difficult for the reader to grasp what is characteristic in the changing definitions of vulnerability in southern and eastern Europe which the volume covers throughout. One of book's chief intentions seems to be to call for historical research on public health, drawing deliberate attention to the notion of vulnerability. It certainly provides many hints for further research.

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