

as an obligation of the state and a right of citizens, helping fuel a cross-class and -race alliance that pressured the colonial government to step up to the plate.

The chapters cover a wide range of topics including the control of infectious diseases, city sanitation reform, the gender/race biases shaping health systems and health education. They also employ different methodological approaches. Some focus in on individual events, such as Jacklin on Trinidad's 1903 water riot and Janice Myers' detailed examination of the region's Education Conference in 1921. Others situate the evolution of particular health policies deeply within their local contexts, as in Rebecca Lord's exploration of venereal disease control in the Dominican Republic, Pedro Welch's analysis of psychiatric care in Barbados, and Juanita De Barros' discussion of sanitation reform in British Guiana. Other chapters travel across borders to trace the transnational flow of disease and policy. David Killingray's starting point is the influenza pandemic of 1918–19, which he follows around Britain's African, Caribbean and Pacific colonies, while Rita Pemberton explores how the International Health Commission's hookworm campaign played out in eleven different locations in the Caribbean. The collection therefore not only exposes us to new research, but also to different ways of approaching the history of health and medicine, and would thus be valuable for both students and scholars thinking about methodology.

The chapters are not chronologically ordered but rather move back and forth in time and across space. This makes it slightly difficult to see how the temporal continuities/departures outlined in the introduction play out in practice, but it has the advantage of forcing the reader to think more about the thematic connections across cases rather than succumb to a linear narrative of progression. Most of the chapters focus on the British Caribbean, but contributions by Lord and Pemberton highlight the importance of American interventions in the region and almost all of the chapters reference the broader circulation of ideas and theories shaping policies in individual colonies. Indeed, the collection hints at several other frameworks of analysis relevant to the story beyond 'the imperial project'. Many of the dynamics outlined here (the struggles between officials and city residents over services, the anxiety over prostitution, the debates between parents and authorities over the purpose of education) seem connected to similar dynamics at the time in other areas of the Atlantic World beyond imperial circuits, or perhaps even characteristic of unequal modern societies everywhere. This left me wondering: is there something different about the way this all played out under the framework of the 'imperial project' and/or the 'imperial project in the Caribbean', or might we see the British Caribbean as a kind of microcosm of larger currents in the history of health across several frameworks? The possibility of theorising about the region's place within the larger narrative of colonial/Atlantic/world histories of health, of course, relies ultimately on the continuing production of new research along the lines gathered in this collection. This book thus makes a valuable and timely contribution to the literature.

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Virginia Berridge, *Public Health: A Very Short Introduction* (Oxford: Oxford University Press, 2016) pp. 160, £7.99, paperback, ISBN: 9780199688463.

At a preparatory meeting for the G-20 held in London in 2010 there was a lively discussion about the role of good health as means of reaching more rapid economic development. The

meeting, supported by the government of South Korea, the host of the G-20 Summit that year, had as an objective to determine the appetite of the G-20 to invest in health as a means of helping countries develop more rapidly, a key recommendation of the WHO Commission on Macroeconomics and Health for 2000. Experts from the G-7 countries were united in their understanding of the need for continued and increased investment in global health activities as a means of reaching the goal of rapid global economic development. Experts from the BRICS and other low and middle-income countries, however, diverged sharply. For them, economic development is the driver of good health, and it was here that investment should be made. They defended their position by pointing to historical developments in health in the G-7 countries where health improvements followed, or occurred in parallel, to rapid economic development. And they referred to the WHO Commission on Determinants of Health which clearly points to the need to address inequalities and social determinants as a means towards healthy populations and improvements in public health.

This tension between investment in health by providing infrastructure and access to health goods, and investment in the social determinants of health that define health risks, is a common and reoccurring theme in *Public Health, A Very Short Introduction* by Virginia Berridge. Berridge clearly points out that the varied and cutting-edge technical tools available to improve the health of populations – ranging from sanitation, safe water and vaccines to genomics and the use of the latest diagnostic tests that make cancer and other screening programmes possible – are only a part of the solution. Addressing inequalities and the social determinants of health must underlie what she calls these ‘technological fixes’.

The book initially provides several different definitions of public health, clearly demonstrating differing perceptions and philosophies, and the complexity of what is collectively today recognised as public health. It then goes on to describe how these definitions have changed over the centuries. While public health initially placed emphasis on protection of individuals and communities from communicable diseases, as advances in knowledge and understanding led to the development of vaccines, medicines and other goods, communicable diseases became less of a threat to populations with access to these technical advances. The book then discusses the risk factors associated with non-communicable diseases including smoking, obesity and lack of physical activity. These risk factors – the result of choices in lifestyle – have today also become important public health threats to people of all ages.

The book places emphasis on public health as it evolved in the United Kingdom, describing this evolution in detail, and Berridge defends this emphasis by pointing out that England was the first country to experience rapid industrialisation, urbanisation and the resulting risks to public health. She describes risks related to poor housing, weak sanitation and water systems, and the increase in the social inequalities which persist today in all countries and result in differences in health status in people around the world.

Berridge fully describes the shift of disease burden from infectious diseases to non-communicable diseases in industrialised and middle-income countries, and among some population groups in less developed countries. She likewise emphasises the need to better understand behaviour that influences choices in lifestyle, and how to influence that behaviour, describing interventions ranging from legislation and regulation to voluntary changes through better understanding by those populations at greatest risk. She also describes government attempts throughout the centuries to try to change or nudge behaviour, often with limited success. The book also forewarns of the risks to health from antimicrobial resistance, smoking and climate change, and the importance of global unity and resolutions or treaties to combat them.

Finally, just over halfway through the book, issues that concern lower-income countries are addressed. After placing the public health of developing countries in historical context, Berridge describes the complex health burden that these countries have today – both communicable diseases, in areas where health coverage and access to health technologies are neglected, and non-communicable diseases associated with lifestyle and behaviour which cross all geographic and demographic areas. It is in these remaining chapters that the issues related to globalisation and health are also further described – clearly leaving the reader with the understanding that borders do not stop the spread of infectious disease, and that they also fail to stop the spread of risk factors of non-communicable diseases such as advertisement and other influences on behaviour in an interconnected and globalised world. Public health in the world today has become complex, and created a new concept of health security as enshrined in the International Health Regulations (IHR), which Berridge mentions. The IHR, in fact, an agreed treaty by which all countries are required to develop eight core capacities in public health, will hopefully provide the technical fixes necessary to protect populations from the international spread of disease. But inequalities will remain, and it is these, as Berridge points out, that require cross-sector solutions which most governments have yet to master.

Public Health, A Very Short Introduction, is an excellent primer for those who want to learn about the history of public health in England (and by extrapolation in other countries that have rapidly industrialised during the past centuries); to understand how public health in developing countries evolved from the time when medical missionaries introduced western understanding of tropical diseases; and to better grasp how, in today's globalised world, we must work together in public health to ensure the health security of individuals and communities. But at the same time we are left with the understanding that protecting and improving the health of individuals and communities requires complex innovations and investment to mitigate the social determinants of health, a task which governments and those working in public health have not yet been able to fully accomplish.

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Gerrit Bos, *Maimonides Medical Aphorisms, Treatises 16–21: A parallel Arabic–English edition* (Provo, Utah: Brigham Young University Press, 2016), pp. xxix, 204, \$89.95, hardback, ISBN: 978-0-842-52843-6.

Maimonides, the greatest Jewish thinker, wrote many works in Hebrew and Arabic. His topics were not restricted to philosophy and theology; as is suggested by the fact that he was employed as a court physician for most of his life: he composed quite a few books on medicine. The existence of many Arabic manuscripts of his medical works as well as of their Hebrew translations manifests the enormous importance of his achievement in medicine, especially for Jewish society. Maimonides' original Arabic versions of these medical works, however, had never been published, whereas Hebrew translations of them were printed (uncritically) by Muntner. Thus, Gerrit Bos began his project entitled 'Medical Works of Moses Maimonides', and is publishing many Arabic critical editions of Maimonides' medical books based on Arabic manuscripts, frequently comparing them with their Hebrew and Latin versions. Maimonides' *Medical Aphorisms* is one of his main targets in this project.