

Broman's larger discussion of the lack of convergence between professionalization, medicalization, and enlightened absolutism. In all, however, this collection of essays is a valuable successor—enriched by modern methodologies and insights—to George Rosen's and Erna Lesky's classical works on eighteenth-century medical *Policey*.

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**Virginia Berridge** (ed.), *Making health policy: networks in research and policy after 1945*, *Clio Medica* 75, The Wellcome Series in the History of Medicine, Amsterdam, Rodopi, 2005, pp. vi, 338, €75.00, \$94.00 (hardback 90-420-1824-0).

Virginia Berridge opens her introductory chapter with the words: “‘Evidence-based policy’ has become a popular and a political mantra in the last decade. It seemed self-evident in the late-twentieth and early-twenty-first centuries; of course policy and practice should be based on the best available evidence, research or science.” She closes, however, by pointing out that there has not been a rational relationship between research and policy making in health: “policy framed evidence rather than the other way round” (pp. 5, 29).

The collection of case studies in this volume provides abundant evidence to support this claim. All the authors work or have been members of the history group at the London School of Hygiene and Tropical Medicine. The breadth of interests of this group has been a major strength, because it has allowed it to explore in detail not only the diversity of influences that bear down on policy makers, but the problems and debates about the “evidence” that they are supposed to use. Luc Berlivet goes directly to the heart of the matter in his chapter “‘Association or causation?’ The debate on the scientific status of risk factor epidemiology, 1947–c.1965’. He describes the rise of chronic disease epidemiology towards its current status as a dominant research technique in medicine, using as his example what the celebratory historians are right to describe as the

classical pioneering paradigmatic study, the aetiological role of tobacco smoke in the causation of lung cancer. In spite of the strength of the association, the conclusion of a causal link reached by researchers like the statistician Bradford Hill and the physician Richard Doll was contested. Berlivet's account shows that the sceptics were defeated not only by the accumulation of more epidemiological evidence and by the identification of carcinogens in the smoke itself, but by the undermining of the standing of those opponents with tobacco company links by the questioning of their objectivity.

So even if the acceptance that smoking caused cancer was a success for chronic disease epidemiology, its triumph was not achieved without difficulties. Other chapters describe and analyse its application to more complex problems. Betsy Thom discusses alcohol policy from 1950 to 2000; Mark Bufton looks at ‘British expert advice on diet and heart disease’; and the rather limited impact of science on the provision of renal dialysis and intensive care in the UK is described by Jennifer Stanton.

Stuart Anderson concludes his examination of British hospital pharmacy policy from 1948 to 1974 by saying that the policy process “is very much determined by the wider social, economic and political climate in which it operates” (p. 213). Virginia Berridge in her account of smoking policy in the 1970s points out that climate setting from this time was much influenced by the media. Media management and policy determination and implementation have in recent years gone far past the point of disentanglement; Kelly Loughlin's chapters on ‘The changing role of press and public relations at the BMA, 1940s–80s’ and ‘Reporting science, health and medicine in the 1950s and the ‘60s’ demonstrate why.

A theme running through many chapters is the decline in the influence of doctors on policy—and an increase in the converse. Sarah Mars in her study on drug misuse shows how guidelines—not evidence based—led to losses in clinical autonomy. It is right that when historians study the making of policy they should investigate the doings of expert advisory committees. The big

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.

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**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