

Book Reviews

National Health Service (NHS), exploring a development that, she argues, resulted in the demise of specialist factory health provision, deemed unnecessary in the context of the universal healthcare provided by the NHS.

The central theme of *The Rise and Fall of the Healthy Factory* is an emphasis on the politics of health promotion within factories, exploring the ways in which political and economic developments shaped the history of industrial health provision. Long argues that the new interest in industrial welfare was indicative of a broadly conceived holistic model of health which reflected interest in physical and mental well-being in all spheres of life. The concept of the ideal workplace served to align health concerns alongside economic goals. The primary agents in promoting notions of the healthy factory were not medical professionals or the State, but employers, trades unions, and a newly established group of professionals, welfare supervisors. Long's key premise is that the role played by employee and employer organisations in shaping the course of industrial medicine has been underestimated. She therefore emphasises the role played by these groups, aiming to illustrate the issue of industrial health as a site of deeply contested negotiations between these different, multiple agents. Whilst this argument is highly convincing, Long's primary concern is the employee perspective as represented by the Trades Unions Congress (TUC), with much of the evidence presented throughout the book drawn from the TUC archives. This focus dominates the study, and the perspectives of other groups, particularly medical professionals, seem, on occasion, to be less considered. The question of how representative the TUC was in speaking for the entire workforce, when trade union density in this period was less than half the workforce, is significant in understanding the possible discrepancies between the theoretical aims and intentions of the groups and the realities of health provision in the workplace, an issue that Long herself acknowledges.

This is an excellent book, which provides an impressive and perceptive overview of the development of industrial health and welfare provision in Britain in the twentieth century. Consequently, it makes a significant contribution to the broader history of occupational health, and should be considered an indispensable starting point for any academic embarking on historical studies in this field.

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Karen Brown and Daniel Gilfoyle (eds), *Healing the Herds: Disease Livestock Economies, and the Globalization of Veterinary Medicine*, Ecology and History Series (Athens, OH: Ohio University Press, 2010), pp. x + 299, £22.50, paperback, ISBN: 978-0-8214-1885-7.

The history of humanity is intimately bound up with that of the animal world: not only do they share a common past but they share a common disease pool. The microorganisms that ravaged one was often hosted by the other, a familiarity of exchange more usually associated with family members. It is somewhat strange, therefore, to find that veterinary medicine has not received more widespread attention and scholarly interest. After all, our afflictions and those of our companions are a constant source of consternation and conversation. All this makes Karen Brown and Daniel Gilfoyle's *Healing the Herds* a most welcome addition to the literature. Using case studies drawn from the United States of America, Western Europe, the Caribbean, Africa, Asia and Australasia, the contributors to this volume offer fascinating insights into the role and importance of veterinarians and their science over the last three centuries. While the editors claim to place the human-animal relationship at the centre of their endeavours, it is a pity, however, that the latter

play such a passive role in the narrative. It is a book much more about healers than herds.

The diversity of topics covered here testifies to the myriad ways that veterinary science is bound up in the wider historical context. State building in both the metropolitan and colonial settings, the dissemination of Old World pathogens, the susceptibility of European-bred livestock to new sources of infection, the fostering of settler economies, and the structuring of colonial societies are all represented by contributions that range from epizootic diseases in the eighteenth-century Netherlands, to veterinary administration in twentieth-century Trinidad and Tobago, from maximising milk production in Britain, to the characterisation of Bororo Zebu cattle in Niger. To do this, the 'vet' had to wear many hats: policeman in Germany, 'horse doctor' in the US, colonist in Manchuria, pastoralist in Outback Australia or economist in Kenya. In the meantime, of course, he also looked after animals in Java and New Zealand, or fought fevers and plagues in East Africa and Southeast Asia. The chapters roam over time and place much as their subjects did and do over the landscape.

The great strength of this collection lies in the breadth of its investigation and the scholarship of its contributors. There simply isn't any other volume quite like it. More than simply its worldwide panorama, it is the detailed case studies that offer such instructional points of comparison. While the broad outlines of the development and professionalisation of veterinary medicine follow recognisably similar trajectories in most places, it is the particularities of place that make the chapters so absorbing: the relationship between geographical space and infection in Australia; or between 'races' and breeds in the Caribbean and Africa. Everywhere, though, veterinarians were clearly at the forefront of nation-building and instrumental agents in the colonial venture during the nineteenth and early twentieth

centuries, helping mould the fabric of state structures, and even the contours of class interests; and just as veterinary medicine was very much integral to the colonial and neo-colonial enterprise, so local knowledge about animal behaviour and welfare was often viewed as subversive, a 'weapon of the weak' and made a matter of bitter contention between parties. All these complex interrelations are vividly brought to life by the first-rate scholarship and well-written prose of the contributions.

Of course, the book could do better; that is only in the nature of such compilations. For an excellent critique of the volume, one could do little better than read Karen Brown's comprehensive conclusion. She points out the absence of women; the preoccupation with certain livestock – horses, cattle and sheep; the need for more detailed studies about the interrelationship between animal and human health; the hybridisation of knowledge; and the institutionalisation of veterinary medicine. To this list might be added the role of the military, the geography of infection and more, much more about the animals themselves. The latter are depicted as just too passive, unresisting bodies upon which veterinarians apparently wrought their wills without let or hindrance. I am not sure, too, whether the collection really lives up to the claim of its title to be about the globalisation of veterinary medicine. The globalisation conceived of here seems to be more about isolated events in disparate geographies rather than about world-encompassing processes that transformed peoples, animals and environments. Readers are somewhat left to their own devices to weave these threads together rather than being presented with a finished tapestry.

Even if the animals remain somewhat muted in these pages, the same cannot be said for the vets and their science. As this book clearly shows, healing the herds was as much about making nations and empires as it was about animal welfare and disease control. Veterinary medicine and its practitioners were

very much at the service of the state and those who pulled the levers of power. That is a salutary message for us all to remember.

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Michael G. Tyshenko, *SARS Unmasked: Risk Communication of Pandemics and Influenza in Canada*, McGill-Queen's/Associated Medical Health Services Studies in the History of Medicine, Health and Society (Montreal: McGill-Queen's University Press, 2010), pp. xii + 451, \$34.95, paperback, ISBN: 978-0-7735-36180.

Reading this book brought back memories of a visit to Toronto in the summer of 2003 to give an invited lecture at the Centre for Addiction and Mental Health. The Centre was based in a Toronto hospital and my visit was just after the SARS outbreak. Getting into the hospital involved a complex procedure, hand gel and washing. Posters warning staff and visitors to wash their hands were everywhere – unusual in a healthcare setting at that time, although not so now. I brought back examples to show colleagues at the London School whose work involved the promotion of hand-washing and the use of soap. Toronto was the focus of world-wide attention.

This book is a joint production between Michael Tyshenko, working in the area of risk communication, molecular biology and science policy, and Cathy Paterson, a friend who was a nurse clinician working in one of the hardest hit hospitals in Toronto at the time of the 2003 outbreak. It is part analysis but also part first-hand testimony of what it was like. The pneumonia-like disease hit Canada in February 2003 with a couple returning from a holiday in Hong Kong. A SARS summit in April/May worked out the basis for a national containment strategy. Front-line staff operated a containment policy involving contact tracing and isolation, a response that taxed them to capacity.

Hospital infection control culture was poor, and chapters authored by Cathy Paterson relate her experiences working at the front line in a Toronto hospital. The death of a Toronto nurse from SARS had a profound psychological effect on many healthcare workers, deterring some from continuing in the profession. At the same time, media coverage, analysed here, was amplifying fear and uncertainty and served to stigmatise individuals who caught the disease or who were working with it. Risk communication in general was poor during the outbreak and the resulting vacuum was filled by the media's reporting.

The last reported case of SARS in Canada became ill on 12 June, and by September 2003, there was only one active case in the country. The significance of the outbreak in terms of mortality, stigma, economic loss and possible vulnerability to future terrorist agents led to the establishment of several follow-up enquiries, most of which concentrated on what hospitals could do to improve their response in a future outbreak. Main recommendations included the establishment of a Health Protection Agency to act as an overall infectious disease control agency.

The authors look to the next looming pandemic. The lessons learned show how viruses change by natural selection to exploit a new host source to propagate themselves, crossing over into humans. They conclude that more SARS-like outbreaks are likely in the future. The book uses a simple modelling formula, in part based on figures derived from the 1918 flu epidemic to arrive at what the mortality from a modern pandemic might be. It ends with chapters which look to what Canada might do to prepare for the next envisaged outbreak that they presume will be avian flu. Health Canada and the newly created Public Health Agency of Canada took steps to build capacity, through a Pandemic Influenza Plan. Stockpiling vaccines, improved surveillance, planning and training exercises were all part of the plan. Risk communication could still be improved in terms of, for example, letting people know