this side of the Atlantic provided a more favourable habitat for the married British medical woman than the specialization of American medicine.

This is a stimulating volume, characterized by the testing of explanatory models against varied historical evidence in a carefully controlled investigation. It links past to present in a thought-provoking analysis that should appeal to historians, as well as providing timely reading for doctors and policy makers.

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In the years since Asa Briggs drew attention to the study of cholera epidemics as a point of entry into social history, a number of historians have used cholera and other epidemic crises as vehicles for exploring the complexities of the past. Marcos Cueto’s work on Peru falls within this tradition, yet significantly extends it. Firstly, he tackles not one epidemic disease or incident but half a dozen; secondly, his book has an explicit political purpose: to argue the case for a state supported public health system in Peru as the means of eradicating the vicious cycles of disease and poverty which currently undermine the well-being and security of the country’s citizens.

The *return of epidemics* charts the gradual engagement of the Peruvian state in the management of public health during the first half of the twentieth century, and its withdrawal of that support in the second. Beginning with plague in the first decade of the century, Cueto tracks his way through the re-introduction of yellow fever in 1919, the smallpox and typhus endemic in the highlands of the Andes, the spread of malaria outwards from the coastal regions to encompass the whole country, and finally the cholera epidemic of 1991, which appeared to result in the establishment of an indigenous focus of the disease. The earlier sections of the book demonstrate the ways in which both the state and individuals responded to epidemic challenges at a time when sanitary ideals and a belief in the possibility of eradicating disease inspired and sustained public health action. Thus the introduction of plague led to the founding of the country’s first national health agency, the Public Health Bureau, in 1903; assistance from the Rockefeller Foundation in the 1920s brought the control of yellow fever; and in the Andes in the 1930s local sanitary brigades combined the techniques of western medicine and understanding of Indian cultural traditions in the struggle to control smallpox and typhus. The climax came with the internationally-sponsored campaign to eradicate malaria in the 1950s, which by 1968 appeared to be within reach of success.

Throughout these years, Cueto argues, a belief that the problem of poverty could be resolved through public health action in lifting the burdens of disease underpinned both national and international efforts at disease control, and popular acceptance for public health interventions was achieved where western medicine and native cultural tradition were judiciously blended. In the 1960s, however, things changed. In 1963, the USA withdrew financial support from the anti-malaria campaign; and by 1968 the new military regime in Peru had concluded that agrarian reform was the key to the problem of poverty. Meanwhile DDT fell out of favour as a mosquito-eradicating agent, and chloroquine lost its effectiveness against falciparum malaria. As a result, the campaign was abandoned, and malaria resurfaced across the country. By 1991, when cholera invaded, Peru was in political and economic meltdown, and health personnel,
local organizations and the Ministry of Health struggled to contain the epidemic without support from the central government. In the course of this epidemic, the clock turned back, and many Peruvians came to accept that the achievement of good health is an individual matter, and not the responsibility of the state.

Clearly argued and accessibly written, *The return of epidemics* presents a vivid case for state-sponsored public health systems. The book’s title refers to the feedback between poverty and disease—a reading understandable when seen in the twentieth-century context, yet it might be read differently, as referring to a return of epidemic crises after a period of stability or equilibrium in Peru’s disease ecology. While much of the relevant social and economic history (less of the political) appears interwoven in the text, a broader introduction, explaining something of Peru’s disease history before 1900, and setting out the path of the country’s social, economic and political development across the twentieth century, would have provided useful background for an international readership.

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Few if any European countries have had a more dramatic—indeed, a more catastrophic—modern history of famine and disease than Ireland. And today there are probably few more experienced historians of that history than Leslie Clarkson and Margaret Crawford. Since the 1970s both have been producing pioneering books and articles on aspects of diet, nutrition, disease and population in Ireland. Thus their collaboration on a major study of Irish food from the sixteenth to the twentieth century is most welcome.

It is not possible in a short review to do justice to the rich fare contained within these pages; a menu and a small sample must suffice. The authors pursue five main themes: changing patterns of food and drink consumption; class differences in diet; the much-debated question of whether famine was inevitable in Ireland; the relationship between diet, nutrition, health and demography; and, finally, state regulation of food supplies.

The first third of the book is devoted to a detailed account of Irish diets between 1500 and 1920, with particular consideration given to how food supply affected demography. Discussion of the potato, not surprisingly, looms large in these chapters. Since the publication in 1950 of K H Connell’s pioneering book, *The population of Ireland, 1750–1845*, historians have hotly disputed, among other issues, when exactly the potato became the staple of the Irish poor, with suggestions ranging from before 1630 to after 1800. In a detailed, lucid and persuasive discussion, Clarkson and Crawford opt for between the 1750s and 1770s, but stress that this dependence continued to increase up to the 1830s.

There follow two chapters on famine, mainly focusing on the Great Famine of the late 1840s, but also containing valuable discussions of earlier Irish famines. Crawford has previously published extensively on famine-related diseases and this expertise is very evident here. During the Great Famine far more people died of disease than starvation. Clarkson and Crawford chronicle in fascinating, if grim, detail the many and various ways in which hundreds of thousands of Irish died during the so-called “great hunger”. More disturbingly, they speculate on the long-term effects that malnutrition may have had on the health and development of those