towards individuals on the lower rungs of the social ladder. On the other hand, the Swedish authorities have always been more willing than the Danes to regard health, disease and social problems as the results of structural conditions rather than of individual choices. Accordingly their respective politics have partly developed in different directions. Yet the differences between the two countries are rather small and far from the general national images.

Other interesting conclusions are that political initiatives increasingly have been based on scientific findings and recommendations and that the politicians’ willingness to intervene has risen considerably between the 1930s and 2000. According to Vallgårda, there have never been more restrictions and regulations intruding on the individual than today, and never have the politicians been more anxious to “educate” a “clean” and healthy population. This is a paradox at a time when individual freedom is set high, if not extremely high.

Signhild Vallgårda says that she limits herself solely to an analysis of health promotion which is initiated and sanctioned by politicians. This means that she says very little about the users, about how the many regulations and control measures were received. This is a weakness in the book. What about the question of compliance? What about opposition and resistance? There must have been protests and discussions among the public. And in the event of protest and public debate, were policies revised? You can hardly talk about the exertion of power if you consider only one of the parties and ignore the other. The failure to consider the practical outcomes of policy is a serious omission. An analysis of the way in which these many measures were received might have given another picture, or a revised picture, of the growth of public health policy and the differences between the countries. And, not least, it might have given a more rounded and interesting account. I found part of the book rather “dry” and the central theme difficult to follow. There are quite a number of repetitions, and the author has perhaps kept too rigidly to her theoretical framework. However, this is a solid presentation of public health policies in two of the Scandinavian countries in the twentieth century.

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A Grieco, D Fano, T Carter, and S Iavicoli (eds), Origins of occupational health associations in the world, Amsterdam and Boston, Elsevier, 2003, pp. x, 291, illus., €100.00, US$100.00 (hardback 0-444-51301-9).

This volume looks at associations in twenty-three countries spread across four continents and rarely can any study in any branch of history claim such worldly breadth. Both the earliest and the latest industrialized countries are included. Unsurprisingly we see that the establishment of occupational health associations is in most countries dependent upon, and so usually lags behind, industrialization. The stark and curious exception to this is Singapore, which established an occupational medical society in 1966 simultaneously with the onset of rapid industrialization. One would expect those countries in which organized labour and capital have been around since the beginnings of industrialization to be those where trade unions and employer associations compete for, and have influence over, the framing and jurisdiction of occupational health institutes and legalisation. In some cases, organized capital tends to comply only minimally with health and safety laws as in Ecuador; in others trade unions are a real partner in health legislation as in Norway. Occupational institutes and laws are located within the wider state tradition. A notable incongruity is France, with its strong state and bureaucratic tradition, which saw an impressive array of institutes established in the twentieth century to deal with the problems of industrialized work, but the law regulating them is and was very liberal. It was the big cities, Lyons, Lille, and Paris, which saw the first occupational institutes, the earliest was established in 1930 in Lyons. In another detailed and contextual chapter, Germany, like France is also shown to have a lineage of
occupational health related initiatives trailing back into the nineteenth century. What disrupted the development of occupational health severely in Germany, as it did to a lesser extent in other countries, was the Second World War. After which one may say from reading this volume that it is only then that occupational medicine fully comes into its own with the onset of capitalism’s “long boom”.

It is also interesting to note the way in which institutes and organizations dealing with occupational health interact with existing medical disciplines, schools, and establishments. In many cases, the relationship is an unequal one with occupational health appearing as the Cinderella subject. In many of the chapters we see the driving individuals who have pushed forward the boundaries of medicine into the workplace, but this is not a story of “great heroic men”, for in most chapters they are nicely woven into the overall story. This volume also interestingly reveals the way in which the state places itself between labour and capital or in some cases sides with one vis-a`-vis the other. All these issues are dealt with to varying degrees in the country studies. Although the task would have been difficult, it would have been nice to have seen a chapter drawing out comparisons and contradistinctions between all the countries. Some of the chapters are much richer in medical historical background than others, and it would have been better to have tried for a more even balance between them in this respect. Nevertheless, this volume is excellent in its breadth of coverage and wide sweep and, in conjunction with the companion volume Contributions to the history of occupational and environmental prevention also partially edited by Antonio Grieco and Sergio Iavicoli, makes excellent reading. The country comparative approach to medical history is too infrequent and the effort of Grieco and Iavicoli in bringing together so many different scholars from around the world is therefore to be highly commended.

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**Claude E Dolman and Richard J Wolfe**,  
 Suppressing the diseases of animals and man: Theobald Smith, microbiologist, London, Harvard University Press, 2003, pp. xii, 691, illus., £29.95 (hardback 0-674-01220-8).

Microbiologists of the second generation stand somewhat in the shade of the founding fathers. Pasteur and Koch might nearly be household names but “Theobald Smith—who?” may be a somewhat unkind cut but it catches the flavour of the difference in reputation of the two ages. This is not to say it is an accurate mirror of historical significance or scientific worth. Amongst bacteriologists, parasitologists and especially comparative pathologists Smith ranks as a gigantic figure. Historians, however, have given him relatively little attention.

Smith, the son of German emigrants called Schmitt (Theobald seems to have changed his name slowly around 1876), was born in Albany, New York in 1859. He was educated at Cornell and Albany Medical School from which he graduated in 1883. The young Smith had all the credentials on paper for a distinguished career. Academically gifted with a flair for science and a German speaker who entered research when Koch’s bacteriology had become rampant, he did indeed make the most of nature and nurture. With the aid of the microscopist Simon H Gage he was appointed in 1883 to a position at the US Department of Agriculture. Here he worked in the Veterinary Division under Daniel Elmer Salmon. Within six months, Smith was made inspector of the recently established Bureau of Animal Husbandry. Salmon was made its Chief.

It is arguable that much of the success of Koch’s bacteriology lay in the ways in which its techniques and technologies were easily exportable. Smith taught himself Koch’s culture methods. He was soon recognized as a “pioneer American instructor” in bacteriology (p. 54). In these years he worked on hog cholera and swine plague. Salmon also worked on the former and problems of collaboration and priority smouldered between them, which are