large parts of the European population. According to Szreter, this coincides with a significant decline in life expectancy in Great Britain. In Sweden, as another example, this was also the case at about the same time among middle-aged men.

Szreter claims that these historical lessons can be used to understand what happens or might happen in the future in developing countries of today. Most parts of his recipe for building wealthy and healthy societies are not controversial, for instance the need for functional democracy, protection of individual human rights and security, investment in human resources and literacy campaigns. It is the emphasis on the need for political interventions and investments in the human capital that makes him identify the chief opponents: believers in automatic links between economic growth, welfare and health, neo-liberals and advocates of an unrestricted free market. Criticizing those who welcome economic globalization without major objections, he even defends protectionism in situations when domestic economic systems are not yet fit to meet competition from the outside.

Hence, Szreter does not avoid wide-ranging theoretical conclusions drawn from his case. Nor is he afraid of taking a clear standpoint on politically and ideologically controversial questions. The ever-changing historical and cultural contexts are of course always making such efforts open to attack. Yet, made by professional historians who have taken the time to reconstruct and reflect upon their cases, such ventures can, as in this case, be stimulating and enjoyable food for thought.

Written with good humour, presenting interesting and provocative perspectives on his topics, Simon Szreter’s book is recommended for all who are interested in the history of public health and its potential lessons for today’s world. The articles do, however, overlap when it comes to evidence, argumentation and conclusions. Consumers who do not have the time or the need to go through all the chapters in detail should start with the summary introduction and continue with the final chapters before they decide where to go next.

Jan Sundin, Linköping University


With this history of allergy, Mark Jackson has completed an ambitious project for which he was uniquely equipped, being both a practising doctor and a historian. It is clear from the text that he has also had some personal experience of allergy, not unusual among those who have worked and written in this field.

In order to tell the story of a century of research and experimentation, Jackson starts with the creator of the word, Clemens von Pirquet. He explains in detail von Pirquet’s general acceptance of allergy as an altered reactivity of the body to various substances. The remainder of the book documents the propagation of the word in successive waves and describes how its meaning has become increasingly distant from the original intention of its progenitor.

Jackson has planned a global and multidisciplinary history, along two main themes, the scientific exploration of allergy, and the investigation of its socio-cultural significance. At first sight, these are two separate lines of research. The first deals with the clinical observation of strange disorders following the contact of the body with antigens (“allergens”) of various kinds through various routes. The second is concerned with the popular understanding and management of so-called allergic troubles. But it is soon evident that these are not two parallel stories but a unique multilayered epic, combining numerous actors: academic institutions and practising therapists, politicians targeting public health, and journalists eager to identify the
demons of their times and understand their fellow citizens’ concerns. Jackson’s history of allergy covers all aspects, from laboratory research to epidemiological studies, and examines the contribution of both conventional and alternative medicines to the relief of patients suffering from chronic ailments.

Among the many issues dealt with, Jackson puts a particular emphasis on the epidemiology of allergy. He points to historical changes and geographical disparities in the distribution of allergic troubles. First comes the historical question. Has the number of allergies risen in the contemporary world? The answer involves a clear delimitation of the pathological entities listed as allergies. But the epistemological lesson drawn from the book is the elusive nature of medical truths, the volatile character of classifications, and the controversial character of tests used to diagnose allergies or follow up their treatment. Consequently, the complete answer to the question raised is reported in a hypothetical future, if the improvement of both conceptual and laboratory tools permits it.

The treatment of allergic disorders has also constantly been prone to alternate fads and eclipses. Jackson relates how desensitizing therapy, through controlled exposure to small doses of allergens, has flourished in Britain in various guises from Almroth Wright’s time at the turn of the century with ups and downs, but almost collapsed in the 1970s, a perfect illustration of swift changes in medical modes of thinking. But this was by no means the end of the story. In the last chapter, we watch the re-emergence, with “ecological medicine”, of a new modish style of desensitization, this time by the methodical extraction of allergens from food and the environment.

The geographical dimension is treated in a more cursory way. There are a few pages about the alleged rise of allergy in developing countries, referring to epidemiologists’ controversial findings. Do southern populations suffer less from allergy because they are protected by their reactions to the parasitic burden of their bodies (i.e. in blood and gut)? Or, on the contrary, is the threat of allergic disorders more severe in those parts of the world where pollution is unrestrained and unmonitored? Compared to the mass of information available on the industrialized world, Jackson’s treatment of the developing world is sketchy at best. The lack of data points to an urgent need to assess the consequences for public health of the rapid changes in environment and lifestyle, the poor quality and adulteration of food, in many poor countries. Research has been very limited in this field, a limitation for which Jackson is clearly not responsible.

While science is constantly renewing its approach and allergy has historically pointed to different phenomena and symptoms labelled differently, by contrast, allergy as a whole appears continuously throughout time to have framed the way people express their uneasiness with the external world and with the Other. In recent years, allergy has even symbolized a form of resistance to modernity, a way of manifesting the crying need for a new contract with Nature, as Michel Serres has put it, the terms of which remain to be defined.

Despite his prevailing emphasis on the Anglo-Saxon world, Mark Jackson has probably come as close as is possible to writing a global history of allergy. He provides the general reader with a fascinating story and all the historical and scientific elements of the allergy nexus. His excellent bibliography will meet the needs of the academic readership. Still more important, he has brought proof that the cultural history of a malady can succeed in offering more definite conclusions than a scientific one. While the evolutionary significance of allergy is still unclear (is it an accident of immunity gone astray, or a phase in the constitution of immunity, or an autonomous line of defence against a growing range of pathogens?), Jackson has demonstrated that allergy is a flexible term that captures the holistic character of the illness and translates the profound interaction between the biological and the cultural, the body and the mind, in the individual.

At the end, Jackson plays masterfully with the multiple meanings of allergy and suggests that the metaphor has been strained to the
point of suggesting a general call for “tolerance” (of the Other?), a term antithetic to allergy, another both immunological and sociological term that links biomedicine and politics and raises multiple echoes in the reader’s mind after closing the book.

Anne-Marie Moulin, CNRS-CEDEJ, Cairo


The institutions and practice of psychiatry in colonial Africa have a justifiably poor reputation. In Surfacing up: psychiatry and social order in colonial Zimbabwe, 1908–1968, Lynette A Jackson does more than trace the history of Ingutsheni, British Central Africa’s first and largest mental institution, which was founded on the outskirts of Bulawayo in 1908, arguing that, even though there was no “Great Confinement”, psychiatry served the ideological needs of the settler state. It did so by “domesticating” space and people, and by labelling as insane or mentally deficient men and women who were found to be out of place, either physically or socially. Consciously deploying the language of Frantz Fanon and Michel Foucault, Jackson regards “the colonial project” as broadcasting a “monologue of reason about madness”, one which was intentionally deaf to the inner logic of African concepts of the origins of mental disturbance and to indigenous methods of treatment. Through a combination of overt racism and pecuniary neglect, Ingutsheni became a warehouse for those certified as mentally ill. Inside the hospital, social hierarchies and distances were maintained: African patients had inadequate facilities, were exploited as labour, and were subjected to dehumanizing and dubious methods of treatment including electro-convulsive therapy and leucotomies. White patients had better accommodation and facilities; and, in a painful and yet poignant signifier of how race, class and sanity were perceived in Southern Rhodesia (and elsewhere) at this time, “European” women patients at Ingutsheni were catered for at the hospital’s “Fair Lady Salon”.

Jackson devotes considerable attention to how the “routes” to the asylum or hospital were influenced by the colonial order. How, she asks, did people who might indeed have been mentally disturbed “surface up” and come to the attention of colonial authorities and be labelled crazy as opposed to criminal? Such surfacings occurred, for instance, when whites transgressed the “civilized” image that the society sought to present, both of itself and to itself. Any “European” who went around barefoot in the centre of town or who had a love relationship with an African person, for instance, could be regarded as insane. African men were brought within the ambit of the colonial economy via migrant labour and could be driven to insanity by dislocation and diseases of employment. Colonial and indigenous concepts of the appropriate “place of women” were influential in identifying “stray” and “undomesticated” women as insane or mentally inadequate and therefore fit for restraint at Ingutsheni. Jackson also draws on Fanon to argue that colonial psychiatry pathologized the “indocile native”. She, on the other hand, reinterprets the actions and words of some “madmen” and “madwomen” as being acts of rebellion or resistance and therefore ultimately of “reason”.

In the Epilogue, Jackson describes how after political independence in 1980 Ingutsheni became a target of health reform, and indigenous treatment methods were rehabilitated, contributing to a healed nation. This moment was, however, short-lived and under the constraints of structural adjustment programmes in the 1990s—and, one might add, a morally corrupt and oppressive regime under Robert Mugabe—Zimbabwe’s psychiatric services are now once again woefully inadequate. Of course, HIV/AIDS is adding further to the