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that the costs of post-eradication surveillance could dwarf initial expenditures.) If 25% of childhood mortality were attributable to malaria, reasons for caution in intervention dissipate. The concern about harm that might be done to adults whose acquired immunity could be compromised was hardly considered. Malariologists might elect utilitarianism as their chosen professional ethics, their brand of utilitarianism was certainly not of a consequentialist variety.

Unfortunately, resistance developed rapidly. Every one of the synthetic insecticides, DDT and others, had a mixed record. Malaria eradication programs were closed down in the early 1960s. One lesson learned was that if malaria eradication in tropical Africa was not feasible, malaria control was feasible, provided funding were sufficient. Yet malariologists never tried to penetrate African cosmological frameworks that determined people's understanding of the disease. They never succeeded in building a co-operative relationship with communities. As the author says, 'the cultural gulf remained fundamentally unbridged'. No thought was given to this as one reason for the lack of success.

The 1960s saw the coming an inexpensive and highly effective antimalarial drug, chloroquine, another wonder drug. Rural populations soon embraced it. In the villages, distended spleens declined precipitously, as did sickness and death owing to malaria. Chloroquine is credited to have reduced infant and early childhood mortality from malaria by 25–35%. But resistance to chloroquine was becoming widespread in South-East Asia, and it was only a matter of a few decades before it would set the foot on African soil. With no back-up drug to chloroquine, serious troubles were ahead.

Vector resistance to chloroquine appeared in Africa in 1978. WHO, then, launched various strategies, of which Roll Back Malaria (1998) was the most ambitious. But the global north also became more aggressive with the creation of the Global Fund to Fight AIDS, TB and Malaria (2002), and the President's Malaria Initiative (G.W. Bush, 2005). In 2007, the Bill and Melinda Gates Foundation announced a new campaign to eradicate malaria. The rationale – the economic rationale – was a repetition of the former campaigns of the 1950s and 1960s. A strange scenario came out. In the 1990s, intermittent preventive therapy (antimalarials) for pregnant women and infant unknowingly rediscovered the empirical findings of Belgian colonial physicians in the 1930s. Pyrethroid resistance developing in the 2000s, lowering the protection given by bed nets with insecticide, stressed the resurgence of susceptibility among those who have lost their partial immunity. These findings were treated as novel, although they were consonant with experiences dating back to the aftermath of the Second Word War. Large-scale plantations of *Artemisia annua* (for the artemisinin-based new wonder drug) looks like a reprise of the efforts to grow cinchona trees in the 1930s and 1940s. And the whole job of fighting malaria appeared to be, as Webb has it, a 'Sisyphean endeavour', as if history was motionless, and without an endgame.

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Mat Savelli and **Sarah Marks** (eds), *Psychiatry in Communist Europe* (Basingstoke and New York: Palgrave Macmillan, 2015), pp. xi, 222, $90.00, hardback, ISBN: 978-1-137-49091-9.

In 2002, I published an article in the journal *Harvard Review of Psychiatry* entitled 'Was There a Communist Psychiatry?' Focusing on the history of mental health care in East

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Germany, I explored the extent to which it was plausible to account for developments in psychiatry in the Eastern bloc as the result of party political and Marxist-Leninist commitments. My conclusion at the time was that, while there were certain ways in which Communist ideology directly influenced psychiatric practice in the German Democratic Republic, many – perhaps most – features and trends were the result of institutional, economic, cultural and international factors that had little or nothing to do with post-war communism. Nevertheless, given the fact that at the time few academic historians had yet examined the history of Eastern European psychiatry in any depth, any general conclusions seemed provisional at best.

Now, almost a decade and a half later, Mat Savelli and Sarah Marks have taken up my original question, using my article as a springboard to edit a collection of historical essays on the history of psychiatry in Communist Europe. The result is a book that makes a strong contribution to the history of medicine by providing us with a more empirically sound and nuanced understanding of the fate of psychiatry under European state socialism.

Reading across the chapters here, a number of key themes emerge. One involves the role of work in institutional care. Irina Sirotkina and Marina Kokorina, for instance, show that until the introduction of the new generation of psychotropic drugs in the 1950s, work therapy was the predominant form of treatment in Soviet psychiatric facilities. To be sure, use of resident labour in asylums and poorhouses predates the USSR by several centuries. But Marxism-Leninism especially venerated work for not only its economic value, but also its presumed health and moral benefits. Under Stalin, Soviet clinicians experimented with creating special labour colonies for the insane and attempted to organise patients into labour collectives – forms of planned work were seen as particularly therapeutic – but these initiatives could not be applied more generally.

It is evident that one long-standing preoccupation in state socialist states was drug abuse. In the USSR, ‘narcomania’ (as drug addiction was widely referred to) was considered a particularly dire problem in post-revolutionary central Asia, where it was viewed as a veritable epidemic brought about by folk healers prescribing opium to their patients. In post-war Yugoslavia, on the other hand, drug addiction was associated with juveniles, and officials explicitly politicised the problem, perceiving it to be an integral part of a rebelliously cosmopolitan youth culture. Illegal drugs therefore were understood to pose not only a danger to one’s health, but also a direct threat to state socialist society and family life, since young people were creating ‘decadent’, alternative communities on the basis of their consumption habits.

As in Western Europe and the United States, biological models of and treatments for mental illness had already assumed a growing prominence in Eastern Europe in the 1930s. Benjamin Zajicek points out, however, that this was due less to any changes in ideology than to the international introduction of a new range of somatic treatments, such insulin coma, sleep, and shock therapies. Where biological psychiatry in the USSR and Eastern Europe differed from its Western counterparts, of course, was in the former’s elevation of Ivan Pavlov’s model of behaviour to the status of sanctioned doctrine. While this came about due to direct party political influence, essays by Corina Doboş and Melinda Kovai reveal that Pavlovism had limited impact on everyday work in places like Hungary and Romania. Instead, the influence of Pavlovian psychology was restricted mainly to two things: providing the theoretical rationale behind already existing clinical practices and offering an explanation of the mechanisms at work in maladies such as neurasthenia and neurosis. And despite its looming presence during the decades under Stalinism, Sarah Marks notes in her essay on Czechoslovakia, Pavlovism hardly hindered the development of a robust environmentalist tradition in post-war psychiatry.

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In the end, then, the volume confirms that psychiatry in Communist Eastern Europe was moved by most of the same dilemmas and enthusiasms faced by its Western counterparts. Volker Hess, for instance, tells us that over-crowded facilities and a lack of funding for outpatient treatments, not party doctrine, were responsible for leading authorities in East Germany to rely on sedatives for handling institutionalised patients. And Mat Savelli reveals that in Yugoslavia, where professionals enjoyed a relatively large degree of independence from Moscow, psychiatrists looked to the West, not Pavlov, to draw inspiration for innovation.

This being the case, it is left to consider where the future of historical studies of Eastern European psychiatry lies. After reading this book, two things come to mind. First, it is increasingly clear that Marxism-Leninism had only a very limited effect on the content of psychiatric thought. Where state socialism's influence was most felt, instead, was in decision-making over the funding of mental health care. More research therefore needs to be done on the ways in which planned economies shaped the structure and consumption of psychiatric services. Second, given that it is now apparent that the 'iron curtain' hardly shielded Eastern European psychiatry from long-term trends and international forces of change, specialists in the field will need to conduct more comparative histories as well as studies that explore developments over lengthier periods of time.

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Anna Katharina Schaffner, *Exhaustion: A History* (New York: Columbia University Press, 2016), pp. i, 291, $30.00, hardback, ISBN: 978-0-231-17230-1.

'Eat often to beat tiredness. Perk up with exercise. Lose weight to gain energy. Sleep well. Reduce stress to boost energy. Talking therapy beats fatigue. Cut out caffeine. Drink less alcohol. Drink more water for better energy.' Sounds familiar? These are the some of the 'self-help tips to fight fatigue' that the UK National Health Service offers on its website.[1] Feeling constantly exhausted – also known as 'tired all the time', or TATT – affects one in every ten people in the UK, according to the Royal College of Psychiatrists.[2] This comes as no surprise: almost everyone has felt exhausted at some point. Work demands, immunological diseases, constant technological communication and even our political climate mean stress levels are running high in our era, resulting in physical and mental exhaustion. But is this specific to our period? Can we say that, given our technological age and work-centred lifestyles, ours is the most exhausted generation in history? In *Exhaustion: A History*, Anna Katharina Schaffner, Reader in Comparative Literature and Medical Humanities at the University of Kent, argues that this is not the case: people in the past have experienced exhaustion just as much as us, although their explanations for it might have been different.

Schaffner sets out to answer some very basic questions: What do we mean by exhaustion? Is exhaustion a subjective or objective, individual or collective experience? Is it a physical or a mental ailment? These are important issues that have a long tradition in fields like the history of psychiatry and, more recently, the history of emotions.

[1] 'Self-Help Tips to Fight Fatigue', *NHS Choices*, 21 February 2015, http://www.nhs.uk/Livewell/tiredness-and-fatigue/Pages/self-help-energy-tips.aspx.

[2] Michael Sharpe and David Wilks, 'Fatigue', *BMJ*, 325, 7362 (2002), 480–3.

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