

of hepatitis C, Moulin explains clearly why government–patient trust has been severely compromised in Egypt today. Similarly, in *The Experiment Must Continue*, Graboyes shows how layer upon layer of confusion, deceit, mismanagement and disappointed expectations over long periods of time have led to current configurations where monetary payment is necessary to ensure fixed benefit for the participants in medical experiments. She argues that financial incentives are actually entirely fair and that researchers' concern itself shows that when historical contexts and social memories continue to be ignored, experiments will continue to cause hostility and mistrust on both sides.

In an academic climate where proof of 'public engagement' is becoming central to funding decisions, where our budgets are squeezed to conform to changes outside the academy, and where eighty-two per cent of humanities researchers have performed at least one form of public engagement in the last twelve months, *Global Health in Africa* and *The Experiment Must Continue* show how to do present-focused history well. In the final article of *Global Health in Africa* a classic example of history as a critique of present policy is demonstrated. The article complains that top-down legal attempts to control drug use in Africa by U.S. governments have repeatedly failed, whereas more context-sensitive approaches which empower communities to tackle the problem themselves could improve the situation. It is often assumed that this – preaching the danger of repeating past mistakes – is the only way that historians can speak to the present. Yet what the two books as a whole show is that there is a wide variety of analytical perspectives which can be incredibly important to re-thinking present norms and expectations, and that the biomedical cultures and research encounters which inform health practices in Africa are the product of past relations. As Graboyes shows throughout her work, such lessons should also remind us to continue questioning our own ethical assumptions as historians. That thirty-six per cent of humanities researchers believe that they have a 'moral duty' to engage with the public is not as new as it sometimes appears. It too is the bound up with past failures and triumphs of forgotten theologies and seemingly discarded beliefs about scholarly virtue. To pursue this moral 'responsibility' we will have to interrogate again our own institutional and cultural pasts, find what we have lost and be more aware of who we are now.³ The result will not only be better history but, I hope, better public engagement and better health care.

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Mark Jackson (ed.), *Stress in Post-War Britain, 1945–85* (London, UK: Pickering & Chatto Ltd., 2015), pp. ix + 253, £95.00, hardback, ISBN: 978 1 84893 473 3.

In *Stress in Post-War Britain, 1945–85*, Mark Jackson collates essays that cast light on the ways that stress was both experienced and perceived during the twentieth century. The book has an ambitious scope, covering stress at home and at work, and also theories and models of stress. Despite this wide-ranging scope, the case studies presented provide detailed and thought-provoking analyses of stress in various incarnations. In doing so, the authors give insight into life in post-war Britain that would be of interest to many historians of the period, whether their own interests centre upon the oral histories of a single family

³ TNS-BMRB & PSI Factors Affecting Public Engagement By Researchers: A study on behalf of a Consortium of UK public research funders. Wellcome Trust; 2015 www.wellcome.ac.uk/PERSurvey.

or the policies of large-scale organisations. There are also numerous accounts that explore the challenges to medical practitioners of dealing with patients' stress, which may well be of interest to physicians.

Jackson's introductory chapter is a readable historiography of stress; it provides a starting-point that would be accessible to an undergraduate-level reader. His discussion of 'Chronologies of stress' provide a helpful synopsis of the historical argument of stress as an old but changing concept versus the argument that stress is a particularly 'modern' trend. This introduction is also valuable to readers who might be familiar with a particular aspect of stress, such as psychological theories or industrial welfare measures, because of the way that Jackson draws together his themes of home, work and theories, to provide a cohesive narrative. He also makes some helpful suggestions of work yet to be done in this emerging field of study, particularly with regard to immigrant communities.

Stress in Post-War Britain is an edited volume, but the chapters are remarkably cohesive. It is possible to read chapter after chapter without feeling that there has been excessive repetition or significant disconnect in topic. The book's eleven chapters are grouped into two sections, 'Stress at Home and Work' and 'Models of Stress', but a particular strength of this volume is the way that it analyses both experiences *and* models of stress, linking the everyday and the expert. Some chapters provide a very intimate picture of stress, particularly Pamela Richardson and Nicole Baur's contributions which are based on specific families. Others seek to explore responses to stress, for instance Debbie Palmer analyses two studies conducted on Civil Service stress and Chris Millard explores responses to attempted suicide.

Despite the book's division into two sections, many chapters draw together experiences and expert opinions on stress. For instance, Jill Kirby's investigation of 'Working too hard' relates ordinary people's efforts to make sense of stress to expert theories of stress. Edgar Jones' chapter on psychosomatic stomach complaints discusses both how patients reported their stress and how medics sought an understanding of the physical manifestations of stress. The complexity of the interrelation between the ways that people felt stress and the ways that experts theorised about stress is at the fore. Rather than attempting to define 'stress' in twentieth-century Britain, Jackson and the contributors to this volume explore the implications of the concept's being so ill-defined. Joseph Melling particularly draws out the 'imprecision and elasticity in the terminology of stress' (p. 162). *Stress in Post-War Britain* therefore presents an interesting example to those interested in communication between experts and the lay public, giving an example of an idea whose shifting conceptualisation was neither top-down nor bottom-up.

One chapter seemed slightly less of an ideal fit for the volume, despite being a valuable contribution to the field of stress in the twentieth century. The chapter on 'Food allergy, mental illness, and stress since 1945' provides an interesting discussion of different approaches to the same problem: allergies and stress. Matthew Smith highlights how practitioners from various backgrounds argued over whether stress caused, or was caused by, allergies. Whilst the chapter introduction focuses on a British case, the majority of the chapter concerns experts and organisations in America, and only returns to the same individual British case in the conclusion. It is possible that similar discussions, negotiations and interactions were happening in Britain, but if this is the case then it could have been stated more explicitly. Nonetheless, this book has a great deal to offer those interested in twentieth-century Britain.

The contributors to *Stress in Post-War Britain* address several broader historical themes. For instance, though only two chapter titles explicitly refer to gender (Ali Haggett's

'Gender, stress and alcohol abuse' and Mark Jackson's 'Men and women under stress'), many authors explore how both experiences of stress and models of stress were influenced by assumptions about gender. Contributors highlight assumptions that women experienced stress differently to men, for instance the idea that women did not do anything important enough to become stressed about, or that they were inherently less resilient to any sort of strain. Assumptions about masculinity and stress are also explored, particularly in relation to psychosomatic disorders. Class is also a recurring topic. Experts variously argued that the lower classes were more susceptible to stress-related illness, often because they were inferior, or that middle-class managers were more susceptible because they were so diligent.

This book is a stimulating collection of essays that situate stress in a wider context whilst also providing the close analysis of a collection of case studies. It deserves to be very widely read.

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Dana Simmons, *Vital Minimum: Need, Science & Politics in Modern France* (Chicago, IL, and London: University of Chicago Press, 2015), pp. 243, \$45.00, hardback, ISBN: 13:978-0-226-25156-1.

'To posit a need is always a political act' (p.1). So begins Dana Simmons's incisive tour of 'the parameters of human possibility' (p. 2). Simmons's broad scope is paired with a deep analysis of myriad primary sources from eighteenth through mid-twentieth-century France. We hear directly from leading agronomists, chemists, doctors, anthropologists, economists, sociologists, amateur data gatherers, union leaders and technocrats, all of whom were grappling with new scientific knowledge, political upheaval wrought by the French Revolution and the subsequent rise of industrial capitalism, which together laid waste to feudal customs governing human need.

Simmons understates the book's achievement and undersells its potentially broad appeal when she humbly declares, 'my argument is that a science of human needs undergirded the modern wage economy and the welfare state' (p. 5) This reviewer happened to be simultaneously reading Michael Marmot's *The Status Syndrome* and came to imagine a wonderful dialogue between the renowned epidemiologist Marmot and the historian Simmons.¹ Both rely on economist Amartya Sen to further their cases in fascinating ways. And both are deeply concerned with nothing less than individual and social well-being in the modern era. Interest in Simmons's *Vital Minimum* should extend well beyond historians to include scholars of public health, economics and social policy. The book asks big questions about equality and inequality and provides historically grounded answers that illuminate pressing contemporary debates.

Simmons's book is composed of seven short body chapters, arranged chronologically, but constructed around themes. The first two chapters describe early to mid-eighteenth-century attempts to define human need in the wake of the French revolution of 1789. At the forefront were agronomists, whose field bridged the life sciences, natural sciences,

¹ Michael Marmot, *The Status Syndrome: How Social Standing Affects Our Health and Longevity* (New York: Henry Holt, 2005).