Book Reviews

Virginia Berridge and Stuart Blume (eds), *Poor Health: Social Inequality before and after the Black Report*, London: Frank Cass Publishers, 2003. Pp. 248. £19.99 (pbk). ISBN 0–7146–8310–8.

This collection represents an ambitious attempt to assess the impact of the Black Report within the context of revived interest in the persistence of health inequalities in Britain. It offers an insightful if somewhat brief overview of the historiography and works well as a study in policy making. The volume benefits from the opportunity to interview key actors involved in the project. The sad death of Sir Douglas Black in the final stages of publication underlines the urgency that should be attached to recording similar witness testimonies. For all this, the authors seem to have replicated the strengths and weaknesses of the Black Report itself.

The individual chapters are authoritative, meticulously researched and carefully presented and this volume has happily escaped the major personal and strategy disagreements that so beset the original publication. Instead, there is evidence of broad agreement on the key findings and future directions for research. Careful editing, and attention to the balance between witness testimony and the contextual work, clearly helps here. Yet the critical reader is alert to the problem that the edited collection risks falling into the same trap as the original report in the sense that the attention given to testing the methodology, confirming the detail, and building an interdisciplinary study can crowd out the wider issue of finding solutions to the problem of health inequality. Contributors to *Poor Health* discuss the conceptual weaknesses of the Black Report but tend to limit their analysis to its reception in policy-making circles and to assessment of its place within a longer tradition of studying health inequalities. For projects designed to understand inequality both the Report and this volume seem pre-occupied with strangely esoteric concerns. Thus, while unhappiness about the suppression of the Black Report is registered by some of the contributors, there is very little discussion of the fate of the people condemned to suffer ongoing health inequality by the failure of the Report to impact on government. Quite simply, the volume is strong on the Black Report, but less so on discussing the 'social inequality' included in the title. In many ways, the whole suppression debate simply serves to distract from the gap between what the Black Report set out to achieve and what it actually delivered. *Poor Health* aims to demystify the project but, by revisiting the arguments, it risks reviving them. Students today are not unaware of the furore surrounding the 1980 publication but they are comfortable with studying the Black Report as one of a series of investigations examining long-term inequality in health. As such, this volume contributes to the depth rather than nature of our understanding although, like the report it describes, it claims a more novel approach than it delivers.

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Christopher M. Callahan and German E. Berrios, *Reinventing Depression: A History of the Treatment of Depression in Primary Care, 1940–2004*, Oxford: Oxford University Press, 2005. Pp. 234. £30.50 (hbk). ISBN 0195165233.

Depression is thought to be the world's most prevalent mental illness, affecting at least 10 per cent of all adult and child populations with mild to severe psychological misery and a variety of physical illnesses, ranging from hypertension and headaches to ulcers.

Suicide can be the ultimate outcome of the illness. The toxic combination of hidden stress and environmental stigma often causes depressed people to internalize their suffering and consequently to seek help for somatic symptoms from their primary care physicians. What is more, neither primary care doctors nor public health leaders have changed their approach to the treatment of depression in the last half-century and aetiological definitions of the illness have barely evolved, although psychopharmacology itself has changed dramatically. The result has been a consistent failure to provide adequate relief for depression on a large scale. Why has this happened? In their well-researched and genuinely interesting *Reinventing Depression*, Callahan and Berrios propose that depressed people (and the world around them) are trapped by the very thing that they were told would be their cure: individualized medical care without a social context.

Christopher Callahan is an American professor of medicine and German Berrios is a British neuropsychiatrist. There is an agreeable international synergy to their thinking. They are as comfortable contrasting British and American views of national health care or scrutinizing the intricacies of psychosocial statistics as they are using Joseph Heller's mistrusting caricatures in *Catch 22* to discuss public ambivalence toward psychiatry. Their book organizes a vast amount of quantitative and narrative information into a chronological overview of the care of depression since the Second World War. Callahan and Berrios expose the historical gap between psychiatry and primary care and demonstrate what untreated depression means in cultural and economic terms. They then argue that society has failed to 'solve' the problem of depression one person at a time and, as such, a long-term public health strategy is in order. Increased involvement on the part of primary care physicians in matters of mental health will result in very practical improvements on both the micro individual level and the macro community and cultural levels.

To achieve this, the authors point to the need for a new kind of leadership requiring competence in at least two kinds of thinking; activist problem-solving skills that are important for community organizing and public health; and the explicit knowledge that comes from clinical experience and rigorous data collection. Callahan and Berrios argue that primary care physicians should now assume this leadership, and take on a new role as wide-scale 'problem solvers' when, historically, they have been office-based clinicians. The vision amounts to the 'reinvention' of depression, as it would require the re-conceptualization of the condition as a broad social issue instead of a personal trouble (to borrow from the sociologist C. Wright Mills). The benefits seem obvious; mental illness is de-stigmatized and the treatment paradigm shifts from one predicated on individual defect to one based on a planned, structural public responsibility.

There is a refreshing lack of moralizing in *Reinventing Depression*. The 1998 comments of a medical researcher who compared fifteen data sets on treatment of depression throughout the world, cross-nationalism being one of the themes in this book, and concluded that there was no evidence to 'support the view that failure to recognize depression has serious consequences', tells us everything about the persistence of stigma versus the needs of depressed people and about the extraordinary efforts our societies must still make to overcome the first and meet the second. If it is necessary to 'reinvent' depression then so be it.

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Harriet Deacon, Howard Phillips, and Elizabeth van Heyningen (eds), *The Cape Doctor in the Nineteenth Century: A Social History*, Amsterdam/New York: Rodopi (Clio Medica 74/The Wellcome Series in the History of Medicine), 2004. Pp. vi + 318. €75 (hbk). ISBN: 90–420–1064–9.

The prevailing spring and early summer wind, otherwise known as the 'Cape Doctor', supposedly cleans the air of the Cape and blows away disease and pollution. It also