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See table of contents

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cially. Others reveal something of the ethnic diversity of the city and its impact on Edmonton's cultural life, or tell us more about the lives of some famous and not-so-famous Edmontonians (people as varied as fur trader James Bird, early businessman Alexander Taylor, suffrage activist and magistrate Emily Murphy, labour politician and mayor Elmer Roper, musician Tommy Banks, and sports entrepreneur Peter Pocklington).

Like all conference proceedings, these essays are somewhat uneven in quality, but there is enough in *Edmonton: The Life of a City* to justify careful perusal.

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Hamlin, Christopher. *Public Health and Social Justice in the Age of Chadwick: Britain 1800–1854.* Cambridge Studies in the History of Medicine. Cambridge and New York: Cambridge University Press, 1998. Pp. vii, 368. 7 black and white illustrations, and index. US$64.95

Nineteenth-century urban historians are familiar with campaigns to clean up unsanitary cities through the provision of clean water and the efficient removal of human and industrial waste. This public health movement, as it is usually called, took its origins in early Victorian Britain under the leadership of the bureaucrat Edwin Chadwick, and by the end of the century his program for urban renewal had been largely adopted in England and abroad. Analysis of the differential implementation of sanitary reform is a staple of Victorian urban history, yet according to the medical historian Christopher Hamlin the content of Chadwick's program itself has never been subject to proper scrutiny. Historians have accepted Chadwick's paradigm for public health as though it was the only possible rational solution to the crisis of urbanization. In this important book, Hamlin subjects Chadwick's model of public health to critical reappraisal. Chadwick, Hamlin argues, did not discover the sanitary solution to excessive urban death and disease. Rather, he actively constructed a narrow, technocratic, conservative version of public health in contrast to a rival social medicine with far more reformist potential.

The first two chapters outline the state of social medicine before Chadwick. Here Hamlin brilliantly recovers a lost tradition that was especially prominent among Poor Law medical practitioners and Scottish physicians. Medical men had realized well before Chadwick that filthy circumstances and water predisposed the poor to ill health, yet their theory of disease admitted a much greater range of potentially destabilizing influences on health than did Chadwick's. They were especially concerned with work and wages, and with the medical consequences of low pay and brutal working conditions.

This early social medicine was, however, never institutionalized in Britain, and one of Hamlin's goals is to explain that failure. Hamlin devotes five chapters – more than half of the book – to the years 1833 to 1845 during which Chadwick created the sanitary version of public health. Chadwick was, he argues, fully aware of the Scottish strand of social medicine, and providing an alternative to it was the *raison d'être* of his famous 1842 *Report on the Sanitary Condition of the Labouring Population of Great Britain*. Far from being an empirical investigation of excessive mortality, Hamlin notes, the *Report* was a polemical, ideological document designed to preclude certain forms of analysis rather than to foster proactive behavior.

This is the heart and soul of the book. Hamlin's lesson that Chadwickian public health is not an objective response to deteriorating conditions is well taken. Yet one cannot but feel that Hamlin protests too much at Chadwick's reactionary tendencies. Although Chadwick's public health may have been less threatening to the status quo than the earlier social medicine, to call it politically "innocuous" (15, 83, 157, 185) may strike some readers as special pleading.

Three following chapters focus on Chadwick's attempt to create constituencies for public health: in Parliament, which resulted in the passage of the 1848 Public Health Act; in towns, which generated widespread official inspections of localities; and among civil engineers, which conveniently marks the end of the book and Chadwick's permanent exile from government service in 1854. Hamlin's attempt to deal with what he calls the marketing of sanitation to towns is the least satisfying chapter for urban historians; there is little in the way of local studies here. To be fair, Hamlin reserves his analysis of the workings of public health for a future volume, and even with this limitation, future treatments of local sanitary reform will be indebted to Hamlin's reappraisal.

This provocative book should be of interest to a wide range of readers. It is a deeply researched, theoretically informed, and engagingly written attempt to fully integrate public health into Victorian social and political history.

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Stradling, David. *Smokestacks and Progressives: Environmentalists, Engineers, and Air Quality in America, 1881–1951.* Baltimore MD: Johns Hopkins University Press, 1999. Pp. x, 270. Black and white illustrations, bibliographical essay, index. US$42.50 (hardback)

"I have heard it said," wrote the City of Winnipeg's Smoke Inspector in 1909, "that a 'smoky city means a prosperous city,' but common sense is opposed to such an assertion." Smoke, W.F. Thornley argued, "means waste, it also means that the atmosphere is fouled by unconsumed carbon ... which may mitigate against the public health, in addition to being a menace to the comfort of the individual."