
This book is a sociological history of the changing attitudes to sunlight in Britain through the first half of the twentieth century and the emergence of what the author calls ‘Helio-humans’. I enjoyed this book and think it provides a fascinating account of the complex overlapping influences that have shaped our current attitudes to sunlight. These included classical ideals of beauty; a sense of the exotic; the hedonistic nature of sunlight exposure and notions of health both in terms of specific diseases and in terms of general vitality. I particularly enjoyed the descriptions of the work of Theobald Palm that sought to explain the lack of rickets in Japanese populations (40–41); ‘Vitaglass’ (pp. 68)—a glass designed specifically to allow ultraviolet light to pass through it and the Men’s Dress Reform Party (pp. 78 and 79) which was committed amongst other things to promoting the wearing of shorts.

The book is not long—134 pages including a notes section; a bibliography and an index. It well-written and divided into eight chapters. I would have liked to see some pictures to illustrate the topics covered though I accept that too many images might trivialize the subject or distract the reader. As an epidemiologist I was flattered to read (on p. 6) epidemiology described as ‘one of the dominant post-cold-war sciences’ though I am not convinced this is the case. I found some of the sociological sections heavy going and would have liked to have a better idea of how the evidence discussed had been located and selected.

I think it would be interesting to extend this history into the second half of the twentieth century and also to explore in more detail the development of attitudes in other countries. I would look forward to reading such an account.

So in summary a book that I would recommend to people carrying out research into current sun behaviour and diseases related to sun light—perhaps to be read wearing shorts and sitting by a vitaglass window?


Kunitz’s book is a ‘brief for foxes’; those whom Isaiah Berlin depicted as pursuing ‘many ends, often unrelated and often contradictory’. The underlying argument of the book is clear from its title: that every general theory on the relationship between social and economic change and the health of populations, has been found wanting by ‘particular realities’. In particular, Kunitz makes a convincing case for bringing the State and the study of political cultures back into explanations of the changing health of populations.

Kunitz’s book is a subtle, yet provocative survey of over a century of social and epidemiological thinking. He sketches, with rare clarity, the links between how successive generations have thought about, and
represented the relationship between economic development and the health of populations, and the ‘messier’ empirical information we have on how that relationship has worked in particular places over time. Thus The Health of Populations is at once an exercise in the history of ideas, and an account of the changing determinants of mortality and morbidity in the 20th century. The discussion is rich with historical sources, and the book is a mine of data synthesized from many places.

The first part of the book builds on a seminal article Kunitz wrote in 1987, on a central tension that has characterized epidemiological thought over the last century. Kunitz highlights the importance of germ theory in bringing to the fore a perspective on disease which stressed ‘necessary cause’: without the tubercle bacillus there could be no tuberculosis (p. 11). Once the ‘specific cause’ of the disease could be identified, it could be attacked selectively. The deep environmental tradition in Western epidemiology, many felt, was now irrelevant. Yet, Kunitz showed that this more ‘holistic’ perspective on health—stressing ‘multiple, weakly sufficient causes’—remained influential. Neither perspective, he argued, was necessarily associated with a particular political alignment of left or right. Indeed, Kunitz’s point is that either perspective could provoke more or less intervention, in different circumstances. As is clear from the book, the two perspectives on health and well-being have continued to alternate in dominance to the present day, and their contention continues to shape debates about HIV/AIDS, and in countless other areas.

The rest of the book builds upon this initial discussion of the two dominant paradigms in epidemiological thought, and the ways they have been deployed to understand the effects of industrialization, social inequality, and community on health. Kunitz’s own alignment between them is interestingly ambivalent—although often sympathetic to environmentalist explanations, Kunitz is also a firm believer in the efficacy of targeted medical interventions.

The Health of Populations proceeds to examine ‘general theories’ on the relationship between health and industrialization, inequality and community, respectively, and invariably finds them wanting.

On the question of the impact of industrial revolution on health, Kunitz aligns himself with the seminal intervention of Simon Szreter in the ‘McKeown debate’. In short, the argument is that concerted public intervention, and the deployment of epidemiological knowledge by medical officers of health, played a significant role in the mortality decline in Victorian Britain, contrary to McKeown’s view that nutritional improvements explain almost everything (pp. 50–51). More broadly, then, Kunitz proceeds to make an argument for the ‘discernible and important effect’ of health care interventions in the reduction of mortality in the 20th century. Kunitz argues, for example, that access to health care—deeply differentiated by race and class—is the most significant explanatory factor in accounting for the differential mortality and morbidity rates between white and African Americans, and between Americans and Canadians.

The book proceeds to consider the hypothesis made popular by Richard Wilkinson, Michael Marmot and others, that levels of social and economic inequality can explain differences in mortality. Here, too, Kunitz finds that the hypothesis cannot be generalized; that ‘differences in status have not been universally associated with differences in mortality’ (p. 108). Rather, and refreshingly, Kunitz shifts attention to cultures of class in explaining how social status might influence chances of life and death. Drawing usefully, if too briefly, on Pierre Bourdieu’s work, Kunitz shows how different expectations of life shape different attitudes to consumption and bodily practice, producing differences of habitus which are all too often condemned by the middle-class media as reflecting the fecklessness of the poor (namely, current debates on obesity). I am reminded, here, of much work on the history of tuberculosis, and the complete failure of the medical discourse of the ‘non-compliant patient’ to take into account the deeper forces shaping the ability of individuals to complete courses of
chemotherapy. As Kunitz sensitively puts it, ‘what are generally conceived to be individual choices are more often than not choices based upon the culture and values of a particular class’ (p. 109).

Turning to a discussion of ‘community’ in shaping the health of populations, Kunitz points out that the more general ‘quest for community’ in Western thought following industrialization, was reflected in the field of epidemiology from an early stage. The contemporary manifestation of such views, he suggests, can be found in the recent concern (obsession?) with ‘social capital’ as a central factor in the health and well-being of populations. Kunitz is rightly critical of some of the more sweeping claims made for the explanatory power of ‘social capital’. Civil society associations have played a key role in bringing about improvements in health, he suggests, when they have served as ‘intermediating institutions between a powerful central government and the unprotected…citizen’ (p. 117). Such, for example, was the case in the cross-class alliance for urban sanitation that Simon SZreter has highlighted in 19th century Britain. Yet in other cases, as Kunitz shows, ‘social capital’ could serve to reinforce boundaries of race, class and locality, making it less rather than more likely that civil society could press for social interventions to improve health.

The final chapter of the book discusses globalization and health; predictably, by this stage, the author concludes that there is no clear relationship between the two. Globalization has improved health, in some places, and worsened it in others. Perhaps Kunitz takes an overly narrow view of what globalization is, defining it purely as openness to trade. I have no problem in believing that openness to trade is not clearly correlated with health outcomes. Yet, many have shown that the greatest impact of globalization on health has been in the flow of ideas. Here, too, the impact is ambiguous. The pervasive influence of neo-liberal ideas regarding the proper scope of the state has done great damage to the cause of state-provided healthcare in the Third World. Conversely, the mobilizations of health activists enabled by networks like the People’s Health Movement, have allowed health to be politicized again. Overall, however, I am much less sanguine than Kunitz about the capacities of neo-liberal globalization to correct its own excesses.

If I have a criticism of the book, it is that it ought to have been called The Health of Western Populations. This is a profoundly Eurocentric (or Euro-American centric) book. Thus while going to great lengths to point out the different trajectories taken by the United States and Canada, or Britain and Sweden, Kunitz leaves in place the sharp line between ‘the West’ and ‘the Rest’. While undermining many general assumptions, Kunitz implicitly accepts the assumption that the historical trajectory taken by the West is slowly being replicated in the rest of the world, and that the only question is which of the many Western models on offer others will adapt.

Missing from Kunitz’s discussion, for example, is the fact that imperialism was perhaps the most important force shaping the health of populations in most of the world in the early 20th century. The health problems of industrializing Europe were intimately connected to the health problems of de-industrialization, and the mortality from wars of conquest and plunder in Asia and Africa. The same ideologies of social solidarity that provoked public intervention to improve the health of British cities legitimized the denial of health care to Indians and Africans, who were outside the ‘civilized’ community of white Britons. I am simplifying a complex literature on health and colonialism, but the point is that this story is completely missing from Kunitz’s discussion. The same debates pitting causal sufficiency against environmental factors were played out within the field of ‘tropical medicine’, but often with very different implications to those Kunitz draws from his discussion of Europe and North America. Virtually nowhere in the colonial world did the state undertake concerted efforts at urban sanitation, or towards the expansion of medical care—at least until 1945. And the legacies of this neglect remain powerful. From this perspective, the most powerful narrative of the relationship between health and development is one Kunitz spends little time on, and that is the Malthusian one. The fear of proliferating dark hordes has been perhaps the greatest single break on increased health provision across the developing world, a tendency reinforced by the post-colonial elites’ enthusiastic embrace of the Malthusian narrative of health, population and development.

More seriously, the Eurocentric focus of Kunitz’ book him to under-emphasize the continuing role of infectious diseases as a cause of mortality and morbidity; much of his discussion is devoted to explaining relatively marginal differences in mortality from chronic diseases. Yet most relevant in most of the world, I think, would be the factors that Kunitz takes for granted as ‘well known and widely accepted’: ‘access to decent housing and nutrition, a safe work environment, and to adequate medical care’ (p. 87). That bare minimum remains well out of reach in far too many places.

Paradoxically, however, taking account the history of most of the world’s population would strengthen rather than undermine three of Kunitz’s main arguments.

The first is that political culture and political institutions play a key role in determining how economic and social change translate into changes in population health. The classic, and often cited, example of this is the remarkable success that the Indian state of Kerala has had in lowering mortality, despite experiencing slower economic growth than other parts of India. Widely credited for this have been Kerala’s deep historical commitment to public health and education, particularly women’s education. In the particular political culture of Kerala, public health came to be
seen as a ‘people’s right’, and one that civil society groups demanded that the state enforce. But, beyond this, I would argue that we need also to take seriously international organizations as political institutions. The massive reductions in mortality brought about in the Third World as a result of the international campaigns against infectious disease in the 1950s and 1960s were not simply a result of the initiative of a few Western policymakers, as Kunitz suggests (pp. 142–43). It was at least as much due to the assertion of newly independent Asian nations, in institutions like the WHO, that access to the latest international technologies of health was a right of sovereign nations. The most enthusiastic supporters of the WHO in the 1950s, and the site of the most intensive international interventions, were post-colonial Asian nations. Kunitz’s own focus on the importance of the forces shaping a political constituency for health interventions would provide a better way of explaining the global campaigns of the 1950s than the diffusionist hypothesis he presents. Furthermore, the shortcomings of that ‘magic bullet’ approach to health, and its ultimate failure to sustain itself, owe as much to debates within the Third World as the views of American policymakers. These have much to do with the colonial legacy, too: weak health infrastructures, and an unwillingness of post-colonial states to spend money on public health. These made cheap, technological interventions popular; they also made the alternatives virtually impossible.

The second area where Kunitz’s arguments might be strengthened by a more global perspective is his scepticism about ‘social capital’ and civil society. As Supdita Kaviraj, Partha Chatterjee and others have argued, ‘civil society’ in India, in the classic sense of associational life and voluntary organizations, involves a very small fraction of its population. More often than not, associational life has reinforced social segmentation, along the lines of caste and community. Indeed, Mohan Rao has shown that the recent obsession with NGOs as the most efficient, most legitimate channel for health interventions in India, driven by the prevailing ideology of neoliberalism, does not translate into greater pressure on the State to intervene in health. Quite the contrary. NGOs provide health care to at most 4% of India’s population, yet their proliferation allows the State to wash its hands of responsibility for public health.

Third, Kunitz’s scepticism about behaviouralist explanations for ill health ring even truer in the context of the Third World. To an even greater extent than the working classes of Europe and America, entire populations in Asia and Africa have been stigmatized as irrational, profligate, non-compliant and unable to care for their health. Yet, as he argues of African Americans and the American poor more generally, the question of voluntarism is a complex one; and so it is in most of the world. As Paul Farmer has shown so forcefully, the absence of affordable health-care, and the exigencies of family survival mean that regular treatment or therapy is simply an impossibility for many patients. As early as 1963, WHO researchers on a tuberculosis project in Bangalore, India, found that the exhortations of health educators meant little without the facilities to back them up. ‘The Indian villager’, they wrote, ‘does not need to be told in words about the tuberculosis problem, but needs a service to deal with a problem which…is only far too well known to him’.2

In sum, and despite my quibbles, this is an important and stimulating book. It should be required reading for scholars and practitioners of public health, and it will find a wide and appreciative audience across the social sciences also.

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doi:10.1093/ije/dym288
Advance Access publication 30 January 2008

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