rejected the soubriquet, referring instead to the flu as 'the Naples soldier', a reference to a trickster figure from a popular operetta that debuted in Madrid during the first, mild spring wave of the pandemic (in the autumn, when the flu returned in a far deadlier form, Spaniards appropriated yet another popular literary trickster—Don Juan—to explain flu's menacing metamorphosis).

Davis's book also tests the theory that the reason for the absence of pronounced social and emotional responses to the pandemic in other European nations was due to the 'overshadowing' effect of war. As a neutral country, Spain should have escaped this overshadowing. But while in contrast to Allied countries, which censored reports of the spreading illness, in Spain the depredations of the flu were writ large, Davis finds little evidence that the epidemic was experienced as a personal crisis. In contrast to tuberculosis, flu 'never penetrates deeply into the realm of identity,' he concludes. 'It is something one has or does not have, not something one is' (p. 162).

However, this was not the case at the level of the collectivity, where Davis finds that the epidemic drew on the instability of the Spanish state and the perceived threat to the 'imagined community of the nation' (p. 19) to reinscribe 'two Spain' stereotypes in the form of an 'epidemic Spain' and a 'sanitary Spain' (p. 70). He concludes that it was through the political appropriation by both left and right of the spectre of mass social unrest to justify the 'desperate measures of a public health dictatorship' that the epidemic came to shape Spanish cultural identity in 1918 (p. 72). Davis's is a nuanced study that goes well beyond conventional social history approaches, making it a model for how histories of epidemics might be written in future.

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Alex Mold and David Reubi (eds), *Assembling Health Rights in Global Context: Genealogies and Anthropologies*, London and New York: Routledge, 2013. Pp. vii + 190. ISBN 978 0 415 53011 8.

In the last three decades, efforts in the field of global public health have been coupled with the promotion of human rights. This collection of nine articles is a very timely endeavour to shed light on the historical, political, social, cultural and economic foundations of rights-based health policies. Policy makers, professionals, and human rights activists usually assume that the framing of medical programmes in terms of human rights is a fruitful strategy. The contributors to this volume question this assumption. They focus on the different ways in which human rights have been applied in both national and local health policies as well as their effects and results in various cultural and political contexts.

As the editors make clear, the definition of human rights is politically and culturally contested. The standard Western focus on individual self-determination is not typically shared by cultures that prioritise collective values. The definition of health is caught in a similar tension: it can be considered as an individual as well as a collective good and these meanings do not always concur in different cultural contexts. Moreover, there is a wide gap between high-flown ideals articulated by a cosmopolitan elite and the numerous social, economic, cultural and political impediments blocking their realisation.

In many Western welfare states, equal access to health care on the basis of collective solidarity was established after the Second World War as part of social citizenship which confers social-economic entitlements. However, in her chapter on the history of this development in

Britain, Jane Seymour elucidates that the first collective health care provisions in the early twentieth century were legitimated not so much by the assumption that citizens had a right to medical treatment, but by the ethical idea of reciprocal responsibility between individuals and the state. The encouragement of citizens to take responsibility for their lives through following medical instructions was part of a broader effort to transform them into virtuous participants in civil society.

In contrast to most European countries, welfare entitlements in the United States are not connected to citizenship, which is instead exclusively defined as a legal and political status. Therefore, as Beatrix Hoffman explains, millions of illegal immigrants, and also many American residents are not covered by health insurance schemes—a situation which will not be completely rectified by President Obama's Affordable Care Act. Rejecting state intervention in what they consider the private domain of individual liberties, Americans have refused to implement any of the international covenants declaring health care a human right.

For very different reasons the Chinese government refuses to acknowledge the connection between health policies and civil rights, which Christos Lynteris makes clear in his chapter about the Chinese administration's response to the SARS outbreak in 2003. The authoritarian, top-down approach implied that citizens had the duty to follow preventive measures without asking questions and that certain groups, in particular migrant workers, were targeted with repressive methods. They were treated as second-class citizens without basic rights such as freedom of movement. According to Lynteris, this drastic (and largely ineffective) response to SARS, which was imposed by police and security agencies, reflected deep-rooted fears of 'floating' masses which supposedly undermined the stability of Chinese society.

Jarret Zigon shows, on the basis of his case study of drug rehabilitation and AIDS-prevention programmes operated by the Russian Orthodox Church, how the Western model of human rights and empowerment has been co-opted by the Russian authorities for their own purposes; mainly that of disciplining drug addicts into solid and law-abiding citizens who meet nationalist as well as neo-liberal values. According to Benjamin Mason Meier, however, the international responses to the spread of AIDS, for which the World Health Organisation has set the tone, have in general been crucial for the breakthrough of a new view on health rights. Repressive and stigmatising policies have been aborted in many countries, not only because they would violate rights, but also in order to avert the danger that those infected would go underground. International health organisations followed a course which stressed the respect for human rights as a precondition for effective preventive strategies which could be supported by activist organisations and which would advance the empowerment of previously invisible or marginalised groups. Hannah Waterson describes how in Japan activist groups of haemophiliac patients, gays and NGOs, who utilised the international human rights discourse, contributed to the shift from discriminatory responses of public health authorities to AIDS to a more inclusive approach.

At the same time, the adoption of the human rights agenda for addressing other global health problems has met with dubious results. Marion Hulverscheidt demonstrates how and why female genital mutilation, a widespread practice in parts of Africa, came to be considered a violation of human rights in Western eyes. Feminism played a crucial role in bringing this custom to the attention of a wide international audience as a form of oppression of women. However, for international medical organisations it was more palatable to invoke politically neutral medical arguments because of the formidable cultural and religious barriers to women's emancipation. The result of the technocratic focus on the elimination of the medical risks of genital surgery was that such mutilations could be re-legitimated

if they were performed by qualified surgeons in hygienic conditions and that African women's right to self-determination was discounted.

In a similar way, as Katerini Storeng and Dominque Béhague explain, the promotion of healthy motherhood as a basic human right of women in underdeveloped countries was depoliticised under the influence of evidence-based medical policies relying on health statistics and the growing neoliberal stress on the cost-effectiveness of public health interventions. In this way, politically loaded controversies about women's reproductive rights and their active participation could be circumvented and health policies were subsequently reduced to technocratic expedience.

Another example of such depoliticising of health rights is offered by David Reubi in his chapter regarding the manner in which an international network of health professionals and legal experts have put the health risks of smoking on the human rights agenda. They have been successful, but only because they have defined tobacco control exclusively in narrow legal terms. Framing health risks in terms of a violation of international treaties has the practical advantage that lawyers can employ legal protection procedures in order to put pressure on failing and unwilling governments. However, broader social understandings of human rights in the field of health and the democratic involvement of citizens have been pushed back.

All in all this collection is a coherent whole and offers an interesting and thought-provoking overview of historical and recent developments in the confounded relation between human rights and health policies. The volume may enrich our understanding of and propel the discussion about international health policies.

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Yücel Yanıkdağ, *Healing the Nation: Prisoners of War, Medicine and Nationalism in Turkey, 1914–1939*, Edinburgh: Edinburgh University Press, 2013. Pp. vii + 303. £70. ISBN 978 1748 665785.

The First World War was a shattering experience for everyone caught up in it: armies, individuals, families and nations. Histories of the military campaigns have been followed by social histories of the war as the civilian population of the combatant countries in Europe experienced it. By comparison, very little has been written in European languages of the military campaigns from the perspective of the Ottoman high command or of ordinary soldiers. Nothing has been written from the viewpoint of the civilian population, with the exception of the suffering of the Christian peoples of the Ottoman Empire, principally the Armenians. Probably close to 2.5 million Muslims died from all causes, including massacre, exposure, malnutrition and disease. So much of this war as it was experienced on the Ottoman side remains a blank but in this book Yücel Yanıkdağ opens up at least one aspect of it. Some work has been done on diseases and epidemics as they affected the Ottoman army, notably by Hikmet Özdemir, but Yanıkdağ moves in quite a different direction by looking at diseases and neuroses as they developed among Ottoman soldiers in Egyptian and Siberian prisoner of war camps.[1]

[1]Hikmet Özdemir, *The Ottoman Army 1914–1918: Disease and Death on the Battlefield* (Salt Lake City: University of Utah Press, 2008).