

to defend the Empire. Thus, it was military rather than humanitarian or economic considerations that were the leading factor in the government's decision to tackle the problem of working-class malnutrition. This motivation faded in the 1930s when, fearing the scale of the problem the Conservative-led national governments sought to evade taking responsibility for the health of their citizens. In 1934, they switched to a system of medical rather than income selection for eligibility. They claimed that this was a more scientific selection method while at the same time ignoring the growing evidence from the rapidly advancing science of nutrition that it was not poor parenting and fecklessness that was the root cause of malnutrition but poverty.

It was in wartime that nutritional science gained in power and influence. But, the chapter on the feeding of Prisoners of War (POWs) during World War I confirms that state appeals to apparently neutral scientific evidence were invariably politically expedient. Those interned on British soil were compelled to eat unfamiliar foods with the science-based justification that the food in itself was nutritionally adequate. In contrast, the British government portrayed its own POWs interned in Germany as 'starving' for want of sufficient food. In fact, they were far from undernourished but were pining for familiar foods, most especially white bread. The government went to a great deal of expense and effort to supply two thirds of British POWs with white bread through the auspices of a Swiss charity. That the government was willing to bend its own principles of efficiency and thrift in order to satisfy the cultural requirements of its interned subjects is bitterly ironic given that the soldiers still fighting in the front-line trenches complained that more often than not their bread rations were substituted with unpalatable biscuit.

It took World War II and fear that poor morale might adversely affect the war effort to persuade the government to address the chronic malnutrition experienced by a large swathe of the British population. The British Restaurant scheme transformed the poor from the workhouse pariahs of the 1820s into consumers who fully participated in the capitalist system. The wartime food security of British civilians was, however, achieved at the expense of Britain's colonial subjects. And following a depressingly familiar pattern, in the post war world, the colonies were again enlisted to provide foodstuffs to improve British civilian nutrition. Durbach concentrates on the scheme to initiate a concentrated orange juice industry in the Caribbean to supply the Labour government's extended welfare scheme. Despite being dressed up as an initiative, which would stimulate the Caribbean economy, from the beginning it was an unviable scheme reliant on Britain's continued support. When later Conservative governments set about dismantling the welfare state, the West Indies was left with an uneconomic industry without a market.

Through the lens of food, this excellent book traces the rise of the British state that is familiar to us today. One which values only those citizens regarded as assets; a state that evades taking responsibility for its citizens, hiding behind appeals to scientific evidence, and one which consistently chooses the path of political expediency rather than following the principles of good governance.

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John Henderson, *Florence Under Siege: Surviving Plague in an Early Modern City* (New Haven and London: Yale University Press, 2019), pp. 363, £30.00, hardback, ISBN: 9780300196344.

This is a fascinating, readable and beautifully illustrated account of Plague in early seventeenth-century Florence. It provides a panoramic survey of the city: how it was administered, the medical response and how the population fared as the epidemic swept through it. Drawing on a wide range of quantitative and qualitative source materials, one of its great strengths is the way it moves deftly between the two. Clearly analysed tables, graphs and impressive street mapping chart the 'big' data from sources like death registers, whilst discussions of sources like eye-witness accounts, correspondence or court room testimonies are woven around these. This makes it a book rich in the broader context as well as in such

details as the dilemmas faced by those managing the epidemic and the concerns of individuals caught up in the tragedy.

The study of plague in the early modern Italian peninsula, particularly Tuscany, is very well-established. Henderson's familiarity with the terrain enables him to navigate the extensive historiography, engaging with and building on the findings and debates from previous studies whilst simultaneously adding to the field. The book opens with valuable contextual information, mapping the history of epidemic disease in the peninsula, noting the precedents for the Florentine approach to prevention and containment and summarizing historical debates over the identity of successive 'plagues'. Rather than adding to the latter, Henderson provides a valuable explanation of contemporary medical understandings of how 'contagion' was generated and spread. Dirt, dampness and unpleasant smells which were particularly linked to the living conditions of the poor were seen as harbouring the dangerously corrupted air associated with pestilence. Likewise, their unsatisfactory diets were thought to predispose them to succumbing to contagious air and the author shows how these beliefs underpinned the administration's responses to the arrival of plague.

Indeed, Henderson makes poverty, the experiences of the poor and attitudes towards them one of the central themes of the book. The environmental explanation for contagion, placed beside an analysis of the 1630 sanitary survey, which reveals their appalling living conditions helps explain why attitudes towards the poor and marginal veered between revulsion, fear and compassion. His account of the efforts made by the administration to alleviate squalor and the economic distress consequent on the lengthy quarantine supports his argument that this was not purely about 'social control': rather it suggests an impressive charitable response to the tragedy. Often it is the details he offers which help make the book so vivid: such as the 2,347 fetid mattresses replaced by September 1630 (p. 70) and the 1,100 people involved in delivering emergency food and fuel supplies to the poor (p. 135).

The author revisits the long observed relationship between poverty and high mortality rates during plague with his mapping of the progress of sickness and death in the poor parish of St. Lorenzo, adding some nuance to the work of scholars such as Carmichael and Litchfield. However, his conclusion that considerable variations in mortality rates in poorer streets are best explained through patterns of social networks owes more to his research on the criminal records than parish statistics. Building on Calvi's research in the criminal archives Henderson not only submits the records to a careful statistical analysis, but also draws attention to what court narratives tell us about the individual needs and attitudes, which drove people to flout quarantine regulations.¹ We see how the financial hardship, boredom, frustration and loneliness endured by those incarcerated in their homes for over 2 months led them to continue meeting and exchanging physical goods – and therefore potentially spreading the plague – through their financial, familial and social networks.

Henderson's discussion of the records of the isolation hospitals (*lazzaretti*), adds greatly not just to the bigger picture of the administrative and medical response to plague but to our understanding of the experience of hospitalisation. Crucially he also makes extensive use of sources, which provide insight into the weaknesses of the system and the desperation of those trying to manage these hospitals as their staff died or fled the city. Indeed, this is a powerful feature of the author's approach throughout the book as he seeks when possible to balance regulations and administrative intentions against practicalities, outcomes and lived experiences.

Henderson also pays attention to the important contribution played by the Church, whether in terms of the Capuchins who nursed the sick or the members of confraternities who transported patients and dead bodies about the city. Descriptions of the powerful city-wide religious observances which took place are suggestive of the broader psychological and emotional support provided by religious practices. Complementing this, there is a discussion of the cults around saints, which emerged or were revived during the epidemic and of the works of art associated with or commissioned during the plague. This all

¹G. Calvi, *Histories of a Plague Year: The Social and the imaginary in Baroque Florence* (Berkeley: University of California Press, 1989).

confirms and adds to Cohn's argument that the nature of the relationship between church and state was one of attempted collaboration and cooperation against a 'common enemy'.²

Throughout the book, careful attention is paid to any evidence regarding women and gender. We learn of the gendering of the quarantine restrictions; of the consistently higher death rates for women, the gender differentiation in crimes and the roles played by female medical staff. Henderson also highlights the many references to material culture running through his sources. Textiles are a huge problem in the city: both its main source of employment yet considered a key player in plague transmission and he finds them constantly being illegally removed from locked houses, re-sold, being burnt or confiscated by officials or being procured for or stolen from hospitals.

Henderson's intention was to provide an '*histoire totale*' (p. 14) and he has certainly succeeded. Moreover, Covid-19 has swept through the world since this book was published and it is suddenly painfully relevant: offering us a rare opportunity to reduce the gap between us and the past as we reflect on the ways in which our experiences now resonate a little more closely with experiences of those whose lives he describes.

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Chris Mounsey, *Sight Correction: Vision and Blindness in Eighteenth-Century Britain* (Charlottesville: University of Virginia Press, 2019), pp. vii + 330, \$79.50, hardback, ISBN: 9780813943312.

In *Sight Correction: Vision and Blindness in Eighteenth-Century Britain*, Chris Mounsey explores the mechanics, economics and personal accounts of eye surgery throughout the eighteenth century (p. 38). Throughout this study, Mounsey argues that a historical study of blindness might better begin with the lives of historical people who experienced it, rather than from a medical or cultural model of disability (p. 4). Instead of providing a unifying account of blindness during this period, which, in the author's view, would not be sufficient for us to understand the experience of impairment (p. 41), *Sight Correction* champions the close study of the unique, lived experience.

Sight Correction is split into three sections, titled 'Philosophy', 'Medicine' and 'Lives'. The first section, 'Philosophy', which acts as somewhat of an introduction to the book, discusses blindness in terms of disability theory and considers how blindness and sight were conceptualised during the eighteenth-century. 'Medicine' explores the various figures involved in developing eye surgery during the eighteenth century, both officially and unofficially, as well as the ways in which people with sight problems were understood from a medical perspective (p. 6). Each chapter within this section goes into minute, sometimes arduous, detail about several different occultists and medical practitioners that offered optical treatment during this period. The third section of the book, 'Lives', then moves into discussions about the lives of three blind people living in eighteenth century Britain, deploying literary analysis to further inspect their experiences. The purpose of this section is not establish a dichotomy between 'the doctors' and 'the blind' (p. 199), but to balance those medical discourses with the experiences of those who could not be cured, and were not open to such treatment. In doing so, this section also aims to confront the 'disease-treatment-cure paradigm' and challenge the view that medicalisation in this period offered treatment and cure for all (p. 199).

The structure of book is somewhat disjointed, in that the discussions and theories laid out in the first section of the book, 'Philosophy', do not always extend to the other parts of *Sight Correction*. Both

²S. Cohen, *Cultures of Plague. Medical Thinking at the end of the Renaissance* (Oxford: Oxford University Press, 2010), 283–92.