

proximity, whereby individuals and groups on both sides share elements of identity, symbolic traits and cultural markers which signify the mixed town as a shared locus of memory, affiliation and self identification. These elements according to the editors make the distinction between a mixed town and a divided one.

Furthermore, this volume provides important knowledge to the existing insufficiency of debate on the mixed town in Israel, a concept that is often taken as a metaphor for the entire Israeli-Palestinian conflict. It brings to our attention the co-existence in mixed towns that expresses, on the surface, integration and mutual membership in society, yet at a deeper level it illustrates an urban situation of hostility and animosity, with a profound lack of social, cultural and spatial cooperation. There are scholars who reject the concept of mixed towns and claim they are nothing but Jewish cities with marginalized Arab communities. This claim is based on the small portion of Palestinians, about 10 percent who live in mixed towns, basically due to historical and political forces, and on their separate condition in everyday life.

Most of the articles are based on personal narratives of daily life in the mixed towns. The authors have analyzed these narratives and have drawn on a wide range of theories in order to provide a comprehensive explanation of the everyday life in mixed towns. These qualitative methods has enabled them to delve deeply into the social relationships between Jews and Palestinians in the past and in the present and give us a much better theoretical understanding of co-existence under conditions of stress. This is an important contribution to the qualitative methods now being used in social research, the importance of which has only recently been widely acknowledged.

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**INFANT MORTALITY: A CONTINUING SOCIAL PROBLEM, Edited by Eilidh Garrett, Chris Galley, Nicola Shelton and Robert Woods, Aldershot, Hampshire: Ashgate Publishing, 2006.**

Books come and books go, and most enter into oblivion even before the ink is dry. Even those that rejoice in a readership, however, do not usually last for very long, and the fickle (or leery of the out-of-date) public quickly moves on to something newer, and possibly better. A book which is remembered 100 years after publication, and even more, one which has a whole volume written in its commemoration, is clearly in line for recognition as a canonical text, one which raises questions and provides answers which have yet to be superseded. George Newman, then Medical Officer of Health in the London Borough of Finsbury, published *Infant Mortality: A Social Problem* in 1906, at a time when infant mortality in England was just

dipping below the 150 per thousand mark. If infant mortality in today's developed countries is at, or below, five per thousand, what possible relevance could Newman's book have today? In this collection of 13 articles, Garrett et al. set out to show that even if the level of infant mortality has dropped to levels unimaginable at the time Newman was publishing, his mode of analysis, as well as his basic thesis that any level of infant mortality above the currently observable minimum must be preventable, are as relevant today as they were 100 years ago. If they are not being prevented, this is for social, not for medical reasons. Infant mortality thus was, and remains, a social problem.

Between the 1850's and the turn of the 20th century, mortality rates for children and young adults in England and Wales dropped by almost 50 percent. Only infant mortality showed no consistent decline, and did, in fact, rise over the last two decades of the 19th century (the great decline in infant mortality commenced around 1901 but Newman would not have been able to see more than another local perturbation in the data he had available to him). In 1905 infant deaths still accounted for a quarter of all deaths in England and Wales (p. 34). However, the considerable differences such as those between rural and urban regions; between legitimate and illegitimate births; between higher and lower order births, and between the South and the North of the country, even the greater risk of death in the towns than in the country from conditions such as prematurity or epidemic diarrhoea, all suggested to Newman that infant mortality was more a social than a medical problem. At a time when the predominant paradigm in public health was one of environmental control, Newman pointed out that many children survived unhealthy environments, and many others succumbed to what should have been healthy environments. Clearly, as infant's risk could not be "read off" from the environment in which it lived, one needed to look at the pathways from environment to the infant, what today we would term the "proximate determinants", and focus intervention strategies on these, no less than on the environment itself. Infant mortality, he argued, was "a question of motherhood" (p.4). As we shall see, Garrett and her associates take this argument one step further, pointing out that while educating mothers may contribute considerably to reducing infant mortality, mothers' behaviour, too, needs to be understood in the context in which they live and the constraints on their decisions and actions. Directing attention to the mother, without placing her situation in context (an attitude which underlies much social policy to this day) is blaming the victim, and is even less defensible than is blaming the environment.

The book is divided into three sections. In the first section, after a brief introduction by the editors, Galley discusses Newman's work and background, and the possible effects of his Quaker background on his commitment to social medicine, his view of the mother as the critical link between the infant and its environment and on the duty of the public health official to draw out of mothers "good maternal caring practices" (p. 29). Woods summarises the major thesis of Newman's book, that though the three major causes of infant mortality were prematurity, pneumonia and

diarrhoea, the risk of which was increased by poverty and overcrowding, the major intermediary was the mother. Social policy should thus concentrate on the provision of ante-natal care, the provision of high-quality milk and the training of midwives and home visitors. As Woods points out, even if Newman put too much emphasis on the mothers' role, and underplayed the importance of high fertility and medical technology, his book signalled a critical move from environmental public health to examining the proximate determinants of infants' survival chances.

The second section presents seven historical analyses of infant mortality and its decline, concentrating on the wealth of local data now available through parish registers, birth and death registration, vaccination registers and health visitors' records. Smith and Oeppen analyse 26 parish registers over the years 1580 - 1837 (when civil registration began in England and Wales), noting the variations by region and type of parish (rural less than market town less than industrialising town) and showing, in particular, that the post 1750 decline was attributable to a decline in endogenous causes, a drop that paralleled the drop in maternal mortality and still-births. After a lengthy and very detailed discussion, they attribute this decline to changes in patterns of disease and immunity. Sneddon analyses infant mortality in Lincolnshire sub-registration districts in the later 19th century, looking for an explanation of the high level of risk in the Fens (the low-lying area around the Wash). He concludes that while there may be some physical explanation (a high water table leading to contamination of drinking sources) the major explanation is social: the intensive agriculture in these areas led to mothers being employed as agricultural labourers, so that infants were weaned early and/or taken to work with the mothers. James uses data from the vaccination registers to look at infant mortality trends in Northamptonshire in the 1880's. Although rates were basically steady in this period, there were important differences between the rural and the urban areas, as well as by father's occupation and whether the mother was working. The chapter, incidentally, includes a fascinating discussion of the growth of non-compliance with small-pox vaccination at the end of the 19th century. Garrett compares rural and urban infant mortality in Scotland in the latter half of the nineteenth century, using Skye and Kilmarnock as her examples. Apart from the higher level of infant mortality in Kilmarnock, her analysis shows how registered cause of death can differ depending on whether the death was medically certified, and even which doctor certified the death. In an interesting example of epidemiological detection, she notes that mortality rates were unusually high in Skye in the second to fourth week after birth, and suggests this was due to tetanus infection of the cut umbilical cord. Hall and Drake use vaccination and civil register data to consider the role of diarrhoea in the decline of infant mortality in Ipswich between 1876 and 1930. They find that the advantages of legitimate over illegitimate births, and of Class I and II over other classes remained even as diarrhoea rates dropped and it moved from being a seasonal epidemic to an endemic disease spread across the whole of the year. Mooney and Turner look at the high level of infant mortality in a small area of

Kensington (Notting Dale) at the turn of the 20th century. Their account focuses on the effects of mothers' employment, as cleaners and as laundry women, on infant mortality, as well the growth of charitable creches, organised by wealth Kensington in an effort to reduce infant mortality without foregoing the mothers' work at low pay. Local government services, by contrast, concentrated on home visits as other forms of assistance to non-working mothers. In the final paper of this section, Reid uses home visitors' records to analyse the effects of home-visiting on infant mortality in Derbyshire at the end of, and after the First World War (1917 - 1922). While it is difficult to see direct effects on infant mortality (visitors tended to make more visits to homes where they were most needed) Reid is able to show indirect evidence: early home-visiting increased the chance that a child would be breastfed, and artificial feeding increased the mortality risk.

The third section considers developments over the past century, and in particular, the relevance of the social dimension to the analysis of infant mortality, even as it reaches previously unimaginable low levels, and the role of social policy. Dorling notes that infant mortality in England and Wales has in general dropped as average standards of living have increased, but in fact the fastest drop came after the Second World War, a time when Gross Domestic Product increase was slowest, but there was a concentrated effort to reduce infant mortality. Internationally, too, infant mortality has dropped most, in relative terms, where it was low to begin with. The issue, he argues, is not genetics or fecklessness, but poverty. Kelly, using data from the Millennium Cohort and other studies, shows how inequalities of health markers persist by social class and ethnicity, and argues for the continued importance of breastfeeding in the interests both of the mother and the child. Shelton concludes the book with an explicit return to Newman's concerns with the environment, the mother and the child. Infant mortality has declined, she notes, but relative inequality remains high, particularly when comparing the poorest group (Class V) with the rest of society. Over the past 100 years work controls, maternity leave and mothers' education have been extended, but there still remains a tendency to blame and distrust mothers' judgement, especially if they are poor.

As the title of this book indicates, infant mortality remains a social problem. The specific case-studies which make up the main body of the book, though appearing at first sight arcane to those not engaged in English demographic history, highlight the importance of poverty and overcrowding in creating differences in mortality risks, as well as the importance of social policy in mitigating these risks. Of course, infant mortality has not fallen over the past 100 years through the growth in welfare or the extension of social services alone. Fertility has fallen, and medical technology now routinely performs what, 100 years ago, would have been considered truly miraculous. Nonetheless, nationally and internationally, the disparities remain, and for the same reasons: poverty, overcrowding and the choices mothers have to make, between staying at home to care for and breastfeed their children, or going to work to earn the money to raise their children. The response of the more fortunate remains the

same as it was in Kensington 100 years ago: we will set up creches, encourage mothers to breastfeed, but we will not forego the cheap products which their labour produces. Garrett et al. have done an important job in reminding us that, even as infant mortality rates go down, the questions and concerns raised by Newman 100 years ago remain pertinent: wherever infant mortality rises above the current minimum, it is indicative of preventable deaths. We have come far, we have far to go.

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**CLUSTERS AND REGIONAL DEVELOPMENT: CRITICAL REFLECTIONS AND EXPLORATIONS, Edited by Bjorn Asheim, Philip Cooke and Ron Martin. London and New York: Routledge, Taylor & Francis Group, 2006.**

This book, edited by three authoritarian scholars on issues of local and regional development, brings together leading scholars involved in discussions regarding the concept of clusters in the context of regional development. The aim of the book, as stated by the editors, is to assist students and readers of economic geography and regional development to become more knowledgeable in the field of clusters. With this purpose in mind the editors' strategy is to provide effective and provocative illustrations of writings on strengths and attraction as well as on weaknesses and limitations regarding the theory of clusters. This is not the first time that some of the authors have done this. A number of them have joined together before by publishing a special issue of the journal "Industrial and Corporate Change" [Volume 10(4), 2001] on this topic. Nonetheless, this book is the cutting edge on various matters concerning clusters, making one step forward by introducing further critical views into the debate and re-evaluating theoretical and empirical issues concerning this notion.

Although the concept of a cluster has yielded a number of different definitions, as expressed by the authors in this book, there is enough in common for me to offer a tolerable definition. A cluster may be defined as a geographical concentration (spatial assemblage) of firms and institutions with similar or closely related complementary capabilities expressed by vertical and horizontal linkages with the objective of achieving fruitful synergy. Clusters can be made of industrial firms and their service providing firms. They can be based on the film industry (such as shown by Allen Scott's chapter in this volume) or the music industry and its suppliers (some attention is given to that in the book), or even tourism activities (not included in this volume). These firms may compete among themselves, but the emphasis within a cluster is on the development of direct and indirect cooperation among firms, specialized suppliers, service producers and associated institutions.

The introductory chapter provides a synoptic reflective review of the cluster concept and the theory that revolves around it, its links with other concepts in economic