Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830-1910*, Oakland: University of California Press, 2016, i-xiv, 1-387, ISBN 9780520290358 (pbk)

This is a significant work for two reasons. Tom Crook has produced something of a *tour de force*, finding an original take on a subject already much traversed by accomplished scholars such as Anne Hardy and Christopher Hamlin. The result is a pleasure to read: the writing lyrical and lucid, and the text moving easily between theoretical frames and rich empirical exposition. It also marks a staging post in the research programme Patrick Joyce set running in the 1990s, as the sands shifted beneath ‘social history’. If the social superstructure was now uncoupled from the economic base, and if critical theory demanded a quite different reflexivity in historical writing, what then was to be done? Joyce’s answer was to turn to discourse and material culture to examine power in the capillaries of language and built environment. The aim was to illuminate the subjectivities that accompanied the arrival of liberal modernity in Britain, with the *mise en scène* the Victorian city. Here the processes of cleaning, ordering and making visible wrought a governmentality at once external and internalised. Crook’s work, begun as a doctoral thesis with Joyce, takes this methodology and setting as his departure point, fully to explore questions the latter posed in *The Rule of Freedom*.

As the title suggests, governmentality for Crook resides in ‘systems’, by which he intends the integrated complex of ‘public health’, stretching from its administrative politics, to its statistical representations, its subterranean arteries and its behavioural admonitions. Agency is not written out, for the book thrums with projects and people engaged in intricate, ever-contingent debates about technologies. However, the tenor is firmly ‘antiheroic’ (5). Nor does the cardinal question for historical demographers and development economists figure at all. Whether public health action contributed much, some, or only little to Britain’s unprecedented mortality decline after 1870 is of little moment to Crook, and consigned, unresolved, to a footnote in the conclusion. Nor (unlike in early Foucault, or much of the cholera literature) are the class dynamics of biopolitics at issue. Where class does occasionally feature it is to observe such matters as the social gradient in bathroom ware or in cleansing habits.

Rather the purpose is to treat public health as a tracer for the coming of modernity. This, Crook argues, followed a decisive shift in the 1830s and 1840s, when a novel temporal and spatial consciousness emerged, undergirding the discourse of progress that informed the sanitarian project. This played out first in a contestation between central direction and local implementation, which narratives of the ‘growth of the state’ only partially capture. (Indeed NHS scholars will affirm that the tussle between centre and locale, on its terrain of democracy versus efficiency, has been a recurrent phenomenon.) Next comes a chapter on population health statistics, which makes an important contribution to the social constructionist literature examining metrics as tools of governance. Crook’s concern is their discursive effect, in marking progress, and empowering the centre as arbiter of norms to which laggard places should aspire. His chapter on public health officials is coloured by impressive deployment of local sources, with the spotlight not on the much-studied Medical Officers of Health, but on the more lowly Inspectors of Nuisances. Here the mode is Weberian, reading modernity through the division of labour, specialization and bureaucratic processes. The next three chapters deal in sequence with the sanitary networks of sewerage and water, the processes of notification and isolation of communicable disease, and the technologies and habits of personal cleanliness. Through these Crook brings together his core arguments, that the dynamic was not the growth of the central state and its assertion of control, but rather the messy, contestable emergence of a ‘system’. This was at once material, administrative and intimate, and the restrictions it imposed on subjects were not reducible to loss of liberty, for trade-offs came in other kinds of freedoms. Such was the essence of modernity, through which we may make ‘sense of who and what we are now, in the present.’ (298)

What further potential might this argument about ‘governing systems’ have? As sociological history it has a rather retrograde feel, with echoes of Talcott Parsons’ once-influential construct of the ‘social system’, composed of sub-systems such as family, schooling and medicine that assert stability over dysfunction. While Crook does not venture languages of equilibrium and social control, his argument seems close at points to the structural functionalism that fell from favour in the 1970s. His theorizing also disregards more recent notions of the ‘health system’, a late-twentieth century artifact of epidemiologists and sociologists used to denote a holistic conception of organized medicine. Theirs is a more capacious definition, explicitly specifying system ‘inputs’ and ‘outputs’, as well as the processes that occupy Crook. Such a formulation would confront him with two areas largely omitted from the book: financial choices, where the red meat of political debate surely lay, and the health impacts, which, for all their shortcomings, the statistics can also disclose. Finally, there is suggestive work by comparative political scientists such as Sven Steinmo, which analyzes nation states as complex, adaptive systems, in order to understand their diverse responses to common challenges. Treating systems as dynamic, with evolutionary paths shaped by earlier and contingent choices, may provide a fruitful way of carrying forward Tom Crook’s fascinating insights.