

WHO's bureaucratic inefficiencies, incoherent communication processes, and the violation of evidence-based recommendations against travel and trade restrictions. *Disease Diplomacy* points to two overriding reasons for state non-adherence to the new norms: lack of political will and lack of capacity. These are the two major aspects of national sovereignty. Will political leaders place collective action at the top of their agenda and will they provide ample funding to build IHR core capacities? Will national sovereignty trump mutual responsibilities for health or will global health crises such as Ebola break the stranglehold of states acting in what they perceive wrongly to be their own national interests?

Disease Diplomacy makes a subtle but important point about state

internalisation of new norms: that this process requires deep bureaucratic and legislative changes, not simply ratification of a treaty. The authors argue that states are increasingly internalising the norm of prompt disease notification to WHO, but not the norm relating to IHR "additional measures", such as travel and trade restrictions. The world saw the power of this argument during pandemic influenza A H1N1 in 2009 when Mexico and the USA reported promptly, but then saw many states implementing unnecessary and discriminatory travel and trade restrictions.

The book's conceptual framework takes the reader on a vivid journey from norm emergence to norm socialisation and norm internalisation. What Ebola showed is that the world is not on track to achieve full

internalisation. The authors put the problem nicely, "one false move by WHO...could undermine member states' faith in the entire global health security regime". That is what happened during the recent Ebola outbreak. *Disease Diplomacy* conveys the lessons of H1N1—lesson that WHO failed to heed. Will the agency and its members make the needed changes after the unconscionable handling of the Ebola epidemic? Perhaps we need to think beyond the sterile framing of global health security. Instead, let's constantly remind political leaders about how a brave nurse, Josephine Sellu, suffered, with so many of her patients and colleagues needlessly losing their lives.

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In brief

Book Late-life creativity

Major art museums around the world have woken up to the artistic bounty of the longevity dividend, hosting exhibitions of late Rembrandt, Sonia Delaunay, and Edvard Munch. It is increasingly clear that this artistry arises not despite old age, but because of it. This insight is of great importance to clinicians and society alike. By reframing old age in terms of potential rather than problems, it counters those who portray ageing in terms of unmanageable deficit and loss. Creativity also illuminates the complex interplay of growth, loss, and transcendence in later life.

Music provides rich material for analysis of late-life creativity, as explored in *Four Last Songs: Aging and Creativity in Verdi, Strauss, Messiaen, and Britten*. Linda and Michael Hutcheon's knowledge of music is expert and enlightening: the composition of the last operas of these composers unfolds as gripping

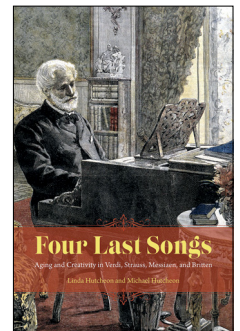
narrative. By describing the processes, influences, and documentation surrounding the masterpieces from the eight and ninth decades of life—*Falstaff* by Giuseppe Verdi, *Capriccio* by Richard Strauss, and *St François d'Assise* by Olivier Messiaen—they have provided wonderful material for reflection on the interaction between creativity and ageing. In each case we are aware that the creative impulses are not only undimmed with age but also open to radical change. The urge to leave an authentic musical testament to later generations is also evident.

From a gerontological perspective, the authors seem on less sure ground, sometimes Procrustean in their efforts to link a range of theories to the cases in hand or overlooking other manifestations of late creativity. These include Gioachino Rossini's subversive *Sins of My Old Age* and *Petite Messe Solennelle*, or Jean Sibelius' relief at letting go from composing two decades before his death—a

useful counter to productivist theories of ageing. A false note arises from the inclusion of Benjamin Britten. Illnesses, rather than ageing, were the defining challenges facing him during the composition of *Death in Venice*, which he completed at age 59 years. Equating heart failure and stroke with premature ageing is a throwback to outdated failure models of ageing, and discordant with the narratives of the book's preceding chapters.

Nonetheless, *Four Last Songs* is a valuable resource on late-life creativity, preparing us for a world where we stand to gain enormously from our collective increase in lifespan. The authors' infectious and insightful enthusiasm should prompt readers to seek out performances and recordings of these great masterpieces, bringing the longevity dividend to life: as the Countess sings in *Capriccio*, words make music, and music sings.

Desmond O'Neill



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