they replaced it with a lot of rhetoric in favour of liberal individualism.

Doctors creep into the story with the residential schools, which were established around the same time to expedite assimilation and prevent children going the way of their parents. The Canadian government could not duck a certain responsibility to combat the tuberculosis and scrofula devastating the young students in its care. But it provided only forms of treatment which amounted to a fancy description of everyday events: open-air treatment or physical exercise and hard labour which stimulated the phagocytes. When an energetic doctor (rather than the retired fogeys usually employed) was consulted about conditions in the schools in 1907, his critique of the pathogenic conditions was shouted down as "medical faddism" by bureaucrats and missionaries. State-sponsored doctors finally began to infiltrate reservations in the early 1900s and to construct a discourse around native health problems. Still, an appalling degree of morbidity and mortality persisted (and persists) on reservations. Rather than challenging Canadian policies or prescriptions, the doctors blamed their allopathic rivals on the reservations for the continued ill health. They also drew upon the new "racial science" to restate in new sophisticated terms the age-old accusation that Indians' degenerate "constitution" was responsible for their physical decay. In *Medicine that walks*, Maureen Lux has penned a devastating indictment of the treatment of prairie aboriginal peoples that has already won her prizes from the Royal Society of Canada and the Canadian Historical Association.

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Karen Buhler-Wilkerson, *No place like home: a history of nursing and home care in the United States*, Baltimore and London, Johns Hopkins University Press, 2001, pp. xvi, 293, illus., £31.00 (hardback 0-8018-6598-0).

Although the image of the early-twentieth-century nurse climbing tenement steps with her black bag is very familiar, most people know little about the components of home health care in the United States or how it changed over time. In this fine book, Karen Buhler-Wilkerson traces the history of visiting nurses from the late nineteenth century to the passage of Medicare in 1965.

Home care originated in the actions of the Charleston Ladies Benevolent Society, which provided medical care, along with other types of charitable assistance, to the "worthy" poor as early as 1813. Like the legions of home care workers who succeeded them, the ladies confronted what one superintendent later dubbed the "vexing question of the chronic patients". The Society's mission was to serve patients in acute distress, but many members were reluctant to abandon those who failed to recover quickly.

After the Civil War, wealthy women in various cities hired trained nurses to visit the homes of the sick poor. Unaware of the Charleston example, those philanthropists drew on the English model of district nursing. Buhler-Wilkerson chronicles the transformation of the early visiting nurse associations, as the progressive-era tenet of efficiency gained hold. She also discusses the onerous responsibilities of the nurses, who worked eight to twelve hours a day, six days a week. Home visits involved not just bedside care for individuals but also attempts to reform and "uplift" the entire household.

Buhler-Wilkerson chose not to criticize the nurses' actions and attitudes from today's perspective. Some readers, however, may wish to question the nurses' assumptions in greater depth. The belief of Ellen LaMotte, a leading tuberculosis nurse, that poverty led to low intelligence and lack of control is clearly open to challenge. The determination of many other early-twentieth-century nurses to disperse the many neighbours who flocked to medical events can be variously interpreted. Although the nurses were convinced that most neighbours were ignorant and superstitious, recent medical history suggests that the nurses' insistence on the superiority of their own knowledge was not always deserved. The new understanding of the role of social networks in healing similarly indicates that the care delivered by neighbours

may have been far more beneficial than the nurses assumed. It also is possible that nurses who felt insecure about their own competence were especially likely to send neighbours home.

Although visiting nursing in the United States is associated overwhelmingly with the immigrant poor, Buhler-Wilkerson notes that the major employment opportunity for early-twentieth-century graduate nurses was private duty work in affluent homes. She also discusses how contemporary notions of race shaped the interactions between white visiting nurses and black patients in both Charleston and Philadelphia.

An especially fascinating chapter focuses on Lillian Wald, the New York City nursing leader who coined the phrase "public health nursing" and established the Henry Street Settlement, which she directed for many years. In 1911, the Settlement's nursing staff numbered fifty-five, and made more than 175,000 home visits. One of Wald's most remarkable achievements was to convince the Metropolitan Life Insurance Company (MLI) to offer a home nursing benefit. By 1913, that company provided 20 to 30 per cent of the annual budgets of many visiting nurse associations. Buhler-Wilkerson concludes, however, that the MLI's involvement in home care offers a "cautionary tale". The company's focus on cost containment occasionally distorted the nurses' work; moreover, several studies failed to support the claims that the nursing benefit helped to save money by reducing mortality rates. In 1950, the MLI finally discontinued the nursing service. Although various communities experimented with Coordinated Home Care Programs during the following decade and a half, home health care had to await the enactment of the Medicare Program in 1966 for a substantial infusion of funds.

Despite the current deinstitutionalization of medical care, home health services continue to be relegated to a marginal place in the health care system. Buhler-Wilkerson suggests that one reason may be that visiting nurses have historically focused on the poor and the chronically ill, two groups that command little social respect. The isolated settings in which such nurses work also may contribute to their undervaluation. By making visible the enormous contributions of visiting nurses in the past, this book helps us recognize their indispensability today.

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Klasien Horstman, *Public bodies, private lives: the historical construction of life insurance, health risks, and citizenship in the Netherlands 1880–1920*, transl. Ton Brouwers, Rotterdam, Erasmus Publishing, 2001, pp. 211, €27.00 (paperback 90-5235-156-2).

Klasien's Horstman's study explores the relationship between the Dutch medical profession and the life insurance industry during the formative period of insurance medical practice. She rejects established approaches, which account for doctors' roles as gatekeepers of insurance funds either as an aspect of growing professional autonomy, or as the outcome of increasing scientific expertise. Instead her conceptual framework is the interdependency of the profession, the insurance business and the public, although it is the life insurance companies which emerge as the dominant partners. These firms utilized medical science both to further their economic aims, of attracting applicants and selecting healthy risks, and to validate their claims to an ethical, rather than nakedly commercial, social role. Doctors, she suggests, readily surrendered the shaping of insurance practice to the companies, largely because their professional organization, the NMG, was insufficiently concerned with "monitoring activities for public care arrangements" (p. 192). For the ordinary citizen the experience of life selection contributed to a cultural shift in attitudes to the body, in which health came to be seen no longer as a matter of destiny, but of long-term risk, and therefore subject to prediction and to preventive action. Thus life insurance was deeply implicated in the emergence of "homo hygienicus" with his "individualist, rationalist health morality" (p. 155).