

## Book Reviews

medicine, but it must be remembered that in its day herbal medicine was conventional medicine. Of more importance, to those having no knowledge of scientific Latin, this new edition will be of great value as primary source material in the medical history of the sixteenth century.

**Elizabeth Lazenby,**  
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**Joel D Howell,** *Technology in the hospital: transforming patient care in the early twentieth century*, Baltimore and London, Johns Hopkins University Press, 1995, pp. xv, 341, illus., £39.50 (0-8018-5020-7).

This book was a good idea. Writing a history of patient care in the early twentieth century from the perspective of technology makes a refreshing read. Howell has combed through the records of the New York and Pennsylvania hospitals for the first quarter of this century and shows convincingly how technology was increasingly, almost insidiously, built into the management of patients' lives. Management is the right word here. Taking his cue from historians who have, rightly, interpreted technology very broadly, Howell devotes a great deal of his initial space to demonstrating how patients were increasingly managed by off-stage technologies. Punched cards and calculating machines transformed the care of the sick just as much as (maybe more than) the use of the electrocardiograph. Howell does not attempt any comprehensive history but confines himself to a number of case studies: the X-ray machine, urinalysis, blood counts.

Howell also takes in surgery, and in one of the most revealing chapters he addresses the staggering rise in the rate of tonsillectomies early in the century, a rise which he catalogues in impressive detail. In 1900 just over 2 per cent of patients discharged from the Pennsylvania Hospital had been diagnosed as having tonsillar disease. By 1925 the figure had risen to over 25 per cent. Howell's picture of surgery as the apotheosis of streamlined,

high-tech, quick-fix medicine dovetails neatly with more general images of North American self-perceptions in the twenties. It would have been helpful if Howell had provided more information on the day-to-day running of the technologies described here. It is never quite clear who is doing the tests, where the clinical laboratory was, who was in control of it and so on. Nevertheless, this is a most valuable study, although the press must obviously bear responsibility for some of the less than comprehensible tables (p. 24 for example).

**Christopher Lawrence,** Wellcome Institute

**Derek A Dow,** *Safeguarding the public health: a history of the New Zealand Department of Health*, Wellington, Victoria University Press, 1995, pp. 302, illus., NZ \$39.95 (0-86473-285-6).

The writing of institutional or departmental histories, especially of commissioned histories, is a delicate art, fraught, as recent historical debate has emphasized, with dangers to objective interpretation. Even where the historian is given a free hand, there remain pressures from interested individuals who have been involved in the institution's past. It is impossible to read—let alone write—such histories without a continuing awareness of the existence of such pressures, and their tactful handling is a measure of a historian's skill. Happily such pressures do not obtrude in Donald Dow's history of New Zealand's Health Department, which steers a deft course between such shoals.

The subject of this book being the work of a health department from 1900 to the present, much of the material inevitably relates to such subjects as child health, maternity services, tuberculosis and other infectious diseases, and health education. Questions of historical objectivity apart, therefore, Dow has also had to confront a second major obstacle for institutional historians—how to organize a century's multi-focused administrative effort into a coherent narrative. There are two

## Book Reviews

options: a thematic approach, or a chronological one. Both have drawbacks: a thematic organization permits a comprehensive analysis of each sector but loses the pattern of an overall picture; a chronological approach fragments the analysis of individual sectors in emphasizing the shift of policies and personalities across the broad spectrum of administrative responsibility. Dow has clearly given thought to his choice of method; the historian who began this project envisaged a thematic approach; Dow, in completing it, adopted a chronological one. In so doing, he was aiming for overall coherence, the opportunity to present political influences, and the chance to bring to life the personalities involved in the work of the department. In the last, at least, he succeeded: the earliest Chief Medical Officers, for example, James Mason and Thomas Valentine, come triumphantly to life, as do some of the lesser characters, notably the Maori physicians Peter Buck and We Rapa (splendidly pictured at page 118 “stalking a moa” as part of an Otago University exhibition circa 1899), and Dr Muriel Bell, self-appointed departmental “Battleaxe” in the 1960s.

Dow's success in achieving his other two objectives is more debateable. It is, in fact, very difficult to retain a sense of coherence for the reader when themes run intermittently through a hundred-odd years and 230-odd pages of text, and this reader for one emerged at the end of the book with no clear sense of the long-term pattern of policy in respect of the department's various different concerns. The issue of Maori health, in particular, would have benefited from a thematic treatment, and while one can respect Dow's reasons for wishing to escape the thematic disease-case-study approach of a previous departmental history, there are grounds for thinking that a different thematic approach would have yielded considerable dividends.

This quibble seems especially pertinent to the political—and, importantly, the financial—context of the department's work. While Dow elegantly integrates these pressures into his narrative, the reader is constantly confronted

by contextual questions which go unanswered. Financial stringency, for example, seems to have reached New Zealand only in the early 1980s, a decade or so later than in Britain, but the reasons for this delayed economic downturn are not indicated. Given separate treatment, the history of the health department within the context of central government's wider concerns would have made an illuminating chapter in a thematically organized book.

In sum, this is a fine account of the work of the New Zealand Health Department, written on an updated model of the traditional, chronological, institutional history.

Anne Hardy, Wellcome Institute

**Aviva Chomsky**, *West Indian workers and the United Fruit Company in Costa Rica, 1870–1940*, Baton Rouge and London, Louisiana State University Press, 1996, pp. xviii, 302, £32.95 (0-8071-1979-2).

In the past decade a historiography has developed that looks at the transition from slavery to free labour and the beginnings of activity by transnational enterprise in the Caribbean and Central America. Building on the well-established literature examining slavery and abolition in the Caribbean and peasantries and agrarian protest in Latin America, a series of monographs and articles has analysed various features of the integration of the region into the international economy through the development of export crops, notably sugar-cane, coffee, tobacco and bananas. This book contributes to this literature. There are three main actors. First, the West Indian workers, mainly Jamaican, were imported over a long period to make up the labour supply on plantations in the Atlantic coastlands of Costa Rica. The second leading player is the United Fruit Company, an incipient transnational firm, which arose from mergers in the United States, and penetrated numerous countries of the region at the turn of the nineteenth and twentieth centuries,