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quite in the Oslerian super league, the hospital boasted some famous physicians in its fever days. Sir Robert Philip's Tuberculosis Scheme was admired throughout the world. Fever, however, was hardly a useful institutional category after the Second World War and, perhaps predictably, the hospital took under its wings tropical and geriatric medicine as well as various surgical specialities. This is very much a "history from above" book although not bone dry. Reminiscences of former staff enliven much of the material. Some day, someone should write the comparative history of hospital snobbery. The City and the Royal would be a good place to start.

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Heather Munro Prescott, *A doctor of their own: the history of adolescent medicine*, Cambridge, Mass., and London, Harvard University Press, 1998, pp. xi, 238, £21.95 (0-674-21461-7).

The focus of Heather Munro Prescott's clear and concise volume is the Adolescent Unit at the Boston Children's Hospital set up in 1951. It was here that J Roswell Gallagher pioneered not a new technology, but a new approach in medical expertise. Reacting to both the increased specialization of the American medical profession and its perceived failure to deal with the health problems of the young, Gallagher sought to create an interdisciplinary child-centred environment where the "whole patient's" physical disorders, learning difficulties and behavioural and emotional problems could all be treated. Most importantly, teenagers were to be listened to by doctors who also saw themselves "as guides on the arduous path to adulthood".

A doctor of their own opens with the familiar story of the changing perceptions of adolescence in the early twentieth-century. G Stanley Hall's ideas are usefully summarized, as are the perennial worries about national degeneration and juvenile delinquency. By the 1940s, concerns about the poor physical condition of army recruits led Lawrence K Frank and other paediatrics to speak of "the forgotten child". At the same time, Gallagher was concerned that children were too rigidly categorized according to strict physical criteria. Instead, he suggested there was no "normal" physical or emotional growth pattern: teenagers ought to be recognized as individuals who did not necessarily conform to the cultural and institutional expectations forced upon them. Such a guiding principle may not have been so readily accepted by his colleagues, but it was a creed perfect for the emerging teenage rebels of the 1950s. Responding to his well-placed advertisements in parent and youth magazines, middle-class mothers and fathers sent their problem sons and daughters to Gallagher's new Unit. Teenagers responded well to their treatment, as minor physical ailments often cleared up simply after they had had the opportunity to discuss confidentially the social pressures they felt themselves to be under.

Prescott moves on from this case study to outline the gradual acceptance of adolescent medicine within the broader medical community, helped as it was by the concern with medico-social issues throughout the 1960s. She meticulously details the professional rivalries faced by the Society for Adolescent Medicine, though by 1977 the American Medical Association officially recognized adolescent medicine as a sub-speciality of paediatrics. She concludes politically, arguing that a conservative reaction to the liberalism of the 1960s has meant that adults continue to shape approaches to medicine. Were adolescents again allowed to have their say and easy

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access to doctors, then the rising mortality rate of American youth might be reversed.

Prescott's strengths lie in her clarity, thoroughness and willingness to expand from her case study to cover the entire century. Throughout, she pays appropriate attention to the social context within which adolescent medicine developed, so readers are taken not only through the politics of the profession but into the culture of early-twentieth-century anti-modernism and the critiques of post-Second World War suburbia. She would perhaps have done well to offer her own take on the politics of adolescent medicine much earlier in the book. As it stands, she appears to be largely uncritical of her subject and she drifts into rather descriptive detail. Roswell is slapped on the wrists once in a while for sharing the same racial, sexual, class and gender-based prejudices of many of his contemporaries, but there is much that remains Whiggish in Prescott's analysis. A more sympathetic critique of those who remained sceptical of adolescent medicine would have been valuable, though *A doctor of their own* is clearly a solid and useful contribution to the field.

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David Arnold, *The new Cambridge history of India, part III, vol. 5: Science, technology and medicine in colonial India*, Cambridge University Press, 2000, pp. xii, 234, £35.00, \$59.95 (hardback 0-521-56319-4).

This valuable book analyses the importance of science, technology and medicine in the course of India's colonial encounter, from the days of the East India Company until India's independence. It traces the complex contours of the relationship between Indian and Western sciences, perceiving it in terms of interactions and not along the paradigm of

Western diffusion/Indian passivity. David Arnold delves into the questions of science and modernity and their location in the colonial power/knowledge system, which was subsequently contested by the Indian nationalists.

While analysing the scope of science under the East India Company, the author refers to the different ideological phases and the evolution of an exploitative relationship that determined the shifts and changes. Thus, he traces in the perceptions of the colonizers a drift away from an "Orientalist" approach to an attempt at organizing science for a more interventionist "future".

Arnold's examination of "Western" medicine similarly contextualizes the problem, tracing the interactions between environment, culture and history. Here the author discusses aspects like the Indian Medical Service and the Indian practitioners of Western medicine as well as the encounters with Indian medicine. He examines the indigenous method of variolation, the manner in which the colonial state sought to replace it with vaccination, as well as the diversities that marked the vaccination programme itself. While discussing malaria, he points out the racist explanations of the disease in the pre-Ross phase. He touches upon the army-centred strategies to counter cholera. Arnold also focuses on women medical missionaries, the "lock hospitals" designed to confine/treat Indian prostitutes close to the military cantonments and the replacement of "dais" with trained midwives.

In his discussion of technology, the author considers textiles, mines and metallurgy, shipbuilding, the system of communication and irrigation. These are seen as features associated with the very process of India's colonization. Thus, Gandhi's *Hind Swaraj* (written in 1909) articulated an anti-industrial critique of modernity that had deep roots.

While focusing on imperial science,