

Book Reviews

operate when it has patently failed? Drawing on the work of historians such as Musto, they trace the origins of drug control in pre-World-War I taxation law, and the failure of the U.S. medical profession to promote a public health attitude to drugs. The heyday of the anti-crime approach came in the inter-war years with the reign of Harry Anslinger at the Federal Bureau of Narcotics. Even relative “liberalization” in the 1960s, with the institution of methadone maintenance programmes, still operated within the punitive paradigm. Treatment was justified as a crime-fighting tool.

Politicians have not taken on board the failure of current policy. The last to do so was Jimmy Carter, whose attempt to reform the marijuana laws came seriously unstuck. Since then Republican Presidents from Nixon to Reagan have used the “war on drugs” as a domestic vote-gathering device as well as an arm of foreign policy. Bill Clinton, in whom many hopes were initially invested, has failed to initiate reform.

All in all, this is a gloomy story. But *Drug war politics* ends on a positive note. The authors attempt to break away from the increasingly sterile legislation debate towards the possibilities of the public health path to reform. This, they argue, would bring America into line with other countries, Britain among them, who have taken this route as part of their response to the perceived crisis of HIV/AIDS. They argue for regulation on the model of alcohol or tobacco rather than a free market. Despite the current stalemate in drug politics, they discern possibilities of change. There are already local public health initiatives; and the politics of reform at the national level will be difficult but not ultimately impossible.

I have doubts about sections of this argument. The notion of “public health” could do with a more sophisticated historical assessment; public health also has its punitive side, but here it is used as an undisputed good without assessment of its changing definition over time. Paradigm shifts are perfectly possible, as the change from Prohibition to alcohol licensing illustrates. But the authors are vague about how that change might be effected

in the case of drugs. What, for example, could be the role of the medical profession? Where is the “policy community” in U.S. drug politics which will help bring about change? If the crisis of AIDS could not do it, what will? The international dimension to drug control (the origin of the original U.S. taxation law) is also barely mentioned. How do the authors propose to dismantle the international control system, which has a direct effect on national drug policies? But overall this is a well written book which is to be commended for recognizing that there is more to drug policy than a simple battle between penal and medical approaches.

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Anne Digby and John Stewart (eds),
Gender, health and welfare, London and New
York, Routledge, 1996, pp. x, 239, £40.00
(0-415-12886-2).

Ten years ago, a volume with this title would have been largely about women as recipients or even as neglected non-recipients of welfare services. And these welfare services would probably have been conceptualized as designed by men with men’s interests mainly in mind. But, as Digby and Stewart point out, in their excellent introduction to *Gender, health and welfare*, this approach often rendered invisible women’s activities as active providers and managers of welfare. Women’s agency in shaping welfare from the mid-nineteenth to the mid-twentieth century in Britain comprises the central theme of their book. More specifically, many of the contributions examine the significance of maternalism, of moral and political claims for women as mothers, in the development of welfare provision and for women as citizens.

Another recurrent theme is the complex relationship between voluntary and state welfare provision right up to (and after) the creation of the Welfare State. Voluntarism had a particular significance for women and for the

Book Reviews

women's movement as Victorian women's mission to women in the home became extended to more public settings, particularly in local rather than national contexts. And this leads to a third theme: women's welfare activities, especially, but not only, before they gained parliamentary suffrage, were to be found mainly at the local level, often embedded in specifically female networks. Chapters on Octavia Hill and Louisa Twining, by Caroline Morrell and Theresa Deane respectively, illustrate this and the significance of gender in the construction of welfare work.

Perhaps the most unexpected contribution is Sheila Ryan Johannsson's detailed comparison of female mortality patterns in Japan and England in the late nineteenth century. Johannsson shows how women's life chances depended on state policies and societal valuation of their lives, and not just on access to wages. The impact of industrial employment was very different for young Japanese and young English women. Anne Digby reviews the roles of women as providers and managers (as mothers, volunteers and professionals) in the face of poverty in early twentieth-century Britain. Maternalism appears to have been an important lever for empowering and assisting women at local levels but, at national level, welfare benefits remained firmly tied to labour market participation, to women's disadvantage. Lesley Hoggart's chapter on campaigns for birth control in the Labour movement in the 1920s also contrasts strong local support for birth control as a boon for mothers with, until 1930, resistance to its adoption as national Labour Party policy. She attributes this resistance to electoral considerations, to the (female and male) leadership's judgements about what potential voters would find acceptable, rather than to male prejudice alone. Electoral considerations, especially appeal to the new women voters, are seen as one (but only one) reason for the Labour Party's strong rhetorical commitment to child welfare during the inter-war years in John Stewart's chapter. Pat Thane's review of policies for and affecting the elderly from the 1870s to the 1940s shows that enfranchising elderly women did not

generate an equivalent rhetorical commitment to their welfare. Jane Lewis's concluding chapter provides an overview on women as clients as well as providers of welfare, drawing particularly on recent comparative literature on the development of welfare states. If it were not for the price, this chapter and the editors' introduction alone would justify the book's becoming recommended reading on many undergraduate welfare or women's history or social policy courses. Not all the individual contributions are of such a high standard, but overall this collection is a valuable addition to recent welfare history.

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Jeffrey P Baker, *The machine in the nursery: incubator technology and the origins of newborn intensive care*, Baltimore and London, Johns Hopkins University Press, 1996, pp. x, 247, illus., £37.00 (0-8018-5173-4).

The machine in the nursery joins a long and growing list of recent historical scholarship whose main thesis is that knowledge and technology develop differently under different national and social contexts. Jeffrey Baker sets out to illustrate how social and cultural factors influence the evolution of medical technology by studying the development of the infant incubator—for the care of premature infants—in France and the United States between 1880 and 1922. His endpoints are chosen because the infant incubator was invented by the French physician Stéphane Tarnier in 1880 and in 1922 the pediatrician Julius Hess—long held to be the “father of American neonatology”—became nationally recognized for both the publication of his landmark work, *Premature and congenitally diseased infants*, and his founding of the first permanent American premature-infant nursery in Chicago, Illinois.

In the early chapters of the book, Baker discusses late nineteenth- and early twentieth-century ideas of premature infants; the early types of incubators developed by French