

enterprise through the creation of deities. For Shuttleton, Susan Sontag is the high priestess; for George Rousseau it is himself—the person, he says, whose 1981 article on ‘Literature and medicine’ “is often said to have charted a new academic field” (p. xiv). Blushes turn to disbelief when these self-proclaimed “Rousseavian acts of framing” (p. 12) are proposed, not just the “child”, but the “sequel” (p. 41) to Charles Rosenberg and Janet Golden’s collection, *Framing disease* (1992)—despite that these sequels are, as Rousseau confesses, “deaf to class distinctions, political and economic structures, the social arrangements of societies, and the integral dependence of sickness on religious belief” (p. 20). The “Rosenbergian enterprise” is slated for its lack of true interdisciplinarity, a charge that is rather worse than the pot calling the kettle black since our essayists descend almost entirely from departments of literature. In practice, “interdisciplinary” translates as the need to attend to discursive frames and literary contexts whilst disgorging the “massive annals” of the “solitary expressive voice” (p. 12) to be found in (predominantly élite) literature. For Weiss it means, above all, throwing off the yoke of linear narrative and opening our historical selves to language. The ostensible novelty of the latter exercise needs to be understood as emerging from the perspective of one who regards Rosenberg’s *Cholera years* (1962)—deeply linear-tainted—as having “effectively invented contemporary medical historiography” (p. 92). The effect of such discursive didacticism when pitched so hard against the medical historian’s alleged “craving for linearity” (p. 108) is to make the whole Rousseavian enterprise look desperate and deeply insecure.

And so it probably is, the fondness for “framing” among cultural and literary theorists having had its day. These essays—mere “trial-runs executed for the generation of a discursive frame” (p. 21)—beckon us to a recent and slightly misguided methodological past more so than to any genuinely new agenda for the future.

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Amy L Fairchild, *Science at the borders: immigrant medical inspection and the shaping of the modern industrial labor force*, Baltimore and London, Johns Hopkins University Press, 2003, pp. xiii, 385, £35.50 (hardback 0-8018-7080-1).

For over a century, immigration has been regarded as a touchstone of the “American experience”; Ellis, Galveston, and Angel Islands, and today, southern and northern border towns have come to epitomize the ordeal of migration, and the abiding fear of exclusion. In her volume, *Science at the borders*, Amy Fairchild demonstrates that those sites were, too, the first loci of assimilation into industrial America for its working-class newcomers. In this rich and detailed examination of immigrant medical inspection in the Progressive Era, Fairchild argues that inspection was part of a continuing, *inclusive* process of population surveillance and control, akin to the scientific management upon which many of its practices were based. As such, it was intended to prompt an internalization of industrial and hygienic norms (which would in turn promote good health and availability for work) among these prospective “industrial citizens” (p. 15).

Fairchild has organized her study in two parts; the first and slightly shorter examines what she calls “large numbers”: the experience and impact of medical examination on those who were admitted into the United States. The longer second section addresses “small numbers”: those who were excluded, ostensibly or actually on medical grounds. Different themes and locales dominate the two sections; Fairchild’s attention to regionalism in the Public Health Service, and to previously under-examined entry points on the northern and southern US borders makes this volume a substantial and valuable contribution to the growing literature on medicine and immigration.

Fairchild uses the Foucauldian notion of disciplining the body, as well as the broad categories of class and race as her primary tools of analysis in telling “a story of science and power” (p. 15). In several particularly revealing sections, she addresses the interactions between those two categories, and between each category

and regional and national demands for labour, whether industrial or agricultural—thus she treats the cultural inventions of the “coolie” and the “peon” as well as the “dumb ox” factory worker. She shows less interest in issues of gender, but does note some distinctions in the treatment of male and female immigrants, and hints at the feminization of certain national and ethnic groups. Although some of her claims (for example, regarding the impact of inspection on the “line” on the future assimilative behaviour of immigrants) rely on suggestive rather than conclusive evidence, Fairchild’s research is both meticulous and creative. Moreover, her extensive tables of quantitative data will be a significant resource for researchers studying either immigration or medicine in the Progressive era.

Science at the borders also illustrates changes in the sources and impact of medical authority. In particular, it offers a valuable case study of the now much discussed shift in focus from the holistic and experienced “gaze” (representing the trope of “medicine as an art”) to the fragmenting but standardized laboratory (and the counter-trope of “medicine as a science”). Fairchild presents this shift as evidence of a decline in medical authority and purview; others have more convincingly argued that it represents a decline not in the authority and normative power of medicine *per se*, but in practitioner individualism and patient idiosyncrasy. None the less, this well-written and accessible volume adds considerably to current understandings of the relationship between the industrial, medical and political agendas that shaped immigrant medical inspections in the first third of the twentieth century.

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Mary P Sutphen and Bridie Andrews (eds), *Medicine and colonial identity*, Routledge Studies in the Social History of Medicine, vol. 17, London and New York, Routledge, 2003, pp. xi, 147, £55.00 (hardback 0-415-28880-0).

This short edited collection of six papers represents an important step forward in the

medical history of colonialism. Through examining the creation of specifically colonial medical identities this book groups together useful insights into issues of colonial identity and makes an important contribution to a growing awareness of the potential for fruitful interdisciplinarity between medical history and cultural studies.

The collection was conceived in 1996, when many of the papers presented at the ‘Medicine and the Colonies’ conference hosted by the Society for the Social History of Medicine in Oxford made it apparent that themes of colonial identity had hitherto been only partially explored, especially as far as medicine was concerned. Most importantly, the participants in the colonial medical experience could be examined as part of the new imperatives created through the peculiarities of the colonial condition. The exigencies of the political situation encouraged in colonizer and colonized new (social, religious, sexual, medical) behaviours as well as the modification of old behaviours and the absorption and appropriation of already existing practices and theories. One of the strengths of this book is that it reveals how these collective notions of identity were utilized, explicitly and implicitly, in a variety of health discourses and practices as a means both of self-definition and of defining the colonized “other”.

Specific topics dealt with include the way tropical medicine was used in the isolated northern frontier of Australia as a means of justifying social views, health legislation and medical practices; the role of colonial doctors in constructing Australian nationalism through analysis of the changing presentation of medical lives within the *Australian Dictionary of Biography*; the history of New Zealand milk exports to Britain and the way milk was presented and marketed became integral to some of New Zealand’s own self-perceptions; the reform of Dutch childbirth services as a form of foreign and domestic “colonization”; and European medicine as an essential part of settler dominance over South Africa in the nineteenth century. The highlight is Maneesha Lal’s fascinating and eloquent essay on women’s health reform and the