

directly and filtered through the dark glass of Paracelsian and Helmontian doctrines.

Finally, Anita Guerrini explores the teaching of chemistry at the English universities 1680–1730 to ascertain why it found no place in the statutory curricula. She concludes that students required an introduction to standard laboratory techniques and iatrochemical procedures rather than chemical theory, and that this discouraged the penetration of chemistry into natural philosophy.

Except for the irregularities noted above, the articles in this volume are well researched and documented and constitute a welcome challenge to Nathan Sivin's evaluation of the history of alchemy as a moribund field of enquiry (*Alchemy revisited: proceedings of the International Conference on the History of Alchemy at the University of Groningen*, ed. Z R W M von Martels, Leiden, Brill, 1990, p. 4). Their breadth and depth reveal that much remains to be understood about the assimilation and assessment of chemical ideas in medieval and early modern Europe.

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Linda Bryder, Derek A Dow (eds), *New countries and old medicine: proceedings of an international conference on the history of medicine and health, Auckland, New Zealand 1995*, Auckland, Pyramid Press, 1995, pp. xvi, 428, illus., NZ \$30 (+p&p), Australia \$10, rest of world \$15 (0-9597871-3-5).

As the title suggests, this is not an edited collection of essays of the kind to which we have become accustomed, but the proceedings of an entire conference, which appear, it would seem, with few additions or revisions. This comprehensiveness is at once the volume's strength and its weakness. Although it illuminates many previously neglected aspects of the transfer of Western medicine (and diseases) to "new countries" (in this case, New Zealand, Australia and the Pacific), many of the individual contributions are weak and some verge on the antiquarian.

The essays are grouped into seven sections: 'Public health policies and practice'; 'Colonial medicine'; 'Hospitals and hospital nursing'; 'Nursing and indigenous peoples'; 'Indigenous health'; 'Fraudulent and fringe medicine'; and—ominously—'Miscellaneous'. Of these, the strongest sections are probably those on public health and indigenous health, although one or two essays in the "nursing" section also have much to recommend them. The section on public health begins strongly with Günter Risse's interesting and well-researched piece on the plague in San Francisco, which is followed by several robust essays on various aspects of epidemic disease in the southern hemisphere, interspersed with reflections on mortality in the north, such as Jan Sundin's tentative conclusions regarding gender and mortality in Sweden. Two essays in this section are particularly worthy of note. The first is Bronwyn Dalley's study of "one-woman brothels" in New Zealand, which makes the interesting point that the portrayal of women in discourses surrounding venereal disease changed during the First World War so that they were depicted as sexually aggressive and rapacious, rather than as the "Fallen Women" of the Victorian era. Lynda Bryder's essay on 'Perceptions of Plunkett' also points the way to a new interpretation of the maternal and infant welfare movement in New Zealand. Bryder makes the valid point that welfare organizations, such as the Plunkett Society, need to be understood from the perspective of wives and mothers rather than simply that of their founders. She argues that women were not reluctant victims of a conservative, male-dominated system, but often availed themselves willingly of infant and maternal welfare.

The second section—on colonial medicine—is unfortunately less strong. The introductory paper shows only scant awareness of recent literature in the area and many of the other contributions are antiquarian in the worst sense of the term. The only real exceptions are the neat overview of medical practice in colonial Philadelphia by Nissa Stottman, and an innovative study of grief in early twentieth-

Book Reviews

century New Zealand by Natasha Glaisyer. The two nursing sections are more substantial, at least empirically, and contain several well-crafted studies of nursing theory and practice both in “old” and “new” countries. Of particular note is Michael Barfoot’s study of nursing reforms at the Royal Infirmary of Edinburgh, which revisits some of the debates over Florence Nightingale’s “motivation”, endorsing the recent tendency to interpret her actions in terms of her strongly-held Unitarian beliefs. Cheryl Cordery’s chapter on the enduring appeal of mid-nineteenth-century nursing practices also makes some interesting linkages between the “miasmatic” theory to which Nightingale was so attached and her class-based world view.

The following section on indigenous health opens with a valuable essay by Donald Denoon on ‘Pacific island depopulation’, which assesses the relative merits of two rival interpretations of depopulation. One attributes the dispossession of land from aboriginal peoples to the biological impact of “virgin soil” epidemics; the other sees dispossession and changing patterns of land use as, in themselves, a reason for depopulation. Denoon ends with a timely call for more attention to be given to the *resilience* of certain indigenous populations, and for explanations of population decline where there were no epidemics. Denoon’s essay, thus, serves as a cautionary tale against the dangers of biological determinism (à la Alfred Crosby) and against the historian’s infatuation with “the epidemic”. The other essays in the section are more empirical but useful none the less. Some explore the mechanics of health services for indigenous peoples, while others are more concerned with colonial constructions of race and health.

The two final sections on fringe medicine and other “miscellaneous” aspects of medicine unfortunately add little to our knowledge and constitute a weak ending to the book. Nevertheless, it is a collection which contains some valuable contributions—both analytical and empirical—to the history of Western

medicine in its colonial context, and it would be a pity if these were allowed to languish in obscurity.

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Soma Hewa, *Colonialism, tropical disease and imperial medicine: Rockefeller philanthropy in Sri Lanka*, Lanham, MD, University Press of America, pp. x, 205, illus., \$38.50 (0-8191-9939-7).

Sri Lanka occupied a curious place in the British Empire. It was formerly a Crown Colony, administered from the Colonial Office in London, though its affairs were often determined by events in, and relations with, its close neighbour India. This was evident in the 1900s, when the health problems of the colony came to the attention of the imperial government as a result of the high incidence of hookworm disease in the Indian migrant workers who had become the mainstay of Sri Lanka’s plantation and associated industries. However, the refusal of both the local administration and plantation owners to accept responsibility for sanitary improvements meant that hookworm infection rates had reached over 90 per cent before the control programmes of the Rockefeller Foundation started in 1916. Hookworm disease or ankylostomatiasis is a parasitic infection of the bowel that causes anaemia and generally weakens the body, making it vulnerable to other diseases. After its decision to move into medical philanthropy, the Rockefeller Foundation targeted this disease in its hygiene programme, first in the southern states of the United States and subsequently in selected territories around the world. Hewa, following E R Brown’s *Rockefeller medicine men*, sees Foundation activities as examples of American economic and cultural imperialism. While initially working with local colonial agencies, from the 1930s the Foundation’s International Health Board (IHB) used its independent, non-governmental status to turn anti-British sentiment to support its programmes.