

## Book Reviews

spacing and limiting of births as the means the lower classes adopted to approach some of the advantages enjoyed by the more prosperous. In line with recent analyses of the contribution of nutrition to increased longevity, Smith argues that better nutrition, the most consistent benefit of smaller families, increased natural resistance to TB among children of the poor. Although Smith does not make much of the reduced crowding that could have resulted from smaller families, density of population is a key factor in the transmission of TB infection.

This promising introduction to important issues is badly undermined by Smith's simplification of the historical context and by careless research that often produces inadequate support of his thesis and sometimes inaccuracies. There is virtually no documentation for the challenging proposition that mortality decline among the poor was the consequence of family limitation. Instead Smith provides abundant but apparently unsystematic accounts of incidents that illustrate limited responses to the needy and the diseased and to contemporary medical-scientific knowledge. Inadequate social resources, institutions, and practices are pointed out, and the economic and ideological structures that supported and legitimized poverty and inequities are treated as inconsequential background data. Smith may view these as minor obstacles that good men should overwhelm, but there are few good men in his story. He presents early nineteenth-century understanding of tuberculosis in a 24-page chapter titled 'Etiologies', that includes an interpretation of resistance to Jean Antoine Villemin's demonstration of tubercular contagion and Robert Koch's identification of the tubercle bacillus. English rejection of Villemin's work is based on repeated quotation of two articles, one by "the early social Darwinist" Charles Drysdale and the other by J. S. Burdon-Sanderson. More damaging, Dr Smith's compressed picture of constitutional infirmity lays the ground for ridicule of nineteenth-century holistic concepts of causation. Smith might better have pointed out that the concept of a diathesis in which heredity and disease-breeding environments were factors resisted "reductionist" germ theories. Without this foundation it is misleading to say that Koch's ideas were contested as Villemin's had been before because "His findings devalued current therapeutic practices and overturned traditional structural comprehension of the disease" (p. 48).

In his earlier work Dr Smith disclaimed expert knowledge in the history of disease and medicine. That caution does not, unfortunately, influence his sampling of statistical and textual support for this book. Admittedly, historical research on the impact of specific diseases has not yet produced the kind of detailed analysis Dr Smith needs. Nonetheless, his conclusions appear all too often in the service of beliefs about the limitations of social intent and medical service. However plausible these conclusions, they are undermined by decontextualized evidence and errors of fact: Koch's mistaken views on bovine TB are better understood in the context of his fear that the campaign diverted infected attention from pulmonary TB; bull-vaccine, not BCG, is used with "tuberculosis-positive children" (pp. 182, 202).

This book promises more than it delivers. Almost every chapter includes interesting ideas and information, but rambling chronology and repetitive argument make it difficult to follow. The decline of tuberculosis remains a critical subject for historical research.

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ROY MacLEOD and MILTON LEWIS (eds.), *Disease, medicine and empire: perspectives on Western medicine and the experience of European expansion*, London and New York, Routledge, 1988, 8vo, pp. xii, 339, £45.00.

This collection has three stated aims: first, to show the scope of current research on the political, racial, military, and economic aspects of European medicine "overseas", especially in the nineteenth century; second, to illustrate the characteristics of European medicine in the "settler colonies" of the British Empire; and third, to explore the effects of epidemic diseases and racial theories on the status and practice of European medicine in colonial territories. Though the main emphasis is on the British Empire, some comparative work on French, German, and Belgian colonies is also included. The chronological scope is mainly nineteenth

century, though many papers extend into the twentieth, with one paper on eighteenth-century Carolina, which sits rather awkwardly with the others, because of its very different social and intellectual context.

Such collections cannot hope to cover everything, and the editors apologize for obvious gaps in coverage, especially in Asia, the West Indies, and Africa, but the range is impressive nonetheless. The editors also disclaim any unifying thesis or central argument, but Roy MacLeod's excellent introduction suggests a number of linking themes, and even as he anticipates reviewers' likely complaints about lacunae he adroitly points the way ahead for further work in this field.

Part I is mainly concerned with the tropical frontier and begins with Michael Worboys's discussion of the rivalry between the London and Liverpool schools of tropical medicine, seen through the contrasting approaches of Manson and Ross to colonial medical policy. Radhika Ramasubban writes on British India, dealing with army sanitary reform and cholera. One curious omission from this useful study is any reference to the key article by I. D. Mills on the 1918 influenza pandemic in India (*Indian Economic and Social History Review*, 23: 1 (1986), 1–40). Raeburn Lange's well-balanced discussion of the Cook Islands under New Zealand colonial administration encapsulates several key themes of this collection, and enables interesting comparisons to be made with Wolfgang Eckart's paper on German Pacific territories and Anne Marcovich's on French Algeria and Indochina.

Part II, entitled 'European medicine and colonial practice', deals with selected "white" colonies of the temperate zones, and is mainly concerned with the development of the medical profession in South Carolina, Canada, Queensland, and Victoria (Australia). Donald Denoon contributes a lively overview of the reception of Western medical ideas in settler societies. One paper is posthumous: it was sad to hear of Geoffrey Bilson's death in 1987. Part III is subtitled 'The politics of race and epidemic disease', and includes well-written case studies of smallpox in Australia by Alan Mayne, sleeping sickness in the Belgian Congo by Maryinez Lyons, and cholera in the Philippines by Rodney Sullivan. A lively chapter by Shula Marks and Neil Andersson on typhus in South Africa begins with reference to outbreaks of cholera in the Bantustans in the early 1980s, a reminder that the social and political histories of medicine can have considerable present-day relevance. Milton Lewis concludes the volume with a study of infant welfare in New South Wales. Though he discusses Truby King and New Zealand's developments in this field, no mention is made of Philippa Mein Smith's excellent new account, *Maternity in dispute* (Wellington, 1986).

This is a useful and substantial collection, which amply fulfils its stated objectives. The papers vary somewhat in quality, but all are based on thorough research in primary sources, and the overall standard is high. The editors deserve congratulations for a job well done. The bibliography is a very comprehensive listing, which illustrates the range of recent work, but the index is largely confined to names, and needed a much stronger subject analysis to make it useful for students and researchers. Even so, the use of section headings throughout each chapter makes it easy to find one's way around the book.

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CHARLES WEBSTER, *The health services since the War*, vol. 1, *Problems of health care: the National Health Service before 1957*, London, Her Majesty's Stationery Office, 1988, 8vo, pp. x, 479, £27.50.

For all its much-vaunted faults Britain's National Health Service remains the most ambitious publicly provided health service to be established by a Western democracy. And, as current events show, there is a formidable consensus of opinion, professional and lay, in its favour. Things were not always thus: as Charles Webster emphasizes in his account of the NHS up to 1957, historically there has often been little consensus and the present set-up has evolved out of a long series of painful battles and compromises, with the medical view taking the ascendant. There are good reasons for the latter: the British Medical Association, in Webster's