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options: a thematic approach, or a chronological one. Both have drawbacks: a thematic organization permits a comprehensive analysis of each sector but loses the pattern of an overall picture; a chronological approach fragments the analysis of individual sectors in emphasizing the shift of policies and personalities across the broad spectrum of administrative responsibility. Dow has clearly given thought to his choice of method; the historian who began this project envisaged a thematic approach; Dow, in completing it, adopted a chronological one. In so doing, he was aiming for overall coherence, the opportunity to present political influences, and the chance to bring to life the personalities involved in the work of the department. In the last, at least, he succeeded: the earliest Chief Medical Officers, for example, James Mason and Thomas Valentine, come triumphantly to life, as do some of the lesser characters, notably the Maori physicians Peter Buck and We Rapa (splendidly pictured at page 118 “stalking a moa” as part of an Otago University exhibition circa 1899), and Dr Muriel Bell, self-appointed departmental “Battleaxe” in the 1960s.

Dow’s success in achieving his other two objectives is more debateable. It is, in fact, very difficult to retain a sense of coherence for the reader when themes run intermittently through a hundred-odd years and 230-odd pages of text, and this reader for one emerged at the end of the book with no clear sense of the long-term pattern of policy in respect of the department’s various different concerns. The issue of Maori health, in particular, would have benefited from a thematic treatment, and while one can respect Dow’s reasons for wishing to escape the thematic disease-case-study approach of a previous departmental history, there are grounds for thinking that a different thematic approach would have yielded considerable dividends.

This quibble seems especially pertinent to the political—and, importantly, the financial—context of the department’s work. While Dow elegantly integrates these pressures into his narrative, the reader is constantly confronted

by contextual questions which go unanswered. Financial stringency, for example, seems to have reached New Zealand only in the early 1980s, a decade or so later than in Britain, but the reasons for this delayed economic downturn are not indicated. Given separate treatment, the history of the health department within the context of central government’s wider concerns would have made an illuminating chapter in a thematically organized book.

In sum, this is a fine account of the work of the New Zealand Health Department, written on an updated model of the traditional, chronological, institutional history.

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Aviva Chomsky, *West Indian workers and the United Fruit Company in Costa Rica, 1870–1940*, Baton Rouge and London, Louisiana State University Press, 1996, pp. xviii, 302, £32.95 (0-8071-1979-2).

In the past decade a historiography has developed that looks at the transition from slavery to free labour and the beginnings of activity by transnational enterprise in the Caribbean and Central America. Building on the well-established literature examining slavery and abolition in the Caribbean and peasantries and agrarian protest in Latin America, a series of monographs and articles has analysed various features of the integration of the region into the international economy through the development of export crops, notably sugar-cane, coffee, tobacco and bananas. This book contributes to this literature. There are three main actors. First, the West Indian workers, mainly Jamaican, were imported over a long period to make up the labour supply on plantations in the Atlantic coastlands of Costa Rica. The second leading player is the United Fruit Company, an incipient transnational firm, which arose from mergers in the United States, and penetrated numerous countries of the region at the turn of the nineteenth and twentieth centuries,

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becoming a focus for nationalist and radical protest. Thirdly, there is the Costa Rican state. The book examines labour recruitment and controls, union organization and radicalization, the persistence of Jamaican cultural and religious traditions and the impact of racism and early Communist proselytization.

Readers of this journal, however, are most likely to be interested in the section addressing company paternalism in health care and worker resistance to it. Anxious both to protect white managers and technicians who were difficult to replace and to raise labour productivity and minimize turnover of black workers, the United Fruit Company invested in hospital provision and field dispensaries and then deducted 2 per cent of the salaries and wages of its employees to cover costs. By 1926 these measures were complemented by malaria controls. Whereas in the 1910s piecemeal efforts had been made to reduce malaria incidence, now a full programme of controls was maintained, including short-range sanitation near housing, mandatory treatment for ill workers and the use of insecticides. From the viewpoint of the enterprise this strategy had some success: welfare policies did help to entice workers to remain, and levels of output and productivity did rise. However, the annual reports of the company indicate considerable worker resistance, which took the forms, in particular, of refusing to take prescribed doses of plasmochin (introduced from Germany in the mid-1920s), and of not making the "right use" of screens around living quarters. West Indian workers wanted screens, but were hostile to regulations which forbade travel between plantations and unscreened villages. At times too physicians trained in the United States misinterpreted the preferences of black workers, partly because, in line with company policy, white doctors focused their attention on the disease rather than the patient. Many workers preferred tonic pills to quinine, for example, as treatment for leg ulcers, because, debilitated by an inadequate diet, hookworm or/and malaria, they found tonic pills valuable in building up their general

condition. The health strategy of the company failed in another important respect. Black workers often opted for treatment by approachable black healers in company field dispensaries rather than attention in the alien company hospital. Accustomed to racism but not to the formal segregationism of the colour bar, Jamaican workers were antagonized by a hospital pervaded by segregationist ideology and practices.

In spite of the limitations imposed by the persistent denial of United Fruit of access to its archives there is much in this work that is interesting and original. Yet this reviewer finds the book dissatisfying and premature. Too much time is spent in superfluous detail and in debating the secondary sources, and too little in examining the character and significance of the Costa Rican state. Its author is insufficiently aware of debates among Caribbeanists as to whether popular black traditions were "African" or shaped by a specifically Caribbean environment. But, most significantly, the scope and range of the book are too narrow. The topic is an excellent one; and it is a pity that the author did not make a more illuminating comparative study of two countries in the region.

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Joanna Bourke, *Dismembering the male: men's bodies, Britain and the Great War*, Picturing History Series, London, Reaktion Books, 1996, pp. 336, illus., £19.95 (0-948462-82).

The iconic status of the First World War in British cultural history and contemporary life is related to a bifurcated view of the century. There was before 1914 and after. Never such innocence again, was the response of one poet who knew very little about innocence. And perhaps that was the point. The current consensus of historical study is that the shock of the 1914–18 war was so severe that it rendered every facet of pre-war cultural life redundant, ridiculous, or worse.