

Book Reviews

DONALD DENOON, with KATHLEEN DUGAN and LESLIE MARSHALL, *Public health in Papua New Guinea: medical possibility and social constraint, 1884–1984*, Cambridge History of Medicine, Cambridge University Press, 1989, 8vo, pp. xi, 155, £25.50, \$39.50.

Public health in Papua New Guinea, despite the title, is not historical epidemiology. It is not primarily concerned to trace the changing health status of New Guineans. Rather, it is an account of the development of health policy and programmes since the beginning of European colonization. As the subtitle indicates, it highlights the dialectic of medical knowledge and social constraint in the evolution of policy. The basic argument is that achievements were always (and still are) less than what were medically possible because race, gender, professional, and class blinkers distorted the perceptions and, therefore, the actions of policy-makers.

It is a first-rate social history of health policy in a lesser colony on the edge of empire and in a small, Melanesian nation. But it is more than that. Donald Denoon's deep concern for the well-being of the ordinary people of New Guinea and for the establishment of a genuine participatory democracy is obvious. He is conscious of the practical import of his history and its relevance to contemporary policy in Papua New Guinea and other former colonies struggling to promote welfare in a democratic setting. The message is clear: in a situation of very limited resources, urban élites must be ready to involve the mass of villagers in the making and execution of policy if an effective and equitable health care system is to be sustained. Of course, Denoon's basic point about the social mediation of medical and scientific knowledge applies not only to "developing" countries like New Guinea but to "advanced" democracies as well.

Denoon has an academic background in development studies as well as in social and economic history. He thus brings a wider perspective to medical and public health history than is common. Also, he has lived and taught in New Guinea. The analysis gains contextual richness from this background; in particular, his appreciation of the pervasive impact of colonialism and his sensitivity to specifically New Guinean factors like the considerable regional variations in the country and the continuing influence of traditional mores and institutions add depth to the study.

The book is divided into two parts: the rise and fall of tropical medicine and the triumph and demise of the great postwar campaigns against infectious diseases. From the 1890s to the 1940s, the theory and practice of tropical medicine dominated public health efforts. Like colonialism itself, tropical medicine was autocratic in style, and it was pessimistic about health advancement. The focus was on a few treatable diseases and preventive work was directed towards the enclaves of expatriates and the native labour force.* The needs of the mass of indigenes were ignored except in the few areas where mission health workers were located.

Penicillin, sulpha drugs, and other "magic bullets", used so effectively by Allied forces in New Guinea during the Second World War, ushered in the era of the heroic campaigns against malaria, tuberculosis, and leprosy. In an atmosphere of great optimism, medical generals marshalled their troops for country-wide attacks on the microbial enemies. By the 1960s, however, the campaigns had lost momentum. In the longer term, resources were inadequate to the task, the enemy too resilient, and co-operation at the village level unforthcoming. Again, the style was autocratic but at least there was concern now for the welfare of the whole population.

Out of the ashes rose the democratic concept of primary health care. Appropriate to the coming independent political order, it yet remained problematic because in essence it was "a series of moral exhortations rather than a programme of action". As a prescriptive ideology, it has much power and has inspired great efforts by health workers. The danger is that without real popular involvement, services may degenerate into ritual functions. Denoon concludes that the Papua New Guinea experience shows that the technically least spectacular

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programmes have conferred the most benefit. In Papua New Guinea, as elsewhere, community health is determined by the quality of living and working conditions. Medical technology has been marginal to the historical advance of people's health.

Besides the key concepts of tropical medicine, eradication campaigns, and primary health care, Denoon ably discusses significant subjects like medical education, the vicissitudes of health education, the neglect of women's health, and the evolution of a national health care system. In the final chapter, he takes up the difficult matter of explanation. How are we to account for the changes in policy in the century between 1884 and 1984?

He identifies various explanatory devices used hitherto to account for policy change: the influence of "great doctors"; the impact of international medical ideas and strategies; the needs of capitalist interests, and of the colonial state. But each has its limitations. Even as policy-makers, "great doctors" like Cilento or, later, Gunther were constrained by finance and public attitudes. Programmes were never simply local expressions of international health strategies *inter alia* because sufficient funds were never available. While services were provided for capitalist enterprises (for example, the labour forces on plantations), stategic concerns seem to have been more important than economic exploitation to the colonial power. In fact, as Denoon points out, all these factors can be shown to have shaped health policy. Medical administrators influenced policy as did ideas emanating from the international medical community. Colonial economic development and Australian political objectives impacted on policy. In his concise and very readable study, Donald Denoon thus confronts the complexity of the causal matrix determining health policy. He also contributes to our historical knowledge of the strengths and weaknesses of "imperial" medicine in the tropics.

*Denoon's important point about the ideological nature of tropical medicine is, of course, not new. See M. Worboys's articles, 'The emergence of tropical medicine: a study in the establishment of a scientific speciality', in G. Lemaire et al., (eds.), *Perspectives on the emergence of scientific disciplines*, The Hague, Mouton, 1976, pp. 75–98; and 'Manson, Ross and colonial medical policy: tropical medicine in London and Liverpool, 1899–1914', in R. MacLeod and M. Lewis (eds.), *Disease, medicine and empire*, London, Routledge, 1988, pp. 21–37.

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MICHAEL SHORTLAND, *Medicine and film: a checklist, survey and research resource*, Research Publications 9, Oxford, Wellcome Unit for the History of Medicine, 1989, 4to, pp. viii, 56, illus., £6.95, (paperback).

Medicine and Film will be of use to historians concerned with the artistic representation and popular perception of the medical profession in the twentieth century. It gives helpful advice about relevant films to see, and how to see them (on video; by hiring them on 16mm; or by viewing them at the British Film Institute or the Motion Picture Division of the Library of Congress). The bibliography makes suggestions which should assist those unfamiliar with the history of the cinema to make some first steps towards including film in their researches. Michael Shortland is something of a pioneer in this field, as his bibliography indicates.

There are however a number of reservations to be entertained about *Medicine and Film*. Shortland assumes that the study of film will be relevant to the work of the medical historian—an assumption which, even if correct, needs to be justified and qualified in a work which sets out to remedy what it views as a disabling lack. Shortland is no doubt right to say that the unfamiliarity of film archives as research territory for library-trained academics is one reason for the comparative neglect of his subject; and he is surely right to think the neglect due as well to a snobbish British reluctance to treat the cinema as a serious form.

He does not, though, take enough account of another, more respectable reason: the extreme complexity of the still-developing medium, a complexity which has kept mainstream film criticism from going beyond the basics of plot-summary and broadly sociological comment. In the field of books, literary critics are often suspicious of those historians who come briskly up