shortcomings and bias towards nursing as a vocation detracts from its value.

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Ellen S More, *Restoring the balance: women physicians and the profession of medicine, 1850–1995*, Cambridge, MA, Harvard University Press, 2000, pp. xi, 340, illus., £15.95 (paperback 0-674-00567-8).

This meticulously researched volume asks why it is taking such a long time for medical women in the USA to attain the highest levels of their profession. It joins two other notable studies on similar topics. In *"Doctors wanted: no women need apply": sexual barriers in the medical profession, 1835–1975* (1977), Mary Roth Walsh analysed the discrimination against American women, especially that in educational opportunity; and in *Sympathy and science: women physicians and American medicine* (1985), Regina Morantz-Sanchez analysed the tension between collegial assimilation (exemplified by Elizabeth Blackwell), and separatist perfectionism (typified by Mary Putnam Jacobi). More's study is complementary in that she highlights the principle of balance in female doctors' lives, and argues that it continuously informed both their professional and personal values. Evidence is provided by a close reading of the careers of selected pioneers (notably the Quaker doctor, Sarah Dolley of Rochester), by oral histories, and by case studies of local and national institutions.

More argues that medical women needed to balance creatively the claims of two separate but linked worlds, since they held dual citizenship in their private households and in the public medical world. For example, Sarah Dolley's only surviving journal mingled case histories of her patients with comments on her own family's health. This concern for balance also operated in the broader context of a gendered separatism in female medical societies and dispensaries, where activity was characterized by social activism and feminism. By the early twentieth century, however, the next generation of medical women was losing its feminist commitment to the separatism of all-women organizations in favour of professional integration.

Yet women's career patterns militated against such assimilation. Practising a maternalist medicine in child bureaus within municipal public health departments had the advantage that it could be more easily combined with marriage and a family, but it carried a professional risk. Medicine was now moving towards a biological reductionism rather than the broader environmental and holistic concerns of the preventive medicine favoured by women doctors. Medicine was also increasingly geared to specialism. A restructuring of medical institutions during the first half of the twentieth century left women on the professional margins, where separatism continued despite the rhetoric of assimilation. Women were seldom appointed to competitive internships, or residencies, and even fewer gained hospital privileges. Female physicians gained a foothold in a few specialisms—notably gynaecology and psychiatry—but were not accepted as members of specialist societies. Women were a generation behind in moving to careers in specialties or in academic medicine.

Only in the second half of the century did the favourable wind of government policy (concerned with a possible shortage of physicians), and the general momentum given by the movement for women's rights (in changing attitudes and expectations), lead to a successful drive against one potent aspect of discrimination—the admission policies of medical schools.

Much of this narrative parallels the story of women in British medicine, although the continued resilience of general practice on

this side of the Atlantic provided a more favourable habitat for the married British medical woman than the specialism of American medicine.

This is a stimulating volume, characterized by the testing of explanatory models against varied historical evidence in a carefully controlled investigation. It links past to present in a thought-provoking analysis that should appeal to historians, as well as providing timely reading for doctors and policy makers.

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Marcos Cueto, *The return of epidemics: health and society in Peru during the twentieth century*, The History of Medicine in Context series, Aldershot, Ashgate, 2001, pp. x, 176, £45.00 (hardback 0-7546-0314-8).

In the years since Asa Briggs drew attention to the study of cholera epidemics as a point of entry into social history, a number of historians have used cholera and other epidemic crises as vehicles for exploring the complexities of the past. Marcos Cueto's work on Peru falls within this tradition, yet significantly extends it. Firstly, he tackles not one epidemic disease or incident but half a dozen; secondly, his book has an explicit political purpose: to argue the case for a state supported public health system in Peru as the means of eradicating the vicious cycles of disease and poverty which currently undermine the well-being and security of the country's citizens.

The return of epidemics charts the gradual engagement of the Peruvian state in the management of public health during the first half of the twentieth century, and its withdrawal of that support in the second. Beginning with plague in the first decade of the century, Cueto tracks his way through the re-introduction of yellow fever in 1919, the smallpox and typhus endemic in the highlands of the Andes, the spread of malaria outwards from the coastal regions to encompass the whole country, and finally the cholera epidemic of 1991, which appeared to result in the establishment of an indigenous focus of the disease. The earlier sections of the book demonstrate the ways in which both the state and individuals responded to epidemic challenges at a time when sanitarian ideals and a belief in the possibility of eradicating disease inspired and sustained public health action. Thus the introduction of plague led to the founding of the country's first national health agency, the Public Health Bureau, in 1903; assistance from the Rockefeller Foundation in the 1920s brought the control of yellow fever; and in the Andes in the 1930s local sanitary brigades combined the techniques of western medicine and understanding of Indian cultural traditions in the struggle to control smallpox and typhus. The climax came with the internationally-sponsored campaign to eradicate malaria in the 1950s, which by 1968 appeared to be within reach of success.

Throughout these years, Cueto argues, a belief that the problem of poverty could be resolved through public health action in lifting the burdens of disease underpinned both national and international efforts at disease control, and popular acceptance for public health interventions was achieved where western medicine and native cultural tradition were judiciously blended. In the 1960s, however, things changed. In 1963, the USA withdrew financial support from the anti-malaria campaign; and by 1968 the new military regime in Peru had concluded that agrarian reform was the key to the problem of poverty. Meanwhile DDT fell out of favour as a mosquito-eradicating agent, and chloroquine lost its effectiveness against falciparum malaria. As a result, the campaign was abandoned, and malaria resurged across the country. By 1991, when cholera invaded, Peru was in political and economic meltdown, and health personnel,