

introduction of satisfactory artificial feeding, such sustenance was also a vital factor in the lives of orphans and foundlings, for whom the alternative was direct feeding from such animals as goats.

That the subject can sustain an entire book may seem surprising; however, recognizing its potential during research for her earlier work, *Breasts, bottles and babies*, Valerie Fildes has produced an intriguing study of the mechanism whereby many thousands of babies were nourished by total strangers. This meant being raised among the families of married country women or, as was more common from the nineteenth century, by wet nurses resident in the babies' own homes.

From a survey of a wide range of publications including early printed works, together with manuscript sources pertaining mainly to the London Foundling Hospital, Dr Fildes covers such aspects as wet nursing in antiquity, in the American colonies, at its height in England in the seventeenth century and, finally, its demise in the nineteenth and early twentieth centuries following medical campaigns and the encouragement of maternal breast-feeding. In view of the fact that wet nursing was a widespread, well-paid occupation, the chapter on the occupational disease of wet nurses, which is restricted to a narrow period and almost solely to quotations, deserved expansion.

Wet nursing and many related aspects of child care have been treated in depth and the book also examines medical and social issues wider than its title conveys.

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ROGER JEFFERY, *The politics of health in India*, Comparative Studies of Health Systems and Medical Care, vol. 21, Berkeley, University of California Press, 1988, 8vo, pp. xii, 348, \$39.95.

Health in India is, as Roger Jeffery remarks, a subject that has been "much discussed, but not much studied" (p. 12). The country's health services are often cited in discussions of India's economy and society but without any systematic investigation into their evolution and character. The literature has been piecemeal in its approach and, where critical, generally damning about the level and nature of the facilities provided. Dr Jeffery accordingly sets out to form a more comprehensive and balanced assessment.

In discussing the colonial period, the subject of the first third of the book, he is clearly disadvantaged by the lack of studies of British health policies. There is, in fact, little discussion here of the "politics of health" under British rule, if by that term is meant the conflicting aims and shifting priorities to which colonial medicine was subject; but this section of the book gives effective consideration to the narrowly colonial orientation of the Indian Medical Service, the general neglect of public health, and the decline of India's indigenous medical systems. Jeffery is sceptical about claims that colonial medicine effected far-reaching changes in mortality and public health before 1947, though, without a discussion of individual disease trends, his evidence seems flimsy. He sees, however, certain redeeming features in the colonial record: a medical infrastructure had been created that could be built upon later, and, even before Independence, the Bhole Committee report in 1946 proposed a major reorientation of policy to meet public health requirements, though several decades were to elapse before implementation.

In his discussion of health policies after Independence, Jeffery contests the view that India's health services have badly failed to meet its needs. He concludes, on the contrary, that there are some grounds for optimism. Despite political and administrative difficulties, he sees some "very real achievements" in Indian health policy since 1947, as evinced by falling mortality rates and the success in tackling targeted diseases. India is seen to have been the beneficiary of the relative "openness" of its political structure. Thus, the Western medical establishment, as embodied in the Indian Medical Association, has been unable to squeeze out indigenous medical practitioners, nor has it gained a monopoly of state recognition and education. Substantial numbers of doctors have left India to work abroad without seriously weakening health provision within India; and Western drug companies have failed to win the same degree of control they have gained elsewhere. India, then, does not fit a crude "dependency" model. Since the early

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1970s, too, there has been a shift towards greater public involvement in health care, giving India, at least on paper, an impressive infrastructure of rural health centres. By the standards of neighbouring Pakistan, India seems relatively well provided with health-care resources.

There is much to be commended in Dr Jeffery's book. While it is less comprehensive in its discussion of the colonial than the post-colonial period and while it does not attempt to give a full account of the nature of the health problems confronted, it usefully brings together, within a critical and analytical framework, disparate material and conflicting lines of argument. In relating health provisioning to wider economic and political changes, it manages to avoid an unqualified "political economy" approach. A welcome addition in itself, this book will surely be a stimulus to further research and controversy.

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LINDA BRYDER, *Below the magic mountain: a social history of tuberculosis in twentieth-century Britain*, Oxford Historical Monographs, Oxford, Clarendon Press, 1988, 8vo, pp. xiv, 298, illus., £30.00.

It is odd that historians have disregarded tuberculosis. More than other maladies which have preoccupied them, it was a leading cause of mortality, morbidity, and wretchedness. In this century, pulmonary TB has crucially provoked administrative interventions and policies aimed at financially and socially supporting sufferers.

Linda Bryder has now provided us with a thoroughly researched, accurate, and carefully considered survey of TB and its consequences in Britain between 1900 and 1960. Her book should be widely read, not least because it gently but persuasively corrects celebratory medical reminiscences, folk memories, and historians' assertions founded on them.

It is a melancholy story. TB management consumed almost as much money as maternal and child welfare in the early 1920s but produced little prevention or cure. Sanatoria, which swallowed much of the resources, housed a tiny proportion of the active cases and despite their directors' pretensions and dodgy statistics, lost up to 80 per cent of their allegedly restored patients within five years of discharge. This rate was probably worse than that for consumptives who never entered a sanatorium, especially when we consider the sanatoria promoters' claims to admit only "early" cases with good prognoses. Similar conclusions emerge from Dr Bryder's review of chest surgery. I would have like her to have pursued the problem of how such a futile system retained the esteem of politicians, local government officers, the general public, and many consumptives.

As with other intractable illnesses, medical practitioners, philanthropists, bureaucrats, and the consumptives themselves tended to blame the victim. There was a concomitant loss of citizenship. Sanatoria or Poor Law cases, and attenders at dispensaries, were subject to invasions of privacy, pointless controls and dangerous procedures, the outcomes of which were untried. Some of the procedures, complete rest and overfeeding, for example, are now regarded as useless or even damaging. Dr Bryder has drawn on the Frimley Sanatorium follow-up records to build a memorable picture of private anguish, stigmatization, and domestic and neighbourhood disruption. The Frimley authorities' relentless pursuit of their inmates up to 35 years after discharge becomes nightmarish when we realize that these records apparently were never used for any worthwhile epidemiological purpose. Dr Bryder's account of the professional opposition to introducing BCG to Britain reveals similar abuses of power and parochialism.

The only comfort conveyed by this monitory book is the fairly steady decline of TB mortality throughout the period, within a context of improving living standards, despite the misallocation of resources.

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HAROLD ATTWOOD and GEOFFREY KENNY (editors), *Reflections on medical history and health in Australia*, Third National Conference on Medical History and Health in Australia 1986, Parkville, Medical History Unit, University of Melbourne, 1987, 8vo, pp. viii, 278, illus., A\$20.00 (paperback).