Hewa presents IHB objectives in vigorous terms as the same as "imperial tropical medicine": to protect the health of the colonisers; to maintain the health of the "colonised" as far as their health posed a threat to colonial rulers, or to the viability of colonial economies. Such activities also demonstrated Western cultural superiority and the backwardness of the "colonised" regarding health and sanitation. However, Hewa shows the problems of the transfer of medical policies and technologies from first to third world countries. The initial IHB anti-hookworm campaigns between 1916 and 1921, while successful in the short term in identifying the sick and curing infection, failed to eradicate the disease as the neglect of improvements to basic sanitation led to rapid and high rates of re-infection. In 1926 a different, less narrowly medical approach was taken by the IHB, again borrowing from American experience. This was the establishment of "health units" which aimed to provide a range of preventive measures, including child and maternity clinics, malaria eradication, sanitary reform and health education, with many agencies using Sri Lankan rather than British or American staff. Such measures enjoyed popular support and the expansion of health and welfare services was used by post-independence rulers to win legitimacy and support.

Hewa's account, despite the author's best efforts otherwise, shows that medicine was something more than a tool of cultural imperialism used by administrators, capitalists and experts. While this perhaps dominant feature should not be overlooked, the story Hewa tells also shows, what many other studies have recently revealed, the contradictions and ambiguities of medicine in the colonial context, and how these changed over time. Given the critical views taken of Rockefeller work, it is surprising that the IHB's concentration on a single disease has been followed in this study. It would be nice to know the other causes of morbidity and mortality in Sri Lanka in this period, and the changes in the relative importance of these economically, socially and politically over time. Also, if the total cost of the "health units" in 1931 was only 3 per cent of the annual budget of the colony's Department of Medical and Sanitary Services (p. 135), it would have been instructive to know how the other 97 per cent was spent. The activities of the IHB showed the weaknesses as well as the strengths of Western medicine, and the gap between promises and results was increasingly recognized by Sri Lankans and undermined Western authority and the legitimacy of colonial rule.

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Richard Creese, W F Bynum and **J Bearn** (eds), *The health of prisoners: historical essays*, Amsterdam and Atlanta, GA Rodopi, 1995, pp. ix, 184, Hfl. 35.00, $23.50 (90–5183–869–7).

The title of this collection of lively historical essays investigating the place of medical practitioners in the evolution of the modern penitentiary is deceptively straightforward. At first glance, one might think that such historical reflections concerned (only) the physical and medical challenges penitentiaries faced in providing health care to a population likely to import into confinement a host of addictions and insalubrious habits. In fact, *The health of prisoners* explores the problematics of caring about care itself: whether and to what extent the well-being of prison inmates stood apart from initiatives painstakingly designed for the *well-ordered* penitentiary.

Although a good number of the essays touch on medical issues in the process of investigating the lives of familiar reformers (John Howard, Elizabeth Fry) or the implications of medical treatment for prison administrators, essays by Martin Wiener and Joe Sim address directly the place of medical intervention in prevailing penitentiary ideology. With characteristic clarity, Martin Wiener illuminates a critical variant of the contemporary organizational ethos—*Penal*

Benthamism—which conceived of prisoners as "different from normal people ... [in need of] firm and extensive management from the outside" (p. 46). This carceral turn to an ideology normally associated with enabling citizens to seek their own greatest happiness was not unique to Britain. Alexis de Tocqueville, after all, had remarked on the "complete despotism" in American prisons, all the more noteworthy because of the new republic's "extended liberty". Wiener's essay offers the most sustained and nuanced reading of Benthamism and medicine—especially the dilemma faced by physicians contemplating efforts at "preventive medicine"—and is particularly incisive in cautioning against "binary thinking": envisaging prison medical officers as either lackeys of the penitentiary, or the prisoners' advocates.

The complicity of prison medical officers in "surveillance, individualization, and normalization" is in fact the focus of Joe Sim's essay, which rejects the Enlightenment version of "rational progress and benevolent development which has dominated social science discourse about modern institutions in general and medicine in particular" (p. 103)—a vision, by the way, which has clearly *not* been in dominance for the past two decades, when most of the social histories of medicine have been written. Prison medical officers, in Sim's view, were unambiguously associated with the maintenance of discipline and order in the institution. To be sure, he has unearthed haunting examples of medical participation in inhumane and depraved medical practices to give pause to unreconstructed Enlightenment historians—if there are any living. Still, invoking the Foucauldian paradigm of "power/knowledge" by employing a term such as "prison medicine's knowledge base" suggests rather more than it delivers. Essays throughout this collection repeatedly point to the haphazard state of prison medicine in general, and psychiatry in particular—surely the most *controlling* of medical specialties. Further, mental medicine appears to have been held in low regard by prison administrators and prisoners alike.

Other essays in this volume—although narrower in scope—highlight the developing medical officer's role, and the rise of the first criminal lunatic asylum. Richard Smith identifies the challenge facing medical officers who contemplated providing psychological counselling to the prisoners, but worried that such service might bestow a medical imprimatur to the practice of keeping the mentally disordered in prison. And Sir Louis Blom-Cooper takes up the plight of the psychologically disturbed offender as he recounts the history of Broadmoor and subsequent attempts to attend to the special needs of criminal lunatics, reminding the reader of the seemingly inexorable progression of construction, to expansion, to overcrowding.

Taken together, the volume's essays challenge the reader to consider the distance we have travelled in thinking about the health of prisoners. Although current thinking tends to separate physical and mental health needs from the objectives of punishment, opinion is still divided regarding the *appropriate* standard of medical attention, and how it should be delivered. Not everyone at the conference was convinced of the efficacy of new laws of reporting of prison conditions and/or abuse, or pleased with the standard of care—particularly if increased medical attention is equated with increased medical surveillance.

In keeping with the theme that united the conference, it might be good for readers to remind themselves that Benthamism was never about making everybody happy.

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David A E Shephard, *John Snow: anaesthetist to a queen and epidemiologist to a nation*, Cornwall, Canada, York Point Publishing (PO Box 843, Cornwall PE, C0A 1H0), 1995, pp. 373, illus., Canadian $33.00, £15.65 (1–57087–103–5).

John Snow (1813–58) is an easy man to admire. He had none of the pomposity commonly found in self-made individuals. He