

'multiple and hybrid medical modernities' (p. 8).

Additionally, in the British Caribbean, the American directors 'made self conscious efforts to creolise the biomedical narrative of hookworm disease and its treatment' (p. 141). A revealing example of which was the pamphlet produced by British Guiana's director, 'The Demon That Turned Into Worms' which was based on a Hindi popular story collection, *Baital Pachisi*; an attempt to co-opt a traditional form to convey the RF message. Furthermore, in Trinidad, a well-known Brahmin was even put on the RF payroll for a while to do home demonstrations using characteristic methods of Hindu education (pp. 172–5). Was this a throwing out of the biomedical baby along with the bathwater, Palmer muses? The enforced accommodations made the 'intensive method', as Palmer argues 'highly porous' (p. 137). Thus, it is important to see the resulting syncretism as coming from above as well as below. Medical pluralism was not simply a 'failure of biomedicine to achieve domination' but was the 'form of biomedical hegemony' which had emerged from these encounters (p. 218).

It is the richness of the comparative detail that lends authority to Palmer's questioning of the scholarly consensus on the hookworm campaigns. He sees no disparity between the aims of eradication and the demonstration effect, but rather argues that the two objectives created a 'complementary duality' (p. 15). Similarly, the field laboratories were scenes of 'demystification and popularization' not creators of difference and hierarchy (p. 161). Palmer accepts the legacy of these RF programmes on subsequent RF initiatives and global health actors, but claims that rather than being authoritarian, the American method was 'egalitarian and inclusionary' (p. 215). In terms of lessons to be learned from this Caribbean odyssey, his most compelling conclusion is that it is 'free, literate, and politically engaged populations who respond well to, participate in, and benefit from international health programmes' (p. 214). In

the quest to improve the health chances of peoples today, it is essential that histories of global health, as this one does, address not just other historians, but also today's policy makers.

**Margaret Jones,**  
Oxford University

**Jonathan Reinarz,** *Health Care in Birmingham: The Birmingham Teaching Hospitals 1779–1939* (Woodbridge: Boydell Press, 2009), pp. xii + 276, £60.00, hardback, ISBN: 978-1-84383-506-6.

Commissioned by the main local NHS Trust, supervised over six years by a steering committee of medical practitioners and academics, and informed by a penumbra of practitioner interviewees, Jonathan Reinarz's history of Birmingham voluntary teaching hospitals might be a classic poisoned chalice cum curate's egg. Books like this, as many of us will know, can lose points with the academic community by trying to appeal to a broader public. Balancing the very different interests and demands of these disparate audiences is hard, if not impossible.

Reinarz goes for a lively, engaging style and begins in a patient-centred way appealing to both constituencies, vividly describing the serious hand injury sustained by William Jones, labourer and first patient at the town's General Hospital in 1779 (a surprisingly late date). The rest of this chapter, however, is more traditionally focused, with much about the buildings, visiting staff, gradually expanding annual reports, illnesses treated, and expenditure, but with surprisingly little on income. We hear about lucrative musical concerts, but nothing about who the main subscribers were (manufacturers or farmers, middle class or gentry/aristocracy?). Is this the first sign that key historiographical themes will be lost in the attempt to hold the attention of more general readers?

As if anticipating such concerns, Reinarz storms back with fine-grained analyses (nearly four chapters) of the gradual growth of specialist hospitals, cannily using published works to supplement thin archival material, and thus revealing fascinating details of treatment (for example, of ear afflictions). As well as linking specialist developments to restricted career-development opportunities for ambitious practitioners at the General, he also cautions that, 'the origins of medical specialties in towns like Birmingham almost always pre-date the foundation of a specialist hospital' (p. 72). It seems churlish to suggest that there are no towns exactly like Birmingham, yet Reinarz tells us little about its social, political or medical distinctiveness.

Following the first specialist chapter, is a detailed analysis of the School of Medicine's early years (plagued by local versions of the characteristic intense intra-professional and university-hospital rivalries). After two more specialist chapters we return to the medical school, via an analysis of specialist hospital contributions to the unified (after 1892) Birmingham University (after 1900) medical school based around the General and Queen's Hospitals. This deliberately fragmented structure underlines that there is more to a provincial medical school than its core general teaching hospital; yet it turns out that specialties occupied a very small part of the curriculum by the 1910s, and few students went to the smaller hospitals. It seems that, rather than serving the argument, this fragmented structure is trying to serve a fragmented audience.

Similarly, we learn little about local responses to the ultimately irresistible trend toward laboratory science. Just as the context of Birmingham's distinctive social and cultural politics is largely missing, so is a characterisation of the local medical elite and the dominant medical culture. We are told that laboratories and laboratory research come slowly to Birmingham (mid-1920s) but not why. The argument that routine service work was too valuable a source of funding for

medical school development is interesting, but is not clearly enough utilised as an explanation of late development. Reinarz suggests briefly (p. 183) that Medical Faculty staff supported old-school empirical vocational training over academic laboratory-based medicine, and mentions the importance of university-hospital relations – eg., full-time clinical chairs – for integrating bedside and bench, but does not fully follow through these key academic themes into the crucial 1918–39 period. It often seems that nothing much happens until after the move to the academic Mecca of the new Edgbaston campus in c.1941 – by which time the book has ended. In fact, a lot of research went on previously and it would have been useful to know more about it. We learn of Howard Collier's broad collaborations on industrial noxia, but only very little about what the radium research beds were used for and by whom, what kinds of co-operative work were carried on between laboratory workers and clinical staff on carbon monoxide, rheumatism, gastric contents, diabetes, or sulphur metabolism in cataract patients. Yet such teamwork was characteristic of the development of scientific medicine and laboratory-orientated clinical research in other medical schools. Closer analysis of such activities would have enabled a better characterisation of the nature of scientific medicine in England's second city.

No doubt this thoroughly researched history, which at least touches on very many of the important themes in the history of voluntary hospitals, will satisfy much of the project's target audience, but it will leave medical historians wishing for more in certain key areas.

**Andrew Hull,**  
Swansea University

**Anne Digby and Howard Phillips,** with  
**Harriet Deacon and Kirsten Thomson,** *At the Heart of Healing: Groote Schuur Hospital, 1938–2008* (Auckland Park, South Africa: