

Although the nature of the hospital is broadly understood—dispensaries, maternal and plantation hospitals and mental asylums all receive consideration—there are other kinds of hospitals, such as the lock-hospital and military hospital (critical to sustaining the imperial presence and the extension of western medical control), which might usefully have been included. Only Zaman's anthropological take on a contemporary Bangladeshi hospital really gives insight into what happens in a hospital ward and offers illustrative evidence of the interconnectedness between life inside and outside the hospital (and more than any other contributor highlights the hospital's gendered problematic). While the essays explore diverse sources and themes, two topics emerge as being of paramount interest. One is the trans-regional role of the missionary hospital as a pioneering site of medical intervention and of the "clinical Christianity" that inspired so much western medical endeavour, formed the frontline of interaction with indigenous healing practices and beliefs (a relationship, often explicitly confrontational, that could be tacitly accommodating too), and in some instances was instrumental in stimulating the creation of rival, non-Christian institutions. The fate of the mission hospital (and those who served it) in a post-colonial world is interestingly explored in several essays. The other major theme is race—most extensively examined in the African cases taken up by Digby, Horwitz, Parle and Sweet—where hospitals and asylums became the exemplars of racial difference and ideas of western superiority or articulated the gross inequalities and political paradoxes of the Apartheid years. But the volume as a whole brings out the complexity even of these seminal issues in showing how hospitals (again especially mission hospitals) might constitute the leading edge of rivalries between political powers (as in Palestine) or foreground the conflicts inherent within colonial regimes (as between planters and government in nineteenth-century Ceylon). The quality of the essays in this volume is uneven (the editing sadly still more so), but

the overall impression created is that, while the empirical material is enormously rich and varied, and the mission hospital had a particularly influential and emblematic role, only an interim statement can be made as to what the extra-European history of the hospital might truly represent.

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**Ayesha Nathoo, *Hearts exposed: transplants and the media in 1960s Britain*, Science, Technology and Medicine in Modern History Series, Basingstoke, Palgrave Macmillan, 2009, pp. xv, 262, illus., £52.00 (hardback 978-1-4039-8730-3).**

This is a timely and well-crafted contribution to current media debates over the moral and ethical responsibilities of the medical profession. Given today's furore over organ donation, it provides a much-needed historical dimension to the anxieties facing physicians, surgeons and patients about the limitations and responsibilities of medical know-how. Through analyses of much previously un-theorized newspaper and magazine articles, medical association records and correspondence, Nathoo has situated the transplanted heart not only in terms of practical expertise, but also in the context of what we would now term the "trial by media" debates of the 1960s: *should* we transplant organs, even if it is mechanically possible to do so? What is the exact point of death? What is the status (and responsibility) of the cardiac surgeon? This latter question was asked again and again as Christian Barnaard, the cardiac surgeon responsible for the first "successful" heart transplant, was alternately sanctified and vilified by the media, and by a public that was more informed (and judgemental) about the role of the medical profession than ever before.

Nathoo provides a rich account of a process of increasing public intervention in the practice of medicine in general, and

transplantation in particular. She acknowledges that part of the reason why the heart was so problematic was its historically spiritual and mythological status—indeed, its links to the emotional and psychological world of patients remains important today. Yet the first transplants were also controversial because they raised questions about privilege and knowledge, and reflected the possibility that doctors were becoming too egomaniacal in their desire to control nature—especially since the life expectancy of transplanted patients was so short as to be negligible. In the 1960s, then, transplantation was becoming a distinct clinical specialism at the same time as public hostility to the process was increasing.

Nathoo explains this apparent contradiction with reference to the fact that the first heart transplants—with all their godlike aspirations and their failings—were public events. Her context is one of transformed media communication in the UK—through the popularization of television from the 1950s, which coincided with the volatile world of reportage in the 1960s and greater demand by patients of their individual and collective “rights” (p. 33). “Public interest” became a contested notion and—given both the high cost (ethical and otherwise) of transplantation and the likelihood of failure—it was not at all certain that transplantations were in the public interest. Medical “advance” was greeted with ambivalence and even “dread” (p. 61). In this context, it would be interesting to see some analysis of the rhetoric and function of organ transplantation as a subject for horror movies—an interest that peaked in the 1960s with a shift from the realm of science fiction into psychological thriller.

Far from being assimilated into ordinary clinical practice, then, by the end of the 1960s (as was the promise at the beginning of the decade), heart transplantation stalled in the UK for a decade. It began again only in 1979 at Papworth hospital. It is a shame that Nathoo had not the space for an explanation of this resurgence—nor the transition from that point to the present day. As she acknowledges, the shift in fortunes of the heart transplant as a cultural, as well as a

medical, event cannot be explained purely in terms of improved retro-virals. On a broader level, we might ask how far the politicization and disputation that Nathoo identifies as a 1960s phenomenon represents a “new” phenomenon, rather than part of a much longer process by which a broad and undefined “public” debated and negotiated the rights and responsibilities of medical practitioners. What was perhaps distinct about the 1960s seems less the existence of debates about the limitations of medical influence, than the speed and proliferation of means by which these debates took place. At the end of the twentieth century, the Internet arguably served a similar function to the print and television in heightening the speed and quantity of information being produced about the medical profession and in inviting patients as consumers or participants in determining what was and was not “ethical”. Thus the international debates in 2005 that followed the first “face transplant”—when the French surgeon Bernard Devauchelle, grafted part of a woman’s face that had been mauled by her dog—tested out the public palatability of medical knowledge in much the same way as Barnaard’s defining act had done. Indeed, face transplants (and even more brain transplants) seem to invoke the kind of dread in the media that heart transplants once did. I wonder what this tells us about the shifting status of the heart and the head as organs linked to our emotions, our personalities and our selves?

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**Atsuko Naono** *State of vaccination: the fight against smallpox in colonial Burma*, New Perspectives in South Asian History Series, Hyderabad, Orient Blackswan, 2009, pp. xiii, 235, Rs 695.00 (hardback 978-81-250-3546-6).

The attempts to control and eradicate smallpox in a variety of non-western contexts has received much attention of late. Atsuko Naono’s study of the fight against smallpox in