

humans in Flushing, New York, spreading panic in a community with supposedly highly developed Public Health Services, including the Centers for Disease Control and Prevention (CDC), whose laboratories at the time were more concerned with thoughts of bioterrorism and biological weapons than with naturally occurring zoonoses, let alone those spread by unpopular crows. Criticizing the reactions of the CDC and other government infectious disease agencies, Desowitz pronounces the West Nile outbreak in North America and its treatment by the authorities as “a shambles . . . chaotic confusion . . . truly frightening. If the West Nile virus is a curtain-raiser to the arrival of a truly nasty alien pathogen, like the Ebola virus, then we are in big trouble [a favourite expression of his repeated elsewhere in this book] if we are to depend on governmental services to protect us”. We may be better protected in London, where as I write *The Times* carried a short paragraph in July 2003, announcing a “VIRUS ALERT: Climate change may bring a fatal disease to the UK, Sir Liam Donaldson, the Chief Medical Officer, says. The West Nile virus infected 4,000 people and killed 277 in the US last year”. At least Sir Liam is taking the threat here seriously.

The last third of this volume criticizes the growing exploitation of the patent system by commercial interests and by legal firms specializing in “intellectual property”. Desowitz, fuelled by personal experience, turns to aspects of the role of the innocent scientific “expert witness” confronted with the machinery of twentieth/twenty-first-century curiosities of legal powers. The patent discussions lead us to the explanation of Desowitz’s catchy title for this final volume. Today’s “federal bodysnatchers” have developed from the entrepreneurial bodysnatchers, resurrectionists and graverobbers, who from the early nineteenth century supplied anatomy teachers in reputable schools of anatomy with bodies of the newly dead, freshly disinterred under cover of darkness; or worse who, “when corpses were in short supply . . . would respond to market forces by creating merchandise

of their own manufacture”, like the murderers Hare and Burke.

From such grisly facts Desowitz moves forward to the late twentieth century, to a medical establishment now working in partnership with the burgeoning biotechnology business “to be accused again of being “in league with bodysnatchers”, the latter now working “on the micromolecular level”, i.e. supplying human genetic material to be exploited for commercial purposes. In the case under discussion here, the third world indigenous people used are the Hagahai tribe of Papua New Guinea, whose genetic material was patented by the National Institutes of Health (NIH) for use in research on HTLV-1, the Papua New Guinea Human T-Lymphotropic Virus. The NIH soon lost interest in the patent when it showed no sign of being sufficiently profitable commercially, and after further struggles it was awarded to the Hagahai’s trustee, Dr Carol Jenkins, who had championed their cause throughout, but at a price—approximately \$6,000. It was end of the “Hagahai HTLV-1 affair”, now seen by the author as a curtain-raiser for an emerging issue—using life for commercial exploitation, and legitimizing the procedure with “patent–intellectual property laws”. And that seems to be the message Desowitz is eager to leave the public and his profession in this supposedly final volume.

Lise Wilkinson,

The Wellcome Trust Centre for the
History of Medicine at UCL

Mridula Ramanna, *Western medicine and public health in colonial Bombay 1845–1895*, New Perspectives in South Asian History, Delhi, Orient Longman, 2002, pp. xii, 270, Rs. 550.00 (hardback 81-250-2302-X).

Research into the medical history of colonial India has produced many fine studies of specific issues, a number of more general studies on Bengal and a few books on medical history at the all-India level. By

covering the general medical history of the relatively under-researched city of Bombay during “high colonialism”, Ramanna’s work is a welcome addition to existing historiography. Moreover, the book is based on an impressive amount of primary sources, both printed and manuscript material. In this sense it lays the foundation for further studies into the medical history of Western India. It attempts to give a wide coverage of medical issues in the second half of the nineteenth century and consequently has less to offer in terms of specific in-depth studies. It is an account of western medicine and Indian reactions to it. Indian medicine and its practitioners play only a very limited part in the analysis.

The first chapter deals with medical practitioners and is probably the weakest part of the book. Too much attention is devoted to the piling up of biographical details. While such information is probably useful for readers with a special interest in Bombay, it is of less relevance to the generally interested historian of medicine and could have been put in an appendix. The reader should not, however, be discouraged, as this is only a minor problem in the remaining chapters. Chapter two tells the story of hospitals and other medical institutions in Bombay and one is struck by the willingness among the Indian élite to contribute funds for institutions of western medicine. It is also interesting to compare this kind of Indian initiative with the implementation of sanitary policies (the subject of chapter three), an area where Indians were less visible and more hostile. Two interesting chapters are devoted to issues with a gender perspective. Chapter five deals with the workings of the Contagious Diseases Act—which aimed to control prostitution—while chapter six investigates medical resources for women and the limited possibilities for (mainly western) women to work within the medical profession.

The book concludes that the colonial attempt to disseminate western medicine was generally cautious and fraught with contradiction. Similarly, Ramanna convincingly demonstrates how the Indian response to western medicine was mixed and ambiguous. Generally, it is a major strength of the work that it is sensitive to

the varied and complex nature of the response to western medicine in Indian society. By contrast to these balanced views, the western perception of Indian medical traditions is presented unambiguously as simple contempt and straightforward rejection. While Indian medical traditions were probably never more beleaguered than in the second half of the nineteenth century, it nevertheless—to this reviewer at least—seems doubtful that such a simplistic view is justified.

On the whole Ramanna’s findings are largely in agreement with David Arnold’s seminal treatment of colonial medicine in *Colonizing the body* (Berkeley, 1993), but she does give a valuable regional illustration—and sometimes also modification—of Arnold’s interpretation.

Niels Brimnes,
University of Aarhus, Denmark

Joanna Grant, *A Chinese physician: Wang Ji and the ‘Stone Mountain medical case histories’*, Needham Research Institute Series, London and New York, RoutledgeCurzon, 2003, pp. xi, 209, illus., £55.00 (hardback 0-415-29758-3)

The expression “Make a mountain out of a mole hill” conveys exaggeration succinctly. In this case, however, Joanna Grant makes the sixteenth-century physician Wang Ji’s *Stone Mountain medical case histories* more significant than either the author himself or his book would be on their own. Grant’s focus on only one physician and just one of his dozen or so books, contrary to expectations of a picturesque but unchallenging stroll up and down a mound, transcends the adage by fleshing out multiple dimensions of one sixteenth-century Chinese physician’s life and his *Stone Mountain* legacy. Here the sum is greater than the parts. This is a brief book intended for historians of medicine not only in China, but also Europe, and almost anywhere else. The weight of *Stone Mountain*, in fact, relies on its emphasis of a specific time and place, one individual physician’s career, his recorded clinical encounters with patients, and the competition he experienced with both élite physicians—like himself—and a range of