

members of the Royal Society. Altogether, through two high-powered and prolific correspondents, this volume presents a fascinating look behind the curtains of everyday life, for better and worse, among Victorian men of science and medicine.

The book comes with an introduction providing the necessary context, excellent scholarly footnotes and a first-rate index. Furthermore, through the generous courtesy of The Wellcome Trust Centre for the History of Medicine at UCL, the correspondence between Foster and Huxley is made available online at [www.ncbi.nlm.nih.gov/pmc/issues/180404](http://www.ncbi.nlm.nih.gov/pmc/issues/180404), making this indispensable resource for anyone working on mid- and late Victorian science and medicine readily available and searchable. It would, of course, be whiggish for historians to talk about progress in science and medicine the way Foster and Huxley did: it is not, however, when it comes to online access of archival material. This is progress and we should be happy for it.

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**Steven Palmer**, *Lauching Global Health: The Caribbean Odyssey of the Rockefeller Foundation*, Conversations in Medicine and Society (Ann Arbor: University of Michigan Press, 2010), pp. xi + 301, \$70.00, hardback, ISBN: 978-0-472-07089-3.

Steven Palmer's *Lauching Global Health: The Caribbean Odyssey of the Rockefeller Foundation* is a very welcome addition to the fascinating body of literature on the international health work of the Rockefeller Foundation (RF). This is not only because of the new insights it offers on the significance of RF philanthropy in the early twentieth century, but also, as Palmer points out, for the lessons it offers for the new generation of non-governmental operators in public health in this century, such as the Gates Foundation. The principal subject of this study is the hookworm

campaigns of the RF health division in the two Central American states of Costa Rica and Guatemala, and the two British Caribbean colonies of British Guiana and Trinidad. Palmer's stated objective is to explore these 'campaigns in depth and to treat them as an ensemble – as a laboratory for discovering and testing the elements of a global health system for the twentieth century' (p. 1).

The main source for this account is the archive of the Rockefeller Foundation. As Palmer himself emphasises much of the literature on RF health initiatives is driven by these sources, which has the tendency to produce an inevitable homogeneity in accounts. One counterweight to this, arguably, certainly in any exploration of the British colonies and Rockefeller initiatives, is the similarly voluminous archives of the British imperial government. For practical reasons perhaps, these are unfortunately but scantily consulted in this volume. However, Palmer's aim, to present a 'worm's eye' view which is grounded in the specific political, social and cultural contexts of his chosen areas, in itself presents an effective challenge to the temptations of the Rockefeller archive and enables this fruitful critique.

It is impossible to do justice in this short review to the wealth of evidence presented. The central chapters of the book examine such aspects as: the local politics; the composition of the hookworm teams; the role of local staff; and existing perceptions of hookworm disease. All these factors tested RF objectives, imposing a need to adapt, accommodate and modify. To take just one of these aspects as an illustration: in Guatemala, the teams were composed of elite white male physicians, despite the fact that their subjects were indigenous estate labourers; in Costa Rica they were middle-class men of mixed racial origin, if not doctors, then with degrees in pharmacy; in British Guiana, they had backgrounds as estate dispensers or sanitary technicians; whilst in Trinidad, they were mainly teachers. The local staff both reflected the different political, social and cultural contexts and, in turn, were instrumental in the production of

‘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.

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**Jonathan Reinartz, *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 Reinartz’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.

Reinartz 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?