

Book Reviews

Milton Lewis, *The people's health. Vol. I: Public health in Australia, 1788–1950; Vol. II: Public health in Australia, 1950 to the present*, Contributions in Medical Studies, No. 49, Westport, CT, and London, Praeger, 2003, vol. 1: pp. xii, 311; vol. 2: pp. xii, 346, £81.00 (hardback set 0-313-32495-2).

The people's health is a major work, the first attempt to write an overview of public health in Australia since Douglas Gordon's *Health, sickness and society* (1976) and J H L Cumpston's *Health and disease in Australia* (1928 and 1989). Milton Lewis has attempted more, however, and drawing on the corpus of public health and medical history writing in Australia—a remarkable amount of which is his own—he has produced a synthetic history, set in the wider international history of public health thinking and practice. The Australian “experiment” is therefore to be understood amidst the larger Anglophone debates and trends in public health and its administration.

Neither does he forget Australia's “peculiarity”: the world's largest island/smallest continent, it was protected from zoonotic crowd diseases until the last two hundred years by its geographical isolation and sparse populations of both people and animals. It is a partly tropical country with few tropical parasites; an affluent, lucky country that conceals persistent social inequalities and the world's worst “fourth world” health.

Australia's story belongs with that of other New World societies where European settler colonial invasion was abetted by the hidden biological conquest. And it is a variation on the export of British medical and colonial ideas and practice throughout the geographical and social diversity of the Empire. Recent writing on Australian public health has either specialized in infant welfare or indigenous health or explored practice and ideology *via* the cultural history of medicine in a society that has perhaps experienced more panic than pestilence. Lewis, by contrast, concentrates on disease experience,

historical epidemiology and the formation and administration of policy. Like all historians of modern federated states, he has to overcome the obligation to recount routinely the various separate colonial and later state stories, for in health policy Australia operates like seven separate countries, sufficiently different to require individual analysis, sufficiently similar to border on the repetitive.

The differences between the Australian states are subtle, but stem from their contrasting origins as penal or free colonies, legacies of authoritarianism versus voluntarism that remain faintly discernible. Lewis could perhaps have made more of the differences between New South Wales and Victoria in their medical professions and consequent ideas about the role of the state and public health. But there is enough said here to tempt more research by others. Victoria, populated very quickly in the 1850s by a tidal wave of modernity led by Scottish and Irish practitioners who saw little chance in their overcrowded home countries, pushed ahead in implementing public health legislation, as it did for Aboriginal Protection and tariff protection. Free trade New South Wales took another thirty years to pass a Medical Act and to implement a public health act. Lewis is inevitably, given his Sydney base, not as alert as he could be to such distinctions, but these are more properly issues for others to pursue.

These colonial differences, however, are not as significant as the study of health transitions in this transplanted European society, which, for lack of water and fertile inland soil, soon became the most urbanized New World society, creating with that the same urbanized health crises of the Old. In the 1880s, wealthy, booming Marvellous Melbourne had infant and tuberculosis mortality in excess of London's. Like the American New World cities, parsimonious governments found themselves forced to build huge mental asylums to accommodate the surfeit of broken down, failed immigrants, particularly among the Irish and Highland Scots. Therefore the timing, speed and

scale of the falls in mortality can make a useful contribution to the understanding of health transitions and the interventions and socio-economic changes that effected them.

Lewis clearly identifies the emergence and importance of a new type of public health professional in Australia by the turn of the century: a response in the periphery to the new interest in tropical medicine in the metropolitan centre of the empire. This culminated in the foundation of the first national School of Public Health and Tropical Medicine at the University of Sydney in the 1930s. Ironically, Australian progressives and tropical health specialists pursued tropical health in a country with relatively insignificant tropical health problems (except during wartime), but very significant indigenous and social health problems. The focus of tropical health, however, did draw international funding to Australia, such as for the Rockefeller Foundation's hookworm campaign in the 1920s.

Lewis divides his two volumes around these transitions, finishing the first in 1950 in the dawn of the antibiotic age, with infectious diseases in retreat from mass immunization and effective therapies. The second, and more original volume, concentrates on the public health response to the diseases of affluence. Here his close association at the University of Sydney with leading public health thinkers like Professor Stephen Leeder and with Commonwealth health policy have equipped him to provide for the first time a coherent overview of the history of public health since the Second World War.

He commences with an account of social health as a new conceptual framework for public health and for his own analysis of the post-war Australian story. This provides the intellectual context for the profound changes that have occurred in policy, medical specialization, socio-medical theory and medical education since 1950. He charts the growing interest in chronic degenerative diseases and the afflictions of affluence in the 1950s and 1960s: the gradual medicalization of old age and the new focus on chronic disease made possible by the disappearance of acute infectious disease and sepsis from hospital wards and general practitioners' daily rounds.

A useful chapter follows on the rise and fall of the interest in community health, and its mixed fortunes, linked as they were in support and funding, to the short-lived but dramatic Labor government of 1972–5. This was the child of late 1960s radicalism, fraught with contradictions between romantic notions of democratized professions where doctors were stripped of their suits and ascendancy, but where it could also mean cut-price medicine for cut-price citizens.

The “new public health” of the 1970s and 1980s refocused attention on health promotion, community participation and what Lewis calls “intersectoral collaboration in policy development and execution”. While this provided an ideological space for the economic rationalists, it also saw one of Australia's major public health achievements in the enlistment of Gay organizations in the prevention of HIV-AIDS.

Lewis characterizes the late 1980s and 1990s as an era increasingly concerned with social justice, and appallingly it is only here that Aboriginal health returns to Australian public health history. This is not Lewis' fault: he is accurately recording the public narrative, where Aboriginal health simply did not appear on the public agenda until the last two decades. Today in this healthiest of nations, indigenous Australians have a mid-life health worse than most Third World countries and at the bottom of the Fourth World league tables that include the US, Canada and New Zealand.

Lewis concludes what is the result now of a life-time's work in the field, with a challenge: does Australia continue along the high-cost path of social justice, addressing health inequalities and the social determinants of health; or does it simply nag its citizens about eating too much fat and smoking. And how should it comport itself in its part of the globe, sharing scarce resources with some of the poorest, most troubled and over-populated societies on earth?

There is much to be thankful for in this useful synthesis, as there is much to argue with and examine in greater detail. It is greatly to be regretted that this double volume study has had to be published by an American small-print run

academic press, and costs Australian readers almost \$200.00.

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Roy Porter and David Wright (eds), *The confinement of the insane: international perspectives, 1800–1965*, Cambridge University Press, 2003, pp. xvii, 371, £50.00, US\$70.00 (hardback 0-521-80206-7).

Roy Porter's untimely death seems as yet scarcely to have slowed the parade of volumes appearing with his name on them. Here is still another, co-edited with David Wright. Wright and Peter Bartlett's last edited collection, *Outside the walls of the asylum* (1999), argued (not entirely convincingly) that the asylum was not as central to the emergence of psychiatry as a previous historiography had maintained. Here, he and Porter have moved back to a consideration of the real psychiatric "Great Confinement", this time in a broad international perspective.

The book's title suggests that it might offer a comparative perspective on psychiatric institutionalization. By and large, however, this promise is not kept, at least in any direct and obvious sense. Most of the book's contributors stick closely to the particular national setting they purport to illuminate, and only a small handful of the essays try to draw contrasts or make comparisons with developments elsewhere. Catherine Colebourne's chapter on the treatment of the insane in Victoria is notable, among other things, for being one of the few that attempts to look at local developments in a larger context, drawing upon studies of Ireland, England, and South Africa as well as her Australian sources. And David Wright's own substantive chapter on Ontario asylums (written with James Moran and Sean Gouglas) develops instructive parallels with developments in England and in Europe. For the most part, however, it is left to the reader to disentangle the resemblances and differences, and to try to make sense of them. Porter contributed a characteristically facile and jaunty introduction to the collection, but neglected to

use the opportunity to tackle these issues himself in any serious or sustained way.

Geographically, the range of the contributions is quite wide, spanning Asia, Australia, Latin America, Canada and the United States, Europe and Africa. Some of the chapters summarize research reported at more length elsewhere. Jonathan Sadowsky reprises his work on psychiatry in colonial Nigeria, and Peter McCandless his discussion of developments at the South Carolina Lunatic Asylum. Others traverse fresher territory, but the variation in the intellectual sophistication and quality of these chapters is at least as great as their geographical heterogeneity. Akihito Suzuki contributes a characteristically superb exploration of Japanese materials, which draws substantially on his detailed knowledge of European developments and provides a compelling portrait of the relationships between state, family, and the insane in the period between 1900 and 1945. Jacques Gasser and Geneviève Heller provide a detailed comparative analysis of admissions to two Swiss asylums in a similar period, from 1900 to 1970, giving us a better sense of the types of patients committed to these places, and emphasizing that the Swiss asylums' primary role seems to have been to defuse short term public or familial crises, rather than to serve as instruments of long-term confinement.

Other chapters, however, are far less successful. Andrea Dörries and Thomas Beddies' chapter on a Berlin asylum, though providing some insight into the impact of Weimar, Nazi, and post Second World War political regimes on hospital and patient, is marred throughout by a muddled and confused treatment of evidence (and includes the remarkable claim that electroconvulsive therapy was employed on the patients from the mid-1930s onwards, which could only be true if the hospital doctors invented the technique). Chapters on developments in Argentina and Mexico are insubstantial and poorly written, and Sanjeev Jain's chapter on India is a set of near random observations jumbled together in a barely coherent fashion. He does uncover, however, a "Mr. Porter, who has been suffering from a maniacal complaint"