

structures. Charu Gupta looks at the links between numbers, gender and communalism, by examining the debates on widow remarriage among Hindu “publicists”, in the colonial United Provinces. The Hindu widow was seen as a danger to patriarchy, and asceticism was considered her best course. But by the 1920s, gender politics came to be intertwined with communal politics and widow remarriage was advocated to prevent widows entering Muslim homes and increasing their numbers. Anshu Malhotra examines interventions by the middle classes in reproductive health in colonial Punjab. Some upper caste women undertook the hitherto polluting work of attending at childbirth, to become midwives to middle-class women, who were seen as producers of masculine and muscular progeny. Besides, they shared colonial views about hygiene and cleanliness, and hence perceived themselves as being separate from lower castes and Muslims, served by the lowly *dai*. Anna Aryee comments on the debates between Mahatma Gandhi and Margaret Sanger on birth control. They differed on the means and ends, but agreed that poor Indian women should be the recipients of birth control. The record of their meetings is appended as an archive.

The volume provides an analytical historical perspective, essential, as Hodges situates it in the introduction, at a time of concerns in the national and international policy arena about overpopulation.

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**Thomas Abraham,** *Twenty-first century plague: the story of SARS*, Baltimore, Johns Hopkins University Press, 2005, pp. viii, 165, \$24.95 (hardback 0-8018-8124-2); \$18.95 (paperback 0-8018-8632-5).

Thomas Abraham has presented us with a beautifully written book about one of the most recent public health threats to have been dreaded and reported on a global scale. As someone based in Hong Kong, with access to a range

of political and academic contacts in the region, he has been able to unearth material that might not have been available to the majority of readers; of particular note is the data relating to mainland China, where this disease appears to have taken root and then spread. The book contains a rich and path-breaking account of the identification, extension and troubled efforts at controlling SARS in the southern Chinese city of Guangzhou. Once collected, all this information—as well as the materials dealing with Hong Kong, the global-level responses to SARS and the work carried out with the causative virus in several significant laboratory locations—is deftly analysed and imaginatively converted into a quite riveting story. Across the regions surveyed, there are several moving portrayals of the travails and courage of many healthcare workers in the face of an unknown and terrifying disease. This is, therefore, a book that is likely to appeal to academics and non-academics alike; the ability to cater to a general audience is a major strength, as it is likely to inform a variety of audiences in the most beneficial of ways. This account can act as a splendid model for how authors can effectively engage with the public about matters of scientific and medical significance; indeed, Abraham, who teaches journalism, will leave readers much better informed about the skills of investigative research and incisive, polemic-free writing.

The donning of the historian’s hat, however, brings forth a slightly different perspective. This is a book that is best treated as an important collection of primary materials. I will, in fact, not be surprised if it is treated by future historians as a valuable piece of contemporary evidence, largely free of the taint of political machination and bias. But, I also suspect that many students and scholars of medical history will, in coming years, try and find material to test Abraham’s claims of almost over-arching levels of heroism and cooperation between medical and scientific actors during the SARS episode. The nervousness amongst governing circles in China and Hong Kong about the internal and

international effects of the spread of SARS is, of course, recognized and described adroitly; so is the important role played by dissenters brave enough to speak out against the Chinese government's initial attempts to hide the scale of the problem. Yet, in this story the medical and scientific communities (both the national and international chapters of these associations) appear too monolithic, their different parts perfectly synchronised all the time. It would have been nice to have known about the situation of particular departments, their laboratory groups and the international agencies they worked with before the SARS crisis struck; after all, information about their pecking order, in terms of political and economic importance, within larger organizational structures would have left us better informed about how the outbreak helped legitimize the role of particular people and agencies, as well as the level of prestige and power bestowed on them in the long term. That said, I am certain justice will be done to this important book by legions of historians in years to come.

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**Robert W Mann and David R Hunt,**

*Photographic regional atlas of bone disease: a guide to pathologic and normal variation in the human skeleton*, 2nd ed., Springfield, ILL, Charles C Thomas, 2005, pp. xiv, 297, illus. 234, \$69.95 (hardback 0-398-07539-5); \$49.95 (paperback 0-398-07540-9).

*Photographic regional atlas of bone disease* is a revised edition of Robert W Mann and Sean P Murphy's book *Regional atlas of bone disease* published in 1990. This new version has replaced some of the drawings with black and white photographic images, allowing the reader a better visual understanding of the bony variations described. The book serves as an introduction aimed at physical anthropologists, whether in the field of archaeology or forensic science, it offers

insight into the history of palaeopathology followed by a guide on points to be considered before and during the recording of physical remains. It addresses the need for familiarity with the processes of bone formation and remodelling in order to understand how certain conditions develop and how best to interpret them. The authors stress throughout how the variations in appearance of subadult and adult bones must be understood to avoid misinterpretation of porotic conditions in subadult human remains. They also look at the normal variations within an adult population.

The book concentrates on methods of description and the meaning of osteological terminology in order to ensure that the correct terms are used during recording. It also studies the distinction between non-metric variations (non-pathological variations) and pathological conditions in the individual bones. As there is a distinct lack of published literature covering the descriptions and possible interpretations of non-metric traits, this book fills a long-standing gap and will be useful to both experienced and novice osteologists alike.

The discussion on bony variation and pathological conditions has been divided into skeletal elements starting with the skull followed by the spine, ribs, pelvis, upper body and lower body. The idea behind this format works, as it enables the researcher to look up specific areas of the skeleton rather than having first to consider why the changes occurred and then to search through the many available pathological textbooks to find a description that matches that of the skeletal element researched. The book also provides a breakdown of the historical and geographical background on a number of pathological conditions including fungal infections and treponematoses. A breakdown of more complex conditions such as tumours is expanded in chapter 8, whilst the distinction between peri- and post-mortem fracture patterns are discussed in chapter 9.

The introductory chapter is written by one of the most distinguished scholars in the field of palaeopathology, Professor Donald J Ortner,