Book Reviews

medicine, but it must be remembered that in its
day herbal medicine was conventional
medicine. Of more importance, to those having
no knowledge of scientific Latin, this new
edition will be of great value as primary source
material in the medical history of the sixteenth
century.

Elizabeth Lazenby,
University of Newcastle upon Tyne

Joel D Howell, Technology in the hospital: transforming patient care in the early twentieth
century, Baltimore and London, Johns Hopkins
University Press, 1995, pp. xv, 341, illus.,
£39.50 (0-8018-5020-7).

This book was a good idea. Writing a history
of patient care in the early twentieth century
from the perspective of technology makes a
refreshing read. Howell has combed through
the records of the New York and Pennsylvania
hospitals for the first quarter of this century
and shows convincingly how technology was
increasingly, almost insidiously, built into the
management of patients' lives. Management is
the right word here. Taking his cue from
historians who have, rightly, interpreted
technology very broadly, Howell devotes a
great deal of his initial space to demonstrating
how patients were increasingly managed by
off-stage technologies. Punched cards and
calculating machines transformed the care of
the sick just as much as (maybe more than) the
use of the electrocardiograph. Howell does not
attempt any comprehensive history but
confines himself to a number of case studies:
the X-ray machine, urinanalysis, blood counts.

Howell also takes in surgery, and in one of
the most revealing chapters he addresses the
staggering rise in the rate of tonsillectomies
early in the century, a rise which he catalogues
in impressive detail. In 1900 just over 2 per
cent of patients discharged from the
Pennsylvania Hospital had been diagnosed as
having tonsillar disease. By 1925 the figure
had risen to over 25 per cent. Howell's picture
of surgery as the apotheosis of streamlined,
high-tech, quick-fix medicine dovetails neatly
with more general images of North American
self-perceptions in the twenties. It would have
been helpful if Howell had provided more
information on the day-to-day running of the
technologies described here. It is never quite
clear who is doing the tests, where the clinical
laboratory was, who was in control of it and so
on. Nevertheless, this is a most valuable study,
although the press must obviously bear
responsibility for some of the less than
comprehensible tables (p. 24 for example).

Christopher Lawrence, Wellcome Institute

Derek A Dow, Safeguarding the public
health: a history of the New Zealand
Department of Health, Wellington, Victoria
University Press, 1995, pp. 302, illus., NZ
$39.95 (0-86473-285-6).

The writing of institutional or departmental
histories, especially of commissioned histories,
is a delicate art, fraught, as recent historical
debate has emphasized, with dangers to
objective interpretation. Even where the
historian is given a free hand, there remain
pressures from interested individuals who have
been involved in the institution's past. It is
impossible to read—let alone write—such
histories without a continuing awareness of the
existence of such pressures, and their tactful
handling is a measure of a historian's skill.
Happily such pressures do not obtrude in
Donald Dow's history of New Zealand's
Health Department, which steers a deft course
between such shoals.

The subject of this book being the work of a
health department from 1900 to the present,
much of the material inevitably relates to such
subjects as child health, maternity services,
tuberculosis and other infectious diseases, and
health education. Questions of historical
objectivity apart, therefore, Dow has also had
to confront a second major obstacle for
institutional historians—how to organize a
century's multi-focused administrative effort
into a coherent narrative. There are two
options: a thematic approach, or a chronological one. Both have drawbacks: a thematic organization permits a comprehensive analysis of each sector but loses the pattern of an overall picture; a chronological approach fragments the analysis of individual sectors in emphasizing the shift of policies and personalities across the broad spectrum of administrative responsibility. Dow has clearly given thought to his choice of method; the historian who began this project envisaged a thematic approach; Dow, in completing it, adopted a chronological one. In so doing, he was aiming for overall coherence, the opportunity to present political influences, and the chance to bring to life the personalities involved in the work of the department. In the last, at least, he succeeded: the earliest Chief Medical Officers, for example, James Mason and Thomas Valantine, come triumphantly to life, as do some of the lesser characters, notably the Maori physicians Peter Buck and We Rapa (splendidly pictured at page 118 “stalking a moa” as part of an Otago University exhibition circa 1899), and Dr Muriel Bell, self-appointed departmental “Battleaxe” in the 1960s.

Dow’s success in achieving his other two objectives is more debatable. It is, in fact, very difficult to retain a sense of coherence for the reader when themes run intermittently through a hundred-odd years and 230-odd pages of text, and this reader for one emerged at the end of the book with no clear sense of the long-term pattern of policy in respect of the department’s various different concerns. The issue of Maori health, in particular, would have benefited from a thematic treatment, and while one can respect Dow’s reasons for wishing to escape the thematic disease-case-study approach of a previous departmental history, there are grounds for thinking that a different thematic approach would have yielded considerable dividends.

This quibble seems especially pertinent to the political—and, importantly, the financial—context of the department’s work. While Dow elegantly integrates these pressures into his narrative, the reader is constantly confronted by contextual questions which go unanswered. Financial stringency, for example, seems to have reached New Zealand only in the early 1980s, a decade or so later than in Britain, but the reasons for this delayed economic downturn are not indicated. Given separate treatment, the history of the health department within the context of central government’s wider concerns would have made an illuminating chapter in a thematically organized book.

In sum, this is a fine account of the work of the New Zealand Health Department, written on an updated model of the traditional, chronological, institutional history.

Anne Hardy, Wellcome Institute

Aviva Chomsky, West Indian workers and the United Fruit Company in Costa Rica, 1870–1940, Baton Rouge and London, Louisiana State University Press, 1996, pp. xviii, 302, £32.95 (0-8071-1979-2).

In the past decade a historiography has developed that looks at the transition from slavery to free labour and the beginnings of activity by transnational enterprise in the Caribbean and Central America. Building on the well-established literature examining slavery and abolition in the Caribbean and plantations and agrarian protest in Latin America, a series of monographs and articles has analysed various features of the integration of the region into the international economy through the development of export crops, notably sugar-cane, coffee, tobacco and bananas. This book contributes to this literature. There are three main actors. First, the West Indian workers, mainly Jamaican, were imported over a long period to make up the labour supply on plantations in the Atlantic coastlands of Costa Rica. The second leading player is the United Fruit Company, an incipient transnational firm, which arose from mergers in the United States, and penetrated numerous countries of the region at the turn of the nineteenth and twentieth centuries,