

and regional and national demands for labour, whether industrial or agricultural—thus she treats the cultural inventions of the “coolie” and the “peon” as well as the “dumb ox” factory worker. She shows less interest in issues of gender, but does note some distinctions in the treatment of male and female immigrants, and hints at the feminization of certain national and ethnic groups. Although some of her claims (for example, regarding the impact of inspection on the “line” on the future assimilative behaviour of immigrants) rely on suggestive rather than conclusive evidence, Fairchild’s research is both meticulous and creative. Moreover, her extensive tables of quantitative data will be a significant resource for researchers studying either immigration or medicine in the Progressive era.

*Science at the borders* also illustrates changes in the sources and impact of medical authority. In particular, it offers a valuable case study of the now much discussed shift in focus from the holistic and experienced “gaze” (representing the trope of “medicine as an art”) to the fragmenting but standardized laboratory (and the counter-trope of “medicine as a science”). Fairchild presents this shift as evidence of a decline in medical authority and purview; others have more convincingly argued that it represents a decline not in the authority and normative power of medicine *per se*, but in practitioner individualism and patient idiosyncrasy. None the less, this well-written and accessible volume adds considerably to current understandings of the relationship between the industrial, medical and political agendas that shaped immigrant medical inspections in the first third of the twentieth century.

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**Mary P Sutphen and Bridie Andrews** (eds), *Medicine and colonial identity*, Routledge Studies in the Social History of Medicine, vol. 17, London and New York, Routledge, 2003, pp. xi, 147, £55.00 (hardback 0-415-28880-0).

This short edited collection of six papers represents an important step forward in the

medical history of colonialism. Through examining the creation of specifically colonial medical identities this book groups together useful insights into issues of colonial identity and makes an important contribution to a growing awareness of the potential for fruitful interdisciplinarity between medical history and cultural studies.

The collection was conceived in 1996, when many of the papers presented at the ‘Medicine and the Colonies’ conference hosted by the Society for the Social History of Medicine in Oxford made it apparent that themes of colonial identity had hitherto been only partially explored, especially as far as medicine was concerned. Most importantly, the participants in the colonial medical experience could be examined as part of the new imperatives created through the peculiarities of the colonial condition. The exigencies of the political situation encouraged in colonizer and colonized new (social, religious, sexual, medical) behaviours as well as the modification of old behaviours and the absorption and appropriation of already existing practices and theories. One of the strengths of this book is that it reveals how these collective notions of identity were utilized, explicitly and implicitly, in a variety of health discourses and practices as a means both of self-definition and of defining the colonized “other”.

Specific topics dealt with include the way tropical medicine was used in the isolated northern frontier of Australia as a means of justifying social views, health legislation and medical practices; the role of colonial doctors in constructing Australian nationalism through analysis of the changing presentation of medical lives within the *Australian Dictionary of Biography*; the history of New Zealand milk exports to Britain and the way milk was presented and marketed became integral to some of New Zealand’s own self-perceptions; the reform of Dutch childbirth services as a form of foreign and domestic “colonization”; and European medicine as an essential part of settler dominance over South Africa in the nineteenth century. The highlight is Maneesha Lal’s fascinating and eloquent essay on women’s health reform and the

development of a nationalist agenda in colonial North India. Her analysis of the middle-class Hindi women's magazine, *Stri Darpan* (founded 1909), shows how health identities were constructed, combining both traditional and Western elements of health advice, to present a uniquely nationalistic and forward-looking colonial health identity for Indian women.

Naturally enough, no single conclusion can be drawn about colonial identities, and the resulting picture is one that reveals mostly diversity and hybridity contingent upon the specificities of context. But the important point is made: the colonial experience profoundly affected not only the way people saw themselves, but the way they practised medicine and the way they related to both their masters and their subordinates.

This is a slim volume that would have benefited from more papers covering a wider geographical range. The fact that half the essays deal specifically with the Antipodean experience presents a rather unbalanced picture—not least given Africa's huge role in the post-1900 British colonial experience, and that of other important dependencies, such as those in the West Indies, Asia and the Middle East. Furthermore, it is the Anglo-Saxon colonial experience that is mainly considered, with the result that Hilary Marland's essay on the Dutch experience (although extremely informative and useful in itself) sits a little awkwardly alongside the other five papers that all examine the British empire. It is a pity that there are no essays on Spanish, German, Italian, French, or Portuguese colonialism to complement Marland's study.

This collection is a promising beginning to the debate on the problem of colonial medical identity, however, and one that is in many ways ground-breaking in its collective approach. Until now colonial medical historians have simply probed the edges of this issue; in this book these crucial cultural perspectives are tackled head on.

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**Conevery Bolton Valenčius,** *The health of the country: how American settlers understood themselves and their land*, New York, Basic Books, 2002, pp. viii, 388, illus., \$30.00 (hardback 0-465-08986-0).

“How could land possess ‘health’? Why did nineteenth-century writers constantly describe places as being healthy or sickly? . . . Descriptions of ‘the health of the country’ belong to a world we have lost” (p. 2). Conevery Bolton Valenčius wrestles with these questions to recreate that lost world, crafting in the process a book that spans the fields of environmental history, the history of medicine, and the historiography of the American frontier and borderlands. Her account is specifically about areas that would become the American states of Missouri and Arkansas, spanning the years from the Louisiana Purchase in 1803 to the American Civil War. But the story could have been told about Michigan or Minnesota or Iowa as well. Disease, especially malaria, followed settlers into the American frontier during the first half of the nineteenth century, repeatedly converting a “healthy countryside” into a fevered realm where settlers first had to endure “seasoning” before they settled down into equilibrium with the land and its denizens.

Valenčius recalls a time when people lived so close to the land that the boundaries between body and landscape were much more porous than in today's America, with its climate controlled environment. Her analysis is deliberately Hippocratic, with chapters three to five named ‘Places’, ‘Airs’, and ‘Waters’. These elements, and the bodies that lived within them, remained in tenuous balance if the country was healthy, or became disturbed, carrying the humans along into disarray and sickness. Cultivation was a particularly hazardous process, for the felling of trees and turning up of soil appeared to bring with it an increase in fevers. “Working the land, like healing the body, was usually neither comfortable or serene. Change in terrain and change in body were difficult, dangerous, and fraught with tension. Both were utterly necessary” (p. 192).