work, which would have been invaluable once, may not be noticed by communities whose interests have moved on.

The dogs did not only make knowledge, they made material goods. In a fascinating and funny chapter, Todes follows the marketing of pure, dog gastric juice as a remedy for digestive upsets. This leads him to explore the very hard work that Pavlov did to demonstrate the relevance of physiological knowledge to clinicians. Subtly and diplomatically (and quite unlike Bernard), Pavlov wooed the medical community by praising clinical experience as harmonizing with laboratory observations. Finally, Todes pursues Pavlov's nomination for the Nobel prize. Cruelly, it might be said, he got it only just in time. The great edifice of nervous control of digestion which his physiology factory was designed to support was beginning to crumble in the face of the discovery of secretin and humoral methods of digestive integration. This is a magnificent book: a very happy family indeed.

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Maureen K Lux, *Medicine that walks: disease, medicine, and Canadian plains native people, 1880–1940*, Toronto and London, University of Toronto Press, 2001, pp. xii, 300, illus., £35.00, US$50.00 (hardback 0-8020-4728-9), £12.00, US$22.95 (paperback 0-8020-8295-5).

Disease played a role in the decimation of North America's aborigines from early contact. What role did medicine play and did it change with medical professionalization? The North American drive westward, leading to extinction of the buffalo on the prairies around 1870, promptly threatened native inhabitants with starvation. The Canadian government stepped in with emergency rations and also, in exchange for the old hunting grounds, it agreed to settle aboriginal peoples on reserves and aid them in becoming farmers. The food and support was so niggardly that it failed to prevent either starvation or a rebellion in 1885, but none the less the principle was recognized: the government bore some responsibility for the life of these displaced people. But did it owe them health?

The government made almost no provision for medicine in the early days. Despite massive illness, most of it due to poverty, doctors were not part of the package offered to native peoples in the late nineteenth century. Governments did not owe their tax-paying, Euro-Canadian voters health: these voters paid for doctors themselves or received religiously-inspired charity. The same would have to do for the Indians on the prairies. Most missionaries sent out by the Catholic and Protestant churches claimed to possess "a moderate and practical knowledge of medicine". Moreover, the doctor-patient encounter was irrelevant to the "Indian problem". Indians were dying out as a species because their culture was maladaptive, so it was claimed, and they had to be doctored as a species by ideological and social engineering, at the hands of bureaucrats. If Indians still fell ill and died, that only proved they had failed to assimilate to Western standards of hygiene and industry and their assimilation should be further expedited.

Doctors, thus, barely figure in Maureen Lux's bleak account of the events and the discourse surrounding the reduction of the prairie population in Canada up to the turn of the twentieth century. Their absence does not reflect any ignorance on the part of the officials and missionaries as to the importance of medicine. On the contrary, they made it their lives' work to root out the medical practices and knowledge prevalent among the aboriginal populations. According to Hayter Reed, deputy superintendent of Indian Affairs in 1896, "The 'medicine men,' the guiders of thought and action and the inspirers of fear in all but the very boldest, had to be fought. To win Indians from such a thraldom, and to get them to disregard the influences of generations, required no small amount of courage and skill in management." Indian medicine, which is to say culture, stood between the bureaucrats and assimilation. But rather than replace Indian medicine with white medicine (bad enough as that might have been),

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they replaced it with a lot of rhetoric in favour of liberal individualism.

Doctors creep into the story with the residential schools, which were established around the same time to expedite assimilation and prevent children going the way of their parents. The Canadian government could not duck a certain responsibility to combat the tuberculosis and scrofula devastating the young students in its care. But it provided only forms of treatment which amounted to a fancy description of everyday events: open-air treatment or physical exercise and hard labour which stimulated the phagocytes. When an energetic doctor (rather than the retired fogeys usually employed) was consulted about conditions in the schools in 1907, his critique of the pathogenic conditions was shouted down as "medical faddism" by bureaucrats and missionaries. State-sponsored doctors finally began to infiltrate reservations in the early 1900s and to construct a discourse around native health problems. Still, an appalling degree of morbidity and mortality persisted (and persists) on reservations. Rather than challenging Canadian policies or prescriptions, the doctors blamed their allopathic rivals on the reservations for the continued ill health. They also drew upon the new "racial science" to restate in new sophisticated terms the age-old accusation that Indians' degenerate "constitution" was responsible for their physical decay. In *Medicine that walks*, Maureen Lux has penned a devastating indictment of the treatment of prairie aboriginal peoples that has already won her prizes from the Royal Society of Canada and the Canadian Historical Association.

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Karen Buhler-Wilkerson, *No place like home: a history of nursing and home care in the United States*, Baltimore and London, Johns Hopkins University Press, 2001, pp. xvi, 293, illus., £31.00 (hardback 0-8018-6598-0).

Although the image of the early-twentieth-century nurse climbing tenement steps with her black bag is very familiar, most people know little about the components of home health care in the United States or how it changed over time. In this fine book, Karen Buhler-Wilkerson traces the history of visiting nurses from the late nineteenth century to the passage of Medicare in 1965.

Home care originated in the actions of the Charleston Ladies Benevolent Society, which provided medical care, along with other types of charitable assistance, to the "worthy" poor as early as 1813. Like the legions of home care workers who succeeded them, the ladies confronted what one superintendent later dubbed the "vexing question of the chronic patients". The Society's mission was to serve patients in acute distress, but many members were reluctant to abandon those who failed to recover quickly.

After the Civil War, wealthy women in various cities hired trained nurses to visit the homes of the sick poor. Unaware of the Charleston example, those philanthropists drew on the English model of district nursing. Buhler-Wilkerson chronicles the transformation of the early visiting nurse associations, as the progressive-era tenet of efficiency gained hold. She also discusses the onerous responsibilities of the nurses, who worked eight to twelve hours a day, six days a week. Home visits involved not just bedside care for individuals but also attempts to reform and "uplift" the entire household.

Buhler-Wilkerson chose not to criticize the nurses' actions and attitudes from today's perspective. Some readers, however, may wish to question the nurses' assumptions in greater depth. The belief of Ellen LaMotte, a leading tuberculosis nurse, that poverty led to low intelligence and lack of control is clearly open to challenge. The determination of many other early-twentieth-century nurses to disperse the many neighbours who flocked to medical events can be variously interpreted. Although the nurses were convinced that most neighbours were ignorant and superstitious, recent medical history suggests that the nurses' insistence on the superiority of their own knowledge was not always deserved. The new understanding of the role of social networks in healing similarly indicates that the care delivered by neighbours

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