

In contrast, midwives in the British and French colonies had little formal training even in this period and several more 'unauthorised' healers continued to serve in those plantations.

Despite the broad analytical backdrop and rich sources, there is a general lack of synthesis in the book. Themes such as climate, disease, work, diet and medicine are studied at great length, but are treated as distinct domains. Readers would have liked to know how these affected each other to get an integrated picture of life and death in the plantations. Even the conclusion, which discusses the 'Medical World' of the slaves, treats the economic, medical and the environmental factors under distinct headings rather than providing a synoptic argument.

One also wishes that Jensen had directly engaged with the paradox that is so evident throughout the book and to which he often hints at: why was it that a time when the colonial administration invested in healthcare in the plantations was also the period when there were the highest slave mortalities? Addressing this directly would have enriched our understanding of the vital issue of colonial mortality in the nineteenth century. It would have also helped to draw broader conclusions about medicine and disease in the empire: whether and how colonial investments in health and welfare were often subservient to the larger socio-economic trajectories of colonialism. The Danish case, with its greater investment in health and welfare, as evident from this book, could have been the ideal context for the exploration of this problem.

However, this is the only book that provides such a detailed account of the medical system and the social, ecological and economic history of slave lives in the West Indies at this critical historical juncture.

Pratik Chakrabarti
University of Kent, UK

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Sandhya L. Polu, *Infectious Disease in India, 1892–1940: Policy-Making and the Perception of Risk* (Basingstoke: Palgrave Macmillan, 2012), pp. 229, £55.00, hardback, ISBN: 9780230354609.

This is an interesting new book on public health in India which examines the response of the Indian state to outbreaks of plague, cholera, malaria and yellow fever. Epidemic outbreaks, and public health policies that were devised to contain them, have already been the subject of several monographs in recent times. Indeed, it would be fair to say that much of the existing research on the history of medicine in India has been limited to this theme, though there have also been several attempts to break new ground. The book under review does not provide a strikingly new perspective on this overworked theme, but it differs from existing literature in two substantive ways: it attempts to situate epidemic outbreaks in India within the international perspective; and it uses the concept of 'risk' to examine the responses of the Indian state. What makes the task easier for the author is her choice of themes: cholera, plague and yellow fever, as we know, received a great deal of international attention, and the Indian subcontinent occupied a central place within these discussions.

Despite some overlaps with existing research, the book contains several interesting observations, especially in the context of malaria and yellow fever. The author, for example, makes a detailed survey of quinine production in the subcontinent and also

outlines the overall attitude of both the central and provincial governments towards the control of malaria. Colonial policies regarding yellow fever are also discussed in detail, especially the strikingly different position that was adopted on the subject of quarantines against yellow fever.

In making these observations, though, Polu also makes some controversial remarks. For example, while discussing malaria research in India, she notes that ‘over the course of four decades (between 1890 and 1930), the government of India had gradually achieved its goal of establishing India’s pre-eminence in the world of medical research’ (p. 67). In a similar vein, she also notes that the government of India made ‘continued efforts to make research in India rank among the best in the world’ (p. 66). Such statements depict the colonial government as single-mindedly pursuing the goal of research excellence and effectiveness. Contrary to this, it could be argued that the colonial government in India was in fact distinguished by its strikingly small investment into medical research, despite huge mortalities and regular outbreaks of ‘tropical diseases’.

Polu also uses the concept of ‘risk’ in an interesting way. At several points in the book, she refers to the Indian government’s perception and management of risk in the context of epidemic outbreaks. These concepts have borrowed from the financial sector and used in the historical context without adequate reformulation. Indeed, several other recent ideas and notions have also been applied somewhat unreflexively to the nineteenth century. For instance, in one place Polu makes the observation that epidemics led to a loss of working days, loss of efficiency and so on (p. 14). Such quantitative cost–benefit analysis in terms of loss of working hours is a rather recent development, and is perhaps not equally relevant in the context of the nineteenth century. At another point, the author betrays her proclivity for free-market policies by noting that the Indian government’s policies against yellow fever amounted to ‘reactionary public health protectionism’ (p. 136). What is forgotten is that such ‘reactionary protectionism’ was in fact proposed and adopted in the first instance by many European governments, who are today the chief advocates of free markets and non-interference.

These minor quibbles apart, the book is an important contribution to the historiography of public health in India and would be useful reading for specialists working in the field. It also places Indian epidemic outbreaks squarely within the international context, which yields some valuable insights.

Saurabh Mishra

University of Sheffield, UK

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C. Promitzer, S. Troumpeta and M. Turda, *Health, Hygiene and Eugenics in Southeastern Europe to 1945* (Budapest and New York: Central European University Press, 2011), pp. vii, 466, \$50.00, hardback, ISBN: 9789639776821.

Maria Bucur argues in the conclusion that in this volume the Balkans are transformed ‘from a relatively vapid area on the map of modern Europe into a vibrant locale of change, modernization and contestation’ (p. 430). *Health, Hygiene and Eugenics in Southeastern Europe to 1945* is certainly an outstanding achievement and represents a significant breakthrough in scholarship on health politics, eugenics and population control in Europe’s ‘backward’ region. Progressing in a loosely chronological format, it reveals how both