

Book Reviews

available to surgeons is most clearly seen in the field of dental surgery. Scientific and technical knowledge increased so much that some surgeons began to specialize in certain fields of which dentistry was one of the first to develop. By the start of the eighteenth century it was possible for some surgeons in Paris to exist solely as dentists, the most notable example being Pierre Fauchard, author of the world's first dental text.

Perhaps the only weakness in King's otherwise splendid work is his emphasis on the involvement of the crown in the social acceptance of dentistry as a profession in the mid-eighteenth century. King contends that the ennobling of Louis XV's personal dentists in 1745 and 1767 helped to spread the practice of dentistry first to the elites in Paris and then to those of the kingdom as a whole. However, much of the evidence given by the author in the earlier chapters contradicts this line of thought. Pierre Fauchard treated nobles in Paris for aesthetic reasons in the 1710s and 1720s, long before the post of *dentiste du roi* was invented, which would suggest that the benefits of dentistry had already been accepted by polite society. Despite this, King's book makes a valuable contribution to the history of early modern medicine.

Tim McHugh,
London

John Iliffe, *East African doctors: a history of the modern profession*, African Studies series 95, Cambridge University Press, 1998, pp. xii, 336, £40.00, \$64.95 (0-521-63272-2).

Those interested in the history of tropical medicine have told us much of late about the practice and politics of western medicine overseas, usually in a colonial or military context. For instance anthropologists have discussed the interaction or lack of it between indigenous and western medicine over time, and others, including Iliffe

himself, have described the disadvantageous economic effects on the people of the third world, drawing clear lines between poverty and ill-health. *East African doctors* builds upon these approaches to present a story of western medicine, as practised during and beyond the colonial regime in Uganda, Tanzania and Kenya. The principal characters in this book are those indigenous people, at first exclusively men, who embraced the contents and delivery of western medicine and made it their own profession. Much of the theoretical content of this book is concerned with the inadequacy of the Anglo-American model of the professions for East Africa.

The early part of the book considers the three countries together, stressing similarities in the experiences of indigenous practitioners under a colonial regime but acknowledging differences such as the effect of Kenya's white farmer dominated government and economy. This arrangement is further justified by the early dominance of the medical school at Makerere, Uganda, designed to serve all three countries. Beginning with the subordinate tribal dressers, Iliffe discusses the reasons for African men seeking work as medical practitioners, the problems they faced from their own communities, from the colonial government and from the mission stations which did so much to provide medical care, albeit within a framework of late nineteenth- and early twentieth-century Christian fervour. Iliffe's discussion of the African Assistant Medical Officer opens up the historical debate on the appropriate level of education for indigenous people.

After independence, the medical practitioners of Uganda, Tanzania and Kenya are considered in separate chapters although comparisons are always made. Uganda, initially a strong African state, fell prey to Amin's tyranny, and doctors became involved in politics at the cost of their lives. Kenya placed a greater emphasis on doctors' private endeavour in a capitalist economy. Tanzania's socialist programme

Book Reviews

was repeatedly forced to downgrade doctors in favour of medical auxiliaries, although the country was applauded for its emphasis on Primary Health Care. Throughout, strong links are made between the differing experiences of independence, the fortunes of the doctors, their role in the style of health care delivery and ultimately the doctors' abilities to deal with the heterosexual AIDS epidemic in the 1980s and 1990s.

In addition to describing the quest for recognition and registration, where the main threat came not from practitioners of indigenous medicine, but itinerant drug sellers, Iliffe also considers the development of medical research and its priorities. The concern was for taking a place on the world stage, and hence the research agenda was shaped by current issues in medicine, cancer and heart disease, rather than the traditional agenda of British Tropical Medicine. The results of this work showed the erroneous presumed epidemiology of these diseases in the colonial era. Iliffe also refers in passing to the role of the international organizations such as WHO and UNICEF. The point is made that these groups often removed individuals from countries already facing a brain drain. The impact of major WHO campaigns such as malaria and smallpox eradication indicates that, at least from the sources Iliffe considers, these were hardly intrusive events in the working lives of East Africa's doctors. The Primary Health Care initiative, however, apparently "banished" up-and-coming men to the backwoods at the very time they expected to enjoy the trappings of professional life and begin a family.

Iliffe provides wonderful information about the lives of those who progressed through the era of the tribal dresser, and the African Assistant Medical Officers, to doctors whose qualifications were recognized at an international level. His use of first-hand accounts of their motivations and experiences and their day-to-day experiences of medical practice, health care delivery, ill-health and death is interwoven

with press reports (including the Swahili press in the inter-war years) and formal government sources. Thus he both establishes a wonderfully nuanced history of the medical profession in East Africa, and offers his audience a great read.

Helen Power,
University of Liverpool

Deborah Kuhn McGregor, *From midwives to medicine: the birth of American gynecology*, New Brunswick, Rutgers University Press, 1998, pp. xii, 273, illus., \$55.00 (hardback 0-8135-2571), \$23.00 (paperback 0-8135-2572).

This is a revised edition of a work first published in 1989. The title is misleading in a way that has become characteristic of academic publishing; rather than presenting a history of American gynaecology, the book in fact offers a detailed account of the early history of a single, albeit important, gynaecological hospital. In the process it raises some important and interesting issues.

The authorial stance is one of moral critique—occasionally transformed into outrage—directed at the men who founded gynaecology in New York City. The anti-hero of the piece is J Marion Sims, the founder of the hospital. From the very beginning, Sims was guilty of experimenting on women "in the name of aggrandizing his medical career" (p. 66). As a young Alabama practitioner, he took an early interest in "vesico-vaginal fistula"—then a very common condition for reasons interestingly explained by the author—and kept a number of slave women suffering from it on whom he operated repeatedly until he obtained satisfactory results. Even with the relative tolerance of that period toward medical experimentation, this use of slaves proved an embarrassing fact which Sims did not publicize after he moved north to New York City.