

were rather like paupers, in that accepting institutional care was a shameful admission of failure to provide in times of sickness, but that there was “prestige” attached to being nursed by the sisters. This begs many questions, none of which are answered. Hospital rules (long the bugbear of patients and their families in the nineteenth and early twentieth century) are said to have been more acceptable in their establishments, as they were neither more nor less than those by which the nuns lived, but the evidence is missing. One hospital was close to the docks and therefore was effectively an accident and emergency facility, but we do not know the outcomes of treatment, nor the relationship between the institutions and the employers and unions. At one point, we are told that St Vincent’s hospital had an enormous number of patients suffering from alcoholism, but the fact is left hanging, and one longs to know more. What is one to make of the following, “The patient regulations at Seton Hospital, a tuberculosis hospital run by the Sisters of Charity where the patients were almost entirely charity cases, illustrate how the sisters attempted to maintain what they considered propriety, and demonstrate that class distinctions among patients and staff were not absent from Catholic institutions” (pp. 46–7). There is no account of the rules, no consideration of what was and was not propriety, and nothing on the class structure of the hospital, let alone the society it served.

Several important points are highlighted in the work. The first is that the sisters did not view hospital treatment as an end in itself, but as just one part of a mosaic of care for the bodies and souls of the disadvantaged in this city of immigrants. Death was part of this picture, and was not viewed as failure, but as the path to a higher life. In a world where fund-raisers competed on the basis of the statistics of success, this attitude must have been either refreshing, or contrary. The author does succeed in upsetting preconceived notions of what being a religious sister was in New York in this period. She presents an account of innovation, adaptability, patience, skill in

care-giving and financial administration—allied to a life choice that rejected materialism and self-advancement. As she concludes rather inelegantly, by the late twentieth century, “New York’s hospital sisters had accomplished quite a bit”.

We are left with the impression that this little book (just ninety-six pages when the long introduction, acknowledgements, footnotes and excellent bibliography are removed) is part of a much longer study. While there are flashes of great insight, and it is clearly the result of much diligent research in an impressive array of sources, it is also evident that the author has done a hatchet job on her original manuscript. It is a little like sitting down to a meal, and being served with just a morsel from each course. It is to be hoped that her next volume will provide the banquet for which this book is merely a taster.

Andrea Tanner,
Great Ormond Street Hospital for
Children, London

Cheryl Krasnick Warsh and Veronica Strong-Boag (eds), *Children’s health issues in historical perspective*, Waterloo, ON, Wilfrid Laurier University Press, 2005, pp. xi, 554, £21.50 (paperback 0-88920-474-8).

This extensive addition to the history of children’s health presents case studies from Canada, Vietnam, New Zealand, the US, and Australia. It contains five sections: politics, nutrition, racial and ethnic dimensions, experts, and institutions. Compared with current European trends within the field, two features in particular stand out: the strong emphasis on childhood diversity and the explicitly formulated theses on the impact of national political cultures upon health policies. Several chapters draw on comparative knowledge to situate national policies in an international context.

The editors argue that children have multiple identities and may have exerted power as well as experiencing oppression

when confronted with the numerous health initiatives that the book investigates (p. 4). This is a liberating theoretical stance when compared to Hugh Cunningham's claim that the most important common feature of children in history is their powerlessness ('Review essay. Histories of childhood', *Am. hist. Rev.*, 1998, **103** (4): 1205). Regrettably, however, this perspective did not lead to the inclusion of any studies of child agency, an approach to the history of childhood that Harry Hendrick in particular has pleaded for ('The child as a social actor in historical sources: problems of identification and interpretation', in Pia Christensen and Allison James (eds), *Research with children*, London, 2000).

In European child health studies, as in this volume, the variables of age, class and gender are commonly applied, but in this book ethnicity and race are also given a prominent place. This obviously reflects current trends within both children's history and the history of health and medicine, but it stems not least from the historic visibility of minority cultures in the geographical settings investigated. The book shows that New Zealand and Canada are countries presenting up-to-date research on health policies towards indigenous populations, while Howard Markel's 'Caring for the foreign-born' is illuminating on the health issues raised by immigrant children in the United States.

Margaret Tennant ('Complicating childhood') and Mona Gleason ('Race, class and health') offer studies of the shifting meanings of race and ethnicity in medicine and public health policies. Health promotion among minority groups is analysed as a civilizing and disciplinary mission; a process by which dominant middle-class or "western" ideas and habits were forced upon immigrants and indigenous populations. In future research a more extensive discussion of what was actually at stake in health policies towards minorities is required: were cultural oppression and mainstreaming aims or by-products? Furthermore, were health promoting strategies embedded in cultural equality at all

conceivable at the time and in the political and geographical settings investigated? Given the context, might the alternative to "civilization" in fact be neglect (cf. p. 289)?

The meaning of political cultures to child health policies is investigated in several chapters, for example, in 'Vegetables on parade' (Naomi Rogers) and 'Entre la "revanche" et la "veillée" des berceaux' (Denyse Baillargeon). The latter argues that national pride hampered the introduction of new feeding customs for infants in Quebec, since the French were reluctant to take measures that could be seen as proof that "English" habits were better than "French" ones. Anne-Emanuelle Birn, in a thought-provoking chapter on the international exchange of ideas and the agency of the Pan American Sanitary Bureau (PASB), in fact asserts the existence of a cultural predisposition in Latin American countries to protecting mothers and children. Her chapter is not least revealing as to the colonializing role of the PASB; its policies reflected the US hegemony in Latin America and its main concern was to avoid the interruption of commerce, not to reduce infant mortality.

The book contains much more, and readers familiar with European research will find that it offers comparative perspectives on health education, hygiene, nutrition, health camps, sexual abuse, and children's hospitals. The mix of commonalities and differences strongly suggests that the history of children's health has much to gain from taking up broad, systematic comparative studies, and, not least, from investigating international transfers of child-centred medical science and health policy models. The book is a good read and should inspire both historians of health and medicine, and of the history of children and childhood; it is to be recommended for its richness, for the theoretical grounding and attention to evidence of several chapters, and, not least, for its mediation between childhood history and history of health and medicine.

Astri Andresen,
University of Bergen