

large-scale relief programmes by themselves and on their own initiative. The role of the Rockefeller Foundation proved successful not only because of its willingness to act while other foreign bodies pondered and consulted, but also because of its political acumen—key figures in the Foundation recognized from the outset the need to work in close co-operation with the Egyptian authorities, and so did not face the suspicion and obstruction confronting other groups.

Even those who might anticipate such results will remark on the crass politicization of the crisis. The fundamentalist Muslim Brotherhood, for example, attacked reform programmes, spread the rumour that serums sent from Great Britain were stale and useless, and argued that once female licentiousness and liquor advertising had been eliminated, this “challenge from God” would disappear. The Brotherhood, nevertheless, organized clinics and dispensaries throughout Egypt, but used them also for political purposes and sent thugs to attack the similar clinics set up by the communists, who envisaged their dispensaries as fledgling revolutionary units. King Fārūq, the Wafd, and other parties all responded with manoeuvres aimed as much at each other as at the disaster facing Egypt, and the Americans and the British demonstrated more concern for their respective national interests and rivalries with each other than with the welfare of Egypt. The British were the target of practically universal Egyptian blame for importing the cholera of 1947 from India; Gallagher’s efforts to resolve this hotly contested question ends inconclusively, largely because of the disappearance of all Foreign Office records on the matter.

*Egypt’s other wars* rests on a solid foundation of American and British archival materials, numerous collections of private papers and diaries, Egyptian government records, newspapers, and journals from the 1940s, and most importantly, interviews with many of the key figures in the events at issue. Gallagher’s study will undoubtedly prove to be of increasing importance for the use she has made of such interviews, and it is also worth noting that the book is profusely illustrated with political cartoons from the Egyptian press, as well as with photographs (mostly from private Egyptian collections) of medical relief work in progress.

The defeat of cholera in 1947 marked the defeat of large-scale epidemic disease in Egypt, but Gallagher concludes with two chapters which cogently argue that in terms of positive measures the results could have been better. The programmes of the immediate post-war period reflected the widespread belief—particularly prominent in the United States—that the keys to international advancement were scientific and technical programmes transcending political differences. This made public health a challenge largely posed to authoritarian technocrats seeking to make the appropriate bureaucratic administrative decisions; public health policy was thus largely dictated from above. To her observations it may be added that the post-war bio-medical model of the West, with its increasingly urban-based medical profession and hospital network, was bound to miscue in major ways in Egypt, where in the 1940s most people still lived in agricultural villages far removed from cities and urban society. One is hardly surprised, then, to read that only 205 of 860 planned rural health centres were ever built, that many remained empty buildings while unlicensed traditional healers (ignored in official policy statements) provided most of the health care, or that most of the 2000 village sanitation and water systems provided in 1945 were inoperable by 1947. Gallagher’s advocacy of increased popular participation in the formulation of public health policy may be taken in reference to the problems which always arise when the modern planning dictated by the urban technocrat confronts the age-old ways of the agrarian hinterland.

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ANTHONY BATTY SHAW, *Norfolk and Norwich medicine: a retrospect*, Norwich, The Norwich Medico-Chirurgical Society (Norfolk & Norwich Hospital, Norwich NR1 3SR), 1992, pp. xxi, 175, illus., (hardback, 0–9518866–0–6), £10.00 (paperback 0–9518866–1–4).

The author, formerly a consultant physician at the Norfolk and Norwich hospital, subtitles this book ‘A retrospect’ and introduces it as “a selective chronicle and not a history”, highlighting “those aspects . . . which are the concern of the Norwich Medico-Chirurgical Society”. Though geographically defined, the material included is very diverse, ranging from the county’s shrines, pilgrimages, and memorials to its medical figures, local initiatives in modern orthopaedic surgery

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and late twentieth-century hospital planning. In a relatively short text (125 pp.) there is little room for detailed analysis of some subjects examined or discussion of attendant issues. For example, records of barber surgeons in Norwich date from 1188 and the author outlines various forms of medical licensing up to the late seventeenth century, notes the relatively large numbers of practitioners involved, the significant proportion of episcopal licences granted to women, and refers the reader to published research in this area. But why the Royal College of Physicians sought to impose a “closed system” in Norwich, whether the medical knowledge, practices or patents defended in this way were really superior to that of other “popular healers”, or the possible benefits of these processes to the local population are not discussed.

Chapters on the county’s medieval and modern hospitals include those at Shotesham, which Batty Shaw has shown to be the country’s first cottage hospital, and the Bethel, Norwich, the first hospital for care of the insane to be established in the provinces. However, there is little on the development of these institutions, their services or their impact, although references to assist further study are again provided. Anthony Batty Shaw’s coverage of Norfolk diseases, the local medical societies and eminent figures such as Sir Thomas Browne or Benjamin Gooch is stronger. These are subjects on which he has previously published research, including material in this journal (1970, 14: 221–59) on the Norwich School of Lithotomy. A detailed section on medical education, in particular teaching in a non-teaching hospital, reflects both the author’s historical interest and professional involvement. The balance struck in the subject material selected for this volume might not suit the modern social historian but there is much to attract local interest, including some sixty-one photographs. An additional twenty-four pages of references mean that, if not a comprehensive account of Norfolk and Norwich medicine, this is a very useful guide and an essential starting place for its further study.

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POONAM BALA, *Imperialism and medicine in Bengal: a socio-historical perspective*, New Delhi and London, Sage Publications, 1991, pp. 174, £25.00 (81–7036–245–8 (India), 0–8039–9100–2 (US)).

What was the impact of colonial encounter on medical organization and practice in India? Poonam Bala’s answer, based on a study of the Province of Bengal, is that the outcomes of the interactions between different medical systems, and medicine and imperialism were more complex than usually assumed. She argues that while Western medicine certainly became dominant in terms of its institutionalization, it was not hegemonic and that various Indian systems continued to co-exist and even received official support into the twentieth century. Bala concludes that it is better not to think in terms of an inevitable struggle between incompatible systems, and of Western dominance, but of “phases of competition and accommodation” (p. 145).

Few would dispute that until the second quarter of the nineteenth century Western and indigenous systems “peacefully co-existed” as they bore cognitive and practical similarities in their pluralism, humoralism and pharmaceutical practices. Europeans often regarded indigenous medicine positively and as a potential source of new drugs and ideas; the East India Company employed a number of Indian medical practitioners in various, albeit subordinate, roles. Matters began to change in the 1840s with the insistence that English become the official medical language and were part of the wider utilitarian critique of Indian culture. This continued in the second half of the nineteenth century as British medicine changed professionally and cognitively. The moves in Britain towards a unified profession, supported by the state and based on science and formal training, were emulated in India, though with quite different results. Bala suggests that, instead of a medical monopoly, there was a mixed economy of practitioners and systems. Some Indian practitioners ignored Western medicine and continued to practise and develop indigenous systems, others combined elements of both, and a final group became fully converted to Western theory and practice. A further complication was that each of these different kinds of practitioners were to be found at four different social levels: civil elites, European soldiers, Indian soldiers, and the indigenous population. Bala claims that this diversity shows that the outcome of professionalization strategies depends on the wider social context of medicine and only produces the monopolies seen in Europe in particular