

story of the Plunket nurses does raise interesting questions about such interpretations.

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Tropical Medicine in the Twentieth Century: A History of the Liverpool School of Tropical Medicine, 1898-1990, Helen J. Power, (London and New York: Kegan Paul International, 1999), xiii, 284.

Although 'biology' was coined in the aftermath of the French Revolution, the term 'biologist' was not available until the last few decades of the century, when career paths in the life sciences begin to pass through the laboratory, and 'naturalist' would no longer do as an occupational label. Similarly, we can find doctors expert in the diseases of warm climates, or even in 'tropical diseases', throughout the nineteenth century, but no specialists in 'tropical medicine' until the 1890s. Again, the new term indicates a shift in the late nineteenth century away from unadorned naturalistic description in the life sciences, and in medicine toward laboratory experimentation and more rationalistic explanations of normal and pathological processes. Tropical medicine thus began as laboratory work: no wonder, then, that it could thrive so far from the tropics, in institutes at Liverpool and London, both established in the last few years of the century. One could not do 'tropical medicine' without a laboratory: most doctors in the tropics, therefore, continued to practise general medicine in a warm climate until laboratory services arrived a few decades later.

In this fascinating (if hideously expensive) book, Helen Power, a lecturer in the history of medicine at Liverpool University, describes the origins of tropical medicine in imperial Britain and the different institutional forms it took in London and along the once bustling Mersey. She thus swells the crowded ranks of British historians of tropical medicine, which include David Arnold, W.F. Bynum, Mark Harrison, Molly Sutphen, Michael Worboys, and Lisa Wilkinson (the author of a companion centenary history of the London School). Many of these historians are associated with the Wellcome Trust, which in the past was one of the beneficiaries of the colonialism they now study.

(Such are the ironies of modern academic funding.)

Power has given us a meticulous institutional history, an exercise in a genre once much maligned, but now rather more respectfully received. The best institutional histories help us to locate ideas, practices and careers; they allow us to recognise the local, and sometimes mundane, entanglements of science and medicine. Power thus can complicate many of the conventional distinctions between the Liverpool and London Schools. Worboys has suggested that Liverpool concentrated on tropical hygiene, reflected mercantile interests, and favoured tropical expeditions; while London usually took the official line, advocating personal prophylaxis and segregation in the colonies, and later focussed on public health in Britain. But Power's study renders the differences a little less distinct. Both schools emphasized laboratory research, especially studies of protozoa and insects; both sought chemotherapeutic answers; and neither, until well into the twentieth century, appears to have appreciated that the suffering of tropical populations was a problem in its own right.

In carefully documenting the broad range of the Liverpool School's research, teaching and clinical work, Power conveys a sense of just how historically variable and contested 'tropical medicine' could be. (Why, then, does she repeatedly refer to it as a scientific discipline when it was evidently a far more opportunistic and eclectic medical specialty?) The narrative is organised around three key figures at the School: Ronald Ross, Warrington Yorke, and Brian Maegraith. Their personalities and enthusiasms greatly influenced, though, as Power points out, never simply determined, the commitment of the School to hygiene, chemotherapy, parasitology, or physiology—just some of the many ways of doing tropical medicine. Before the second world war, Yorke developed links with industry and made Liverpool a centre for the testing of new drugs; with Maegraith's appointment in 1945, chemotherapeutic research gave way to investigations of the pathophysiology of tropical ailments such as malaria. Expeditions faded out during World War I; teaching became more important between the wars, and threatened to take over completely after decolonisation in the 1950s and 1960s. But Power makes it clear that continuity was as likely as change. In particular, relations with local hospitals, which contained ample clinical material, remained difficult and frustrating. (Was it ever otherwise, the laboratory researchers will mutter.)

Power describes how, after the second world war, Liverpool discovered that it was actually working on 'international health'. Rather belatedly, the School began to advocate social development; it

established programs in tropical paediatrics and, later, in tropical community health. Power suggests that the Liverpool School was one of the earlier institutions to recognise the importance of child health and welfare in the tropics. 'Colonial health policies characteristically neglected child health, particularly in relation to common infectious diseases and malnutrition', she writes. 'The School sought to redress this omission within the discipline and improve paediatric practice within the tropics' (p. 246). This may apply to the 'discipline' in Britain, but this specific element of the white man's burden had been taken up long before by the Americans in the Philippines, and, Lenore Manderson suggests, even by British in colonial Malaya. Here an institutional focus, so illuminating otherwise, serves to eliminate the bigger picture. Some more light may have been cast on the matter if Power had asked why it was Ralph Hendrickse, a South African who had worked in West Africa, who set up tropical paediatrics, and Anthony J. Radford, an Australian who had worked in New Guinea, who developed tropical community health. While each was indeed a new initiative for the School, neither was new to 'the academic discipline and the tropics' (p. 179). Could it be that Liverpool tropical medicine, once so fixed on the laboratory, merely discovered an amalgam, conventional elsewhere, of tropical medicine and general medicine as practised in the tropics? And, moreover, it had been led to this 'discovery' by a couple of colonials who regarded it as glaringly obvious.

Historians of Australian medical research will find much more to interest them in this book. Although the work of Anton Breinl on the treatment of trypanosomiasis is mentioned only in passing, the account of the Runcorn laboratory in which he worked contributes to our knowledge of one of the founders of Australian tropical medicine. Similarly, the Liverpool investigations of Paludrine help to provide a context for the work of Neil Hamilton Fairley. And many of us will wonder how, within a decade, the Medical Faculty at the University of Adelaide managed to produce two tropical researchers as different as Brian Maegraith and Rafael Cilento. But the answer to that puzzle will require another institutional history.

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