

gas in subsequent paragraphs. She does not attempt to explore medical advances and techniques, for instance, the impact on nursing of the introduction of blood transfusion and penicillin. Nevertheless, she does show that nursing served New Zealand women well. It was, as one of Rogers' informants stated, 'a terrific adventure'.

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*The People's Health: Public Health in Australia, 1788–1950 (volume 1) and 1950 to the Present (volume 2)*. By Milton J. Lewis (Praeger, Westport, Connecticut, 2003, \$US69.95, ISBN 0-313-31090-4) 311 pp. & 347 pp.

THIS IS A MASSIVE WORK OF WIDE SCOPE, LONG COVERAGE AND MANY PAGES. Two-volume histories are a rarity these days. But telling the story of more than 200 years of public health in Australia demands the large-scale treatment it receives in *The People's Health*. The first volume charts the rise of public health initiatives from the arrival of the First Fleet to the post-World War II period. The second carries the story on until the later 1990s, and concludes by addressing some of the issues facing health care providers in the new millennium. The result is an important book—comprehensive, reliable and well researched. As a reference work and critical history, it will be a must for the bookshelves of historians of Australian medicine, public health practitioners and students of public policy.

Lewis starts by briefly charting the rise of public health measures in the Greco–Roman world, China, and mediaeval and Renaissance Europe. But his analysis really begins with the emergence of mercantilist thought in Europe during the seventeenth century. A new vision of the people as a national resource was enshrined in the works of John Graunt, Christian Huygens and Edmund Halley. This view was elaborated on during the Enlightenment by, among others, the French *philosophes*, for whom political, social *and* health reform were of a piece in accelerating mankind's advance towards perfection. States, too, were now increasingly concerned about the state of the public's health. The concentration of power that characterised the nation state made intervention feasible. And the exigencies of war and trade fuelled anxieties about the ability of each nation to compete at an international level. Lewis traces the social, intellectual and the cultural imperatives that set governments in Europe, America and Australia on the slow, clumsy, and fiercely contested path to public health policies.

Lewis next looks at the terrible impact of epidemic disease on Australia's Indigenous population, as successive fleets introduced new pathogens; and then examines the first, tentative steps taken by colonial authorities, inspired by European example, to ease the disease burden among its settlers. Having considered the introduction of smallpox vaccination and quarantine, the book goes on to describe the great impetus to epidemiological inquiry and public health measures ushered in with European and then Australian urbanisation and industrialisation. Emphasising the truly awful sanitary conditions of Australia's cities in the late 1800s and early 1900s, Lewis shows how repeated epidemics created a conducive environment for the acceptance of Britain's 'sanitary idea'. The book usefully leaves space for considering the impact of intellectual trends, for example social Darwinism and eugenics. And he provides a good summary of recent criticisms of McKeown's thesis, targeting his underestimation of the importance of public health measures in the decline of epidemic disease.

The first volume concludes with an analysis of what Lewis identifies as a turning point in the early twentieth century, as Australian States wedded to neo-mercantilist ideologies backed efforts to improve the health of mothers, infants and schoolchildren. Later, J. H. L. Cumpston fought, with only modest success, to circumvent the constitutional division of powers so as to establish a 'truly national public health system'. Throughout, public health advocates were driven by their need to provide a fit and strong citizenry able to withstand invasion from Asia. Lewis follows the development of Cumpston's vision as it became allied to the Labor Party's commitment to introducing a salaried health service, responsible for disease prevention and cure, and making health a right of citizenship. He also shows how doctors fought doggedly against any attempt to make them paid servants of the State, and how they relished sweeping aside the *National Health Service Act, 1948-49* following Labor's electoral defeat in 1949. The volume ends with funding for public health at a low ebb, and with the golden age of biomedicine shifting attention to chemotherapy, state-of-the-art hospitals and hi-tech medicine.

The second volume traces the rise of chronic, degenerative maladies as the main killers in industrialised nations in the twentieth century. It shows how public health professionals had to 're-tool' in the face of this new epidemiological picture. By the 1950s, they were pushing hard for a social conception of illness that emphasised factors such as poverty in disease causation. But most ministers, health bureaucrats and general practitioners were committed to far more individualistic aetiologies; public health was generally seen to be a matter of private individuals taking responsibility for their own health, by cutting down on smoking, drinking, fat intake, and so forth. Much public health

dialogue was preachy, condemnatory and ineffectual. In terms of institutions and practice, public health professionals continued to rank low on the scale. Putting public health on the agenda in the age of penicillin, streptomycin and other 'wonder drugs' was an uphill struggle. And in the face of government inertia and industry pressure, initiatives against smoking were extremely hard fought. Here, though, the Australian Medical Association (AMA) did help out.

Generally speaking, however, Lewis is out of sympathy with the AMA. Documenting the attempts by the Labor Party to increase access to health care for the disadvantaged, he traces the strident opposition mounted by doctors not only to State salaries, but also to the power of Friendly Societies. Professional interest plays a significant role in Lewis' account. But so does the rise of neo-liberal economics, which he sees as a major check to the advent of public health schemes capable of reducing social inequalities in health. There have been counterpoints, however. This second volume looks at the establishment under Labor Prime Minister Whitlam of community health centres, the rise of a new emphasis on community participation in health in the 1970s and 1980s, and a new attention to social, racial and sexual inequalities in health that arose during the 1980s and 1990s. This last trend is analysed extremely well, with a detailed discussion of epidemiological studies evincing links between status and health, and a fine section on the heavy disease burden of Australia's Indigenous population.

In the final chapter, Lewis looks to the challenges facing the field of public health from HIV/AIDS, a resurgence of tuberculosis, the potentially rapid spread of new pathogenic variants, and an increasing gap between rich and poor globally and within industrialised nations. In this closing chapter, and elsewhere, Lewis makes clear where he stands and what he thinks public health professionals are up against. He writes positively of American scholar Daniel Callahan, who argues that we need to shift the focus of health care spending in more equitable and sustainable directions; in particular, introducing a greater emphasis on care than cure, and on prevention as opposed to cutting-edge, and extremely expensive, hi-tech medicine. As part of this reorientation, Lewis believes that communities should play a major part in combating illness and setting health agendas. His model here is Australia's experience of HIV/AIDS, and the relative success story of the public health response to combat it, which depended on the active involvement of the gay community and a government strategy of destigmatising homosexual behaviour.

*The People's Health* emphasises the difficulties of getting governments to take public health seriously. And Lewis is in no doubt as to the obstacles the discipline faces in the form of cultural individualism, the neo-liberal aversion to State interference, and the hostility of var-

ious interested parties. Even so, he is sanguine, seeing public health advocates as having a role to play in 'civilising' global capitalism in a similar way to how the sanitary reformers of the 1800s tempered the excesses of *laissez-faire* economics. It remains to be seen whether this is too optimistic a vision; either way, the book is a valuable contribution to the debate as well as an important historical study.

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*Health in Australia. Sociological Concepts and Issues* (3rd edn). Edited by Carol Grbich (Pearson, Frenchs Forest, 2004, \$62.95, ISBN 0-724-81106-0) 318 pp.

THE THIRD EDITION OF *HEALTH IN AUSTRALIA*, EDITED BY CAROL GRBICH, provides an excellent introduction to the contribution that sociology makes to a critical engagement with contemporary experiences and structures of medicine, health and illness. Engaging with crucial theoretical debates and empirical approaches, the text is divided into three main parts, and fourteen chapters in total. Part One, entitled 'Social Process: History and conceptual frameworks', provides a strong critical overview of key theoretical perspectives in sociology (Carol Grbich), sociological critiques of medicine (Kevin White), and an analysis of health technology as fundamentally social (Fran Collyer). The chapters provide students with a clear engagement with dominant models of health, medicine, illness and technology, identify limitations in those models, while introducing the contributions that sociology can make in these contested areas of knowledge.

Part Two focuses on the crucial sociological terrain of the social patterns and social experiences of health. In a period where genetic determinism and individualisation are on the rise, these chapters provide an important reminder of the urgent need for sociologists to continue to argue strongly for social explanations of health and illness. Chapters on Aboriginal health (Ian Anderson), migrant and refugee health (Roberta Julian), gender and health (Maria Zadoroznyj), ageing and health (Eileen Clark and Terence McCann), class and health (Neil Burdess), and mental health, citizenship and human rights (Mike Hazelton) all provide vital examples of the centrality of social relations to health patterns and experiences. The chapters also continue to engage with debates around the social construction of knowledge, not only critiquing biomedical models of health but also engaging reflexively with the limitations of sociological approaches.