the end of the war, the First Canadian Army of two corps, with three infantry and two armoured divisions ..., was well led, well equipped, and at least as effective as any Allied force of comparable size anywhere'' (p. xiii). Few military historians agree with this statement in its entirety. Exceptions to his assertions of quality leadership, equipment, and effectiveness are evident in the army's campaigns throughout Northwest Europe. Indeed, many questions remain unanswered regarding the army leadership's performance in Normandy and the Rhineland. Predominant among them, and perhaps the fairest, is whether or not they had improved significantly by the spring of 1945. This reviewer believes they had; compared to the other Allied armies, the Canadian army proved itself equal to the task at hand. Granatstein does not gloss over the mistakes or flaws of the leadership of the army, although there are cases where he makes too much of personal traits, but the fundamental premise of the book remains the miracle that the under-funded, minuscule, pre-war Canadian army produced good generals at all. Commanders such as Simonds, Hoffmeister, and Matthews emerged during the war as the operational equals of any generals in the Allied, or Axis, armies.

There is no consensus on this issue; it would thus be unfair to expect a book covering so much ground to reflect one. A more in-depth analysis of the generals as operational commanders awaits an author, but this work has surely made that task easier by providing a much-needed overview of the personal and professional character of the Canadian army's commanders, and thus the Canadian army, in the Second World War. *The Generals* should become an important reference work and starting point for any interested in the history of the Canadian army and its leaders.

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Mark Harrison — *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914*. Cambridge: Cambridge University Press, 1994. Pp. vii, 324.

Every year from 1858 onwards the British Parliament received, no doubt with its usual indifference to India, a report on that country's moral and material progress. Such Victorian self-confidence seems sadly misplaced today. Recent research, driven partly by an understandable nationalist desire to seize control of the story, has provided a darker and more complex history of imperialism. The newer history, of course, has its moral agenda, just as the older ones did, but in place of a civilizing mission or a steady progress towards freedom and democracy, it tells of empires, driven by selfish motives — whether profit or emotional satisfaction — thrusting into indigenous society, attempting to control and to mould, but ultimately disrupting and damaging.

Mark Harrison's *Public Health in British India*, which could not have been written even 30 years ago, reflects the growing interest in the ''tools of empire''.

It draws on developments in medical and imperial history to examine a neglected area. Where health was one of the achievements held up by the British to show the beneficence of their rule in India, he points to the slowness with which mortality rates declined. He also notes the unforeseen consequences of the spread of Western power and technology, which, for example, made possible the more rapid transmission of deadly diseases, as well as to the sheer inadequacy and dilatoriness of much British policy. His scepticism also extends to the more extreme criticisms of the British record. He persuasively argues against the thesis put forward by R. Ramasubban, among others, that the British deliberately neglected the health of Indians because they were too mean and too Eurocentric to do otherwise.

His account shows a more complex picture, of a British administration in India constantly concerned about costs and divided by departmental and regional agendas. In the 1870s, for example, the government of Bombay provoked an agitated response from the government of India over its proposal to introduce compulsory vaccination against smallpox. Moreover, as he shows in an interesting discussion, there were repeated disagreements between the Indian and the British governments over such matters as the annual pilgrimage to Mecca. Each year, serious outbreaks of cholera among Indian Muslims brought demands for quarantines on ships sailing from Indian ports. While such measures were supported by the British government and the other European powers, the government in India argued against restrictions, both on the grounds of economic hardship and to avoid alienating its substantial Muslim minority.

The Raj was always nervous of stirring up trouble among its Indian subjects. Here of course the uprisings of 1867, characterized by the British as the Great Mutiny, were crucial. From then on, the authorities were reluctant to interfere with indigenous customs and wishes. In addition, the increasing tilt of many officials towards India's Muslim population, perceived as a bastion of the Raj, added to official sensitivities.

That aside, British opinion was already divided over the proper role of government in India, a conflict which Harrison characterizes perhaps too simplistically as that between authoritarian paternalism and decentralized liberalism. His distinction ignores the fluctuating state of much serious British thinking about India and as well the undercurrent of pessimism which was increasingly prevalent in the years just before the First World War.

True, there were those who still hoped to do good in India, whether nor not the Indians actually wanted it; Ronald Ross, whose pioneering work helped to pinpoint the causes of malaria, held firmly that the British, superior, as he saw it, in "natural ability, integrity and science" (p. 151), had a moral obligation to rule and to improve India. There is also evidence to support the view of medical intervention as a tool of empire; as one doctor said, "plague operations properly undertaken present some of the best opportunities for riveting our rule in India ... [and] for showing the superiority of our Western science and thoroughness" (p. 143).

Such enthusiasts were in a distinct minority, however, and Harrison argues persuasively that the prevailing culture in the Indian Medical Service for much of the period was marked by timidity and conservatism. European medical practitioners

in India tended to be less educated than their counterparts in Britain. Moreover their morale seems to have been low, although here perhaps Harrison relies too much on their own testimony. (After all, anyone perusing faculty newsletters might conclude that Canadian academics are chronically depressed and short-tempered.)

Nevertheless, the old canard that ideas took a generation to make their way out from Europe to the British in India seems to hold. When European scientists began to make the connection between organisms carried in impure water and cholera, again the British medical establishment in India dug in its heels. Much energy and resources were expended to show that local environmental conditions produced the disease. In the 1870s all provinces had to carry out a register of sub-soil water, on the grounds that a combination of porous soil and high levels of water were the real culprits. Such stress on the peculiarly Indian causes of disease meshed with the common belief among the British in India that the country posed both a moral and physical danger to those of European stock.

Another key factor in shaping British medical policy in India was the Indians themselves. Harrison sees them as participants, not as helpless objects of British rule. As he points out, Indian opinion was also divided on public health measures. In 1879, for example, the *Hindoo Patriot*, which spoke for high-caste Hindus, claimed that any interference by the government in pilgrimages within India (often the occasion of outbreaks of epidemics) "would be felt as a great hardship by the people" (p. 107). Indian social customs could act as a brake on medical innovation and sanitary reform; controls on cremation or water purification schemes were initially resisted because they interfered with ritual customs. When the government tried to carry out a large-scale extermination of rats as a means of controlling bubonic plague, it ran into opposition from Jains and orthodox Hindus who objected to killing any form of life. Opposition to other measures, such as enforced hospitalization, also came from radical nationalists like B. G. Tilak.

The growth of local self-government also shows clearly the inadequacy of a monocausal explanation for public health policy. From the 1880s, the government pushed for limited participation by Indians in their own municipalities and districts, partly as a means of involving Indian elites, but also to promote such matters as local sanitation and disease control where, it was argued, improvements needed co-operation from locals. It was also of course a way of saving government money. In the long run, that indeed happened, but not without considerable taxpayer opposition, as the case of Calcutta shows very clearly. The local commission, established in 1875, was dominated by landlords and, not surprisingly, was reluctant either to raise taxes or to contemplate measures to improve the slum properties which they and their supporters owned. Equally unsurprisingly, the large British community in Calcutta seized upon the shortcomings of the commission as evidence that Indians were unfit to govern themselves. In general, when local governments did spend, their preference seems to have been for education, a matter dear to the Indian propertied classes. In the years just before the First World War, when public health began to receive more attention and money, it was partly a result of bubonic plague epidemics and partly because health was becoming a nationalist cause.

Was public health a tool of empire in India? Harrison suggests that, if it was, it

was not wielded very effectively due to the limitations of both the British themselves and the response of the Indians. He finds little evidence that public health was an important factor in fostering economic development or in consolidating imperial rule. He also finds health policies of limited significance as a means to gain control through acquiring greater knowledge of the indigenous population, in light of the unwillingness of the government to upset Indian opinion.

His arguments are well made and well supported by an impressive range of sources from contemporary medical journals to memoirs with titles like *Scalpel, Sword and Stretcher: Forty Years of Work and Play*. The result is a solid contribution to the history of health and of imperialism. Cambridge University Press, however, could have done the book a service by clearing away the giveaway evidence of the unreconstructed thesis — excessive caution, repetition, and endless citations to prove unimportant points.

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