

the doctoral dissertation the book flowed from (which this reviewer happily chanced upon in the British Library) contains the best account we have had yet of working-class politics in this period, since Chandavarkar's magisterial survey largely relegates pre-World War I labour history to a backdrop for the more turbulent decades to come. Kidambi's published work sensitively examines the spectral form urban unrest assumed for the state and city elites, and the ways in which the urban poor's actions provided the key site for a range of experiments in social control. Appending a fuller consideration of the politics of the poor on their own terms would have completed the circle, and perhaps given us a more fully dialectical appreciation of the evolving relationship between state, elite groups and working classes. Despite this omission, however, *The Making of an Indian Metropolis* is a major, potentially ground-breaking, contribution to historical scholarship on Bombay, and more generally on India's urban modernity.

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**Martin Gorsky, John Mohan and Tim Willis (eds.),** *Mutualism and Health Care. British Hospital Contributory Schemes in the Twentieth Century.* Manchester: Manchester University Press, 2006. xii + 243pp. £55.00.  
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Financing health care may well be one of the most important areas where historical and contemporary political interest could overlap. The arrival of the modern hospital has brought with it high costs: capital costs actually to build or to buy the buildings, costs for bed and board for the patients as well as costs related to the hospital staff and, more recently, substantial financial commitments stemming from the amazing demand for medical technology. Historians have occasionally wondered where all this money has been coming from and how the hospitals have coped with the financial implications of the success story that is western hospital-based medicine. The financial principles emerging in the history of voluntary hospitals in Britain are well known: donations and subscriptions by benefactors were largely responsible for the running of such hospitals throughout the nineteenth century. Paying patients started to appear too, particularly patients who were unable to secure a benefactor's letter of recommendation. But starting perhaps before World War I, but certainly during the inter-war period, this led to what we might today call a credit crunch: finding the benefactors willing to contribute financially to a degree proportionate to the expansion of hospital medicine became increasingly difficult. Unsurprisingly, hospitals started to turn to hospital contributory systems, where the contributors agreed to regularly pay a small amount in exchange for access to hospital care in an hour of need.

This is where *Mutualism and Health Care* comes in, as it aims to provide a detailed account of hospital contributory systems from their early days in the nineteenth century to the present day. The authors understand these schemes within a framework of three distinct perspectives: financial importance, concerns for hospital governance and the contribution to the civil society. The connections to present-day discussions about the state of the National Health Service are obvious and intended. One of the book's major strengths lies in the fact that it

welcomes a contemporary starting point for its historical analysis and it invites debate, even if it sometimes appears to argue a specific political viewpoint rather passionately. The one area where I see potential for further work is in an international perspective: hospital contributory systems were no invention of the British. The various German examples, to mention but one country, highlight that such systems were often linked to specific medical practices within the hospitals. Readily treatable, often minor diseases were surprisingly prevalent amongst the contributing population treated in German hospitals. One of the fundamental weaknesses of an economic history perspective in medicine is that it is difficult to link money with medical practice and I am not quite convinced that *Mutualism and Health Care* is doing enough to overcome this inherent bias for health care policy. German historiography has furthermore accepted as consensus that such schemes paved the way for the Health Insurance legislation rolled out from 1884 and it seems to me to be promising to study this transnationally: how could such schemes successfully contribute to wide-ranging insurance-based legislation in one country, and basically fail to do so in another?

On balance, however, this is an innovative and concise study of hospital contributory schemes in Britain, which should be read by a wide cross-section of readers interested in the history of hospitals as well as those who want to learn about some of the historical trajectories in present-day debates about the state of the NHS. This study represents an enlightened, modern economic (and social) history of health care policy, which benefits immensely from the interdisciplinary team of authors. The material may sometimes seem tough and difficult to digest for even the most attentive reader. But the same could be said about the complexities of modern health care systems, and if one wants to understand the latter, the former appears to be a moderate price to pay.

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**Robert Freestone**, *Designing Australia's Cities: Culture, Commerce and the City Beautiful, 1900–1930*. Abingdon: Routledge, 2007. viii + 325pp. 111 figures, 1 table. Bibliography. £75 hbk, £30 pbk.  
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The historiography of the City Beautiful, a philosophical and pragmatic response to the unsightliness of cities at the end of the 1800s, has tended to focus solely upon giant US settlements like Chicago, New York and Washington DC, or provincial centres such as Cleveland, Denver and San Francisco, even though the movement's impact is known to have been felt in places as diverse as Asia, Australasia, Europe and Latin America. In such a context it is therefore welcome for present-day scholarly attention to explore the City Beautiful's international impact during an era in which city designing was marked out and honed, and the professionalization of urban planning materialized. Against such a backdrop sits Robert Freestone's *Designing Australia's Cities*, a study that casts doubt upon the City Beautiful as a solely US-based concern and that, through the prism of Australian urban development, entwines events 'Down Under' with those occurring overseas, as well as appraising the sanctioning of beauty as a civic asset so that socially cohesive communities could be forged.