



## Book review

**J. Riley, *Poverty and Life Expectancy: The Jamaica Paradox*, Cambridge University Press, 2005 (xiv + 235 pages, ISBN 0-521-85047-9).**

James Riley is well-known for his work in the history of disease and illness, but in recent years has turned his attention to changing mortality patterns in developing countries. The present book is an extension of this research, explicitly bringing the perspectives and skills of the historian to modern problems, and focusing on the mortality history of one developing country – Jamaica – in the nineteenth and twentieth centuries.

The main aim of the book is to explore in detail a thesis developed by Riley in his earlier work on global rising life expectancy. His starting point is the work of Caldwell and others, which emphasized the possibility of achieving mortality reductions in countries with widespread poverty. Many of these countries were socialist regimes with a high priority on public investment in health and education, which in spite of a relative lack of economic development, had experienced significant increases in life expectancy.

Riley is concerned to argue that these health improvements can also be achieved in non-socialist countries. He believes that this is strategically important, and that policies for mortality reduction can be utilised more widely in all types of regime. He points out that even autocratic societies – such as those in Oman and Jordan – have been able to increase life expectancy in spite of widespread poverty and restrictions on women's autonomy and education.

He develops this theme in his study of Jamaica, showing that in spite of stagnating economic development and a colonial political structure, age-specific mortality fell by more than a half in all groups under the age of 45 years in the period between 1920–1922 and 1949–1951. This was at a time when per capita incomes were essentially unchanged and before the advent of modern medicine.

Riley examines a range of factors which might be responsible for the improvement of health. Although he notes mortality fell significantly in the nineteenth century, he focuses mainly on the period after 1920. He points out that a very effective public health administration had been introduced by the colonial regime well before 1920, but that mortality only fell in the twentieth century after that date. He concludes: 'The Jamaica way of elevating life expectancy rested on two pillars, individuals' capacity to fend for themselves and the government provision of schools, public health resources, and health care. In the early decades of the health transition, the 1920s and 1930s, individuals fending for themselves played the stronger part, but the leadership of public health authorities was important.'

Riley is undoubtedly correct in thinking that economic development has not been essential for the improvement of health and the reduction of mortality, and he argues this case cogently and persuasively. He has applied his skills as a historian very effectively to the problems of health in

the modern world, and the book is an important contribution to this wider debate deserving wide readership.

There are however certain weaknesses in the book, mainly with respect to the pre-1920 period. Riley cites evidence to show that the crude death rate in Jamaica fell from approximately 40 per 1000 in the 1830s to 27 per 1000 in 1861–1871. This suggests that there were major improvements in health before the 1920s, and this could be important for Riley's discussion of mortality decline. He makes sporadic references to smallpox vaccination, but does not discuss its systematic practice and effect on Jamaican mortality. Vaccination was made compulsory in Britain in 1853, and it is likely that the colonial regime implemented some form of compulsory vaccination in its colonies. Smallpox had become a very virulent disease by the 1880s – it was killing about 45% of unvaccinated children at this time – and its control and elimination would have been critical for the reduction of mortality in the nineteenth century.

Perhaps a more important issue is Riley's failure to discuss the consequences of mortality reduction. He notes that fertility remained high until the 1960s and that population was expanding rapidly during the nineteenth and twentieth centuries. There was a great deal of unemployment and poverty on the island, but Riley does not link rapid expansion of population with Jamaica's economic problems. Since the 1960s, fertility has fallen significantly – from about 6 children per family to 2.5 in the year 2000 – and this is likely to have major repercussions on the island's economy and social structure.

However, this should not detract from what is a major publication in demographic scholarship: the detailed analysis and account of a mortality revolution which took place in an impoverished society, which although failed to develop economically, transformed the health and the life-chances of its population.

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