

Book Reviews

to 1842 in order to produce this comprehensive account of medical aspects of the early U.S. Navy. His principal sources are those familiar to any historian of a government bureaucracy—official correspondence regarding complaints, accusations, petitions for promotion, ship inventories, and pension allotments. Private letters, diaries, and trial reports supplement this rich trove of detail, and provide the author with many individual stories of bravery, injustice, competence, and debauchery. Yet this very richness in part betrays the author, for he is prone to get lost in these tales, and after recounting a string of such vignettes, moves on without drawing conclusions about the era under discussion as a whole. There are many trees sketched with fascinating detail, but the forest remains amorphous.

Langley begins his story in 1794, when the Federal government first commissioned frigates for a “proto-navy” and assigned surgeons to them, and ends it in 1842, when the navy was reorganized into five bureaus, including the Bureau of Medicine and Surgery. He recounts the major points of growth for the navy, and hence its medical department, in between—the quasi-war with France in the 1790s, the struggle against the Barbary pirates that followed, the War of 1812, and drive in the 1820s and 1830s to reform the navy and its medical corps. His account of the origin of the Marine Hospital Service, the first federal health care programme in the United States which covered the civilian merchant marine, is one of the most detailed and insightful that this author has seen. It is unfortunate that the parallels between its story and that of the naval medical system are dropped soon after they are raised. Indeed, the early professionalization of the naval medical corps after the War of 1812, with its exams, degree requirements, and higher pay, is a remarkable fact that is best appreciated by contrast with the Marine Hospital Service (which reached this level only in the 1870s) or the feeble efforts at reform postulated by the fledgling American Medical Association in the late 1840s. Langley’s evident lack of familiarity with American

medical historiography outside the field in naval history limits his ability to make these comparisons, and draw interesting conclusions from the wealth of detail which encumbers this book.

There is little grasp of nineteenth-century medical theory evident in Langley’s discussion of therapeutics and etiological thought. At some points he feels the need to challenge the accuracy of contemporary assertions (as when, on p. 56, he wonders whether the “fire damp” and “carbolic acid” which formed in the holds of ships really did cause disease) and at others he accepts his primary sources’ explanations as “true” (as when, on p. 324 he equates “biliary colic” with the state of having an “accumulation of bile in the intestines”). Such presentism keeps him from fully understanding the miasmatic theory of disease, and its importance in designing ventilation systems for ships.

This book will be useful for any scholar interested in its subject because of the wealth of documentation and archival guidance that it provides. There are interesting threads which occasionally emerge, such as the path to professionalization or the responsibility of the federal government to provide health care, but they need another hand to gather them up, and weave them into a larger picture of medicine, federal organization, and the military during this fascinating period.

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Martin Dinges and Thomas Schlich (eds), *Neue Wege in der Seuchengeschichte*, Medizin, Gesellschaft und Geschichte, Beiheft 6, Stuttgart, Franz Steiner, 1995, pp. 251, DM 74.00 (3–515–06692–6).

For the past two decades, historians have intensified their studies of epidemics. While this genre has a long history stretching all the way back to Thucydides’ classic description of the Athenian plague, it would be fair, however, to credit William H McNeill’s popular—albeit frequently speculative—*Plagues and peoples*

Book Reviews

(1976) as the catalyst for modern research. After some initial reluctance, social historians, especially in the U.S., Britain, and France, took advantage of discrete epidemic outbreaks to investigate society's complex coping mechanisms, from religion to public health. A recent entry, Richard Evans' *Death in Hamburg*, chronicles the 1892 cholera epidemic in that city through a meticulous reconstruction of its "inner life", a veritable *tour de force* that included demography and geography, politics and economics, culture and social welfare, nutrition and public health.

The volume under review, sponsored by the Robert Bosch Foundation in Stuttgart, brings together a number of individual articles, each illustrating a current approach to the history of epidemics. As one of the editors, Martin Dinges, comments, both the social construction of disease and historical demography have been late-comers to the German historiography on epidemics, and this collection can thus be viewed as an attempt to remedy past deficiencies. In his introduction, Dinges is also keen to stress the importance of new sources, including case records, iconography, and legal documentation, as well as new questions formulated from the disease sufferer's point of view, as important in broadening the historical investigation.

Several of the contributions indeed point the way towards new sources, questions, and approaches. Robert Jütte's provocative article documenting the simulation of leprosy by the healthy as early as the thirteenth century, challenges the traditional construction of leprosy as a highly stigmatized ailment, a virtual death sentence everyone would have been keen to deny. However, as contemporary medical and legal sources attest, a number of individuals portrayed themselves as suffering from the scourge to obtain alms and later admission to well-endowed leper houses. In turn, another paper by Annemarie Kinzelbach analyses the rather flexible social construction of the "French disease" or "bad pox"—presumably venereal syphilis—in a number of southern German cities during the sixteenth and seventeenth centuries. Using municipal

records, Kinzelbach uncovered the employment of notions of contagion and isolation procedures previously used for individuals suffering from leprosy and plague, without particular attention to the sexual nature of this disease. In fact, the French pox was intimately linked to poverty and its sufferers placed in special hospitals for the purpose of receiving an intensive medical treatment based on infusions of guaiacum, the New World's holy wood. Both Jütte and Kinzelbach point out that such specialized institutions pursued the twin goals of charitable assistance and medically-induced physical recovery.

Dinges, in a separate paper on the relationships between plague and the state, examines the proposition whether the successive epidemics of this disease acted as catalysts in the formulation of the modern European state. Was the plague causal or coincidental in this process? The answer suggests that in the social construction of plague, governments were just another important component. Another contributor, Eberhard Wolff, focuses on an early nineteenth-century phenomenon—he calls it infanticide by omission—in which parents frequently wished the death of their children affected by smallpox instead of availing themselves of the newly available vaccination against the disease. In an article bound to be of great interest to historians of bacteriology, Thomas Schlich looks at the contribution of photography to the success of Koch's germ theory of disease.

A paper by Wolfgang U Eckart and Meike Cordes on sleeping sickness in Wilhelmine Germany's African protectorate of Togo exposes the ideological roots of Europe's colonial enterprise and its influence on the definition and treatment of disease. Lastly, Lutz Sauerteig compares the German and English responses to venereal syphilis at the beginning of the twentieth century. The author concludes that practices aimed at protected sex involved both moral and pragmatic choices, and that in contrast to England, Germany was more willing to accept the use of protective devices such as condoms even if they fostered

Book Reviews

promiscuity and extramarital sex. Given the nature and quality of the papers contained in this collection, the editors have dispelled any lag in German scholarship regarding the history of epidemics. To reach a wider audience, however, they should also consider translating the work into English.

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W F Bynum and B Fantini (eds), *Malaria and ecosystems: historical aspects. Proceedings of a Rockefeller Foundation conference, Bellagio, 18–22 October 1993, Parassitologia, 1994, 36(1–2)*, pp. 227, no price given.

The history of malaria has been dominated by the discoveries of Ronald Ross and Giovanni Battista Grassi, and the malaria eradication campaign of the World Health Organization. Much of this has tended towards the hagiographic or celebratory, although reviews of the malaria eradication programme have become increasingly critical. Recent literature on the history of malaria has been set within a framework which discusses the history of tropical and colonial medicine or military medicine. The *Malaria and ecosystems* volume, following a conference of the same name, builds upon this existing literature but attempts to take a more synthetic approach to the history of malaria by considering the inter-relationship of the disease, its pathogen and its vector in terms of the wider physical and human environment. The diversity of the essays in this volume highlights the value of such an approach. The authors vary widely in their backgrounds, and thus the papers are the work of historians, scientists and malariologists. While it was a conscious aim of the meeting and the publication to present papers which could contribute towards improving the current understanding of the world malaria situation, this has not detracted from the quality of the historical writing.

Most of the essays deal with the latter half of the nineteenth and the twentieth centuries,

but those by Mirko D Grmek and Julian de Zulueta also refer to the prehistoric and ancient period. Taken as a whole, the papers in this volume offer a valuable chronology of malaria ecology and attempts to understand and interfere with the ecological balance as a means to controlling or eradicating the disease. Emphasis is placed on the history of realizing and taking action against the malaria-carrying mosquitoes of the *Anopheles* group, but there are several useful comments on the chemotherapy of malaria and the importance of the general health and socio-economic circumstances of the human population at risk or affected by the disease. These are areas which are open for future study.

Five of the papers are concerned with malaria in Europe. These include work on laboratory research and field experimentation. Michael Worboys' article describes the etiology of malaria before Alphonse Laveran's discovery of the protozoan parasite, placing malaria in a wider discussion of nineteenth-century fever nosography. Mary Dobson and Bernardino Fantini provide detailed accounts of malaria epidemiology in England and Italy, including anophelism without malaria (Fantini), and the implications of understanding the species complex. The contributions on the European research are of particular interest since much of the recent work on tropical malaria has not reconsidered the work done in Europe and its effects on malaria in the tropics. The papers by John Farley, Paulo Gadelha and Randall Packard explore the early work of the Rockefeller Foundation and the League of Nations in malaria control between the two world wars. They demonstrate the antecedents of internationally sponsored global eradication campaigns. The conclusion from these papers is that the politics of international health influenced the interpretation of vector eradication trials, with significant consequences for the post-war anti-malarial campaigns. The papers on Asia and Africa are naturally selective, given the diverse malaria situation of these huge regions of the world. This is acknowledged by reference to the