

America, where recreational use is now legal in Canada and several US states, with many more having liberal medical marijuana policies in place. Richert describes this process as the ‘civilising’ of cannabis, the roots of which can be traced back to the Le Dain Commission in 1973, which recommended the decriminalisation of cannabis. In part three, Richert examines the ‘demonization’ of certain pharmaceutical drugs. These include specific substances, like diet pills, but also all pharmaceutical drugs when they appear in the ‘wrong’ places. Many prescription drugs were (and continue to be) cheaper in Canada compared to the US, and so patients and enterprising third parties devised systems to move drugs across the border. In the early 2000s, pharmaceutical companies concerned with their profit margins, and regulators apparently concerned with patient welfare, attempted to find ways to frustrate this practice.

While the stories Richert tells are distinct, several cross-cutting and intersecting themes can be detected. Evidence, for instance, has both shaped and informed drug policies but is also a site of contestation, with rival groups arguing for different interpretations, or even different kinds of evidence, to support their position. The role of the consumer was also crucial. In many of the stories Richert tells, consumers were demanding access to certain substances or to use these in novel ways. Their success or failure can be explained by a variety of complex elements related to larger social, economic, cultural and historical factors. For instance, Richert attributes Canada’s lifting of a ban on the use of heroin in end of life care to its close ties with Great Britain, where the drug was never prohibited. The US persisted with a ban despite growing pressure for the patient’s right to choose their own medication because of the ongoing war on drugs and fear that pharmaceutical heroin would leak onto the illicit market.

Getting to grips with such contrasts is one of the aims of this book, and although there is much to be admired in the ambition and reach of *Strange Trips*, the examples and themes could have been dealt with in a more coherent manner. The reader has to do quite a lot of work to connect the individual case-studies to the larger issues, and more could have been done to explore the areas of overlap and disjuncture between substances and over time. The book would have benefited from a clearer conclusion that drew all the various threads of the different stories together. Drugs can take their users on strange trips, and if we are to follow them, we have to be able to do so without getting lost.

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Katerina Gardikas, *Landscapes of Disease: Malaria in Modern Greece* (Budapest: Central European University Press, 2018), pp. 348, £48, hardback, ISBN: 9786155211980.

‘No crowds, no rejoicing even in harvest time, no laughter, no songs, and the imprint of malaria laid visible on all the faces’ (Henri Belle, *Trois années en Grèce*, 1881). *Landscapes of Disease* offers a full harvest of such impressionistic, riveting notes left by early travellers in Greece: diplomats, topographers and army physicians. They write of children’s lives at risk until the age of thirteen, lakeside inhabitants nicknamed *bakaniarides* (‘big bellies’), mining settlements dubbed ‘yellow villages’. Lively and dramatic, Katerina Gardikas’s gripping overview of the most malarial country in Europe (with between one and two million cases annually prior to the Second World War, in

a population of 7 million) would easily take its place among ‘classic’ studies of the history of malaria: Frank Snowden’s work on Italy; Sandra M. Sufian’s on Palestine; and Margaret Humpreys’ on the southern United States. Yet Gardikas’s purpose is quite different. Moving away from the usual focus on programmes of draining, repetitive oiling, Paris greening and, later on, DDT-based control, her study attempts in a canvas of some 150 years to tell ‘a different story, that of the precarious lives of peasants, townspeople, and soldiers in their *daily* encounters with their physical environment’ (p. 305). In tune with Italian microhistory, or German *Alltageschichte*, it aims ‘to historicize a shared, banal experience of pain’ (p. 305).

Variability and instability are the watchwords of the medical-geographical approach endorsed in the engaging, brilliant first half of the volume (Chapter I: ‘Malaria: An Ancient and Global Disease’, and Chapter II: ‘The Fragmented Geography of Disease’). Intrigued by P. Horden and N. Purcell’s *microecologies*, which saw splintering as a defining feature of Mediterranean history, Gardikas anchors her study in Lewis Hackett’s extremely localised, even itemised, epidemiology (where location is everything). Indeed, *Malaria in Modern Greece* is a brilliant guide to the intricacies of malaria dynamics in dystopian landscapes. A patchwork quilt of isolated basins, the country provides a vantage point from which to observe the immunological repercussions of scattered, clustered settlements. A vantage point, too, considering its proverbially unstable climatic regime, to track variations in weather patterns and their erratic, unpredictable effects on *elonosia* (swamp disease) morbidity from one year to the next.

Gardikas has a rich source base. Hundreds of nationwide malaria surveys have been carried out by such bodies as the Athens Medical Society (founded in 1835, with the first malaria survey in 1901), the Anti-Malarial League (founded 1905) or the Athens School of Hygiene (founded 1933), among others. Indeed, ‘Rockefeller medicine men’ alone visited 8000 out of Greece’s 11 000 villages in 1930–1. To create a basis for the narrative, Gardikas identifies six epidemiological profiles. Six cases from which to observe the seasonal, interrupted nature of the fevers, shifts in the location of their *foci*, sudden changes in local conditions and their unforeseen impact – ‘for instance a drought in a neighbouring village or the departure of sheep flock, increased anophelism, with gusts of wind transporting *Anopheles* from nearby [...] could lead to a renewed epidemic outbreak’ (p. 147).

Consistent with a mostly unstable, Protean scourge, the second part of the book (Chapter III: ‘Malaria in Peace and War’, and Chapter IV: ‘Patients, Doctors, and Cures’) replaces the focus on the ‘human factors’ contributing to the spread, and the exacerbation of malaria. There were socio-economic developments on the one hand: plains newly colonised; primitive irrigation practices; deforestation; and drainage projects. On the other, there were population movements: conscription and troop displacements; transhumant shepherds; and fresh waves of refugees turned malaria carriers. In short, a whole set of hardships pictured as ‘an epidemiological time bomb, primed to go off each spring’ (p. 176). The hyperendemicity of Greece is still on Gardikas’ agenda – its baffling complexity is still to be penetrated – but the old-age curse is henceforth treated as a man-made product, the cumulative worsening of which is tied to economic, migratory and warlike conditions. At the forefront of the villains of the tragedy stand public works companies, contractors and construction engineers: ‘one of the most dangerous of malaria hazards’ (L. Hackett, 1937, quoted p. 157). One should likely notice the heavy claims made by MOHs against the peasant’s disastrous tiny pools (*remata*) collecting the surplus water at the lowest point of the village. Public health is delivered its *coup de grâce* when the same peasant comes to the city and becomes a municipal officer, lawmaker, businessman.

Insensitive to the epidemiological perils of irrigation, ‘he remembers that he used to dig, and dig far and wide. He is sympathetic to anyone digging’ (K. Dimissas, 1933, quoted p. 175).

Oddly enough, the absent character is the state. The author is well aware that, despite all the calamities suffered under the ‘*Tourkokratia*’ (Ottoman domination), the conduits of the lakes were never neglected, and canals were opened and kept clear by corvée labour; while ‘the political distractions’ of the nascent independent state saw blocked canals cause flooding, the loss of agricultural revenue and disease. For all that, the very issue raised in the introduction, ‘Did nationhood increase or reduce the suffering of the Greeks?’ (p. 12), remains unanswered. Again, Gardikas notices ‘a sense of national emergency’ among leading army physicians during the Greco-Turkish war of 1897, when 45% of the armed forces were hospitalised for endemic fevers and marshland malaise. Yet, rather than following up on the way the Anti-Malaria League, for instance, failed to ‘go to the people’, as did its Italian elder, it’s the draftee’s *experience* that commands the author’s undivided attention. The tremendous rate of quinine consumption (one-fifth to one-quarter of world production), its integration into local culture (peasants rated it as equal to bread) and, above all, the passiveness or Stoic ataraxy (*oblomovtchina* would be an accurate term) of a people prone to endure an ever-threatening prospect as ‘a natural phenomenon’ (M.D. Mackenzie, 1929, quoted p. 280): these are the ground-level topics addressed in a medico-social and cultural frame, without reference to the top-down ‘perspective of the state’ (p. 73).

As reported by a League of Nations committee, the two main health problems facing Greece in the early 1920s were malaria and the health machinery itself (portrayed as ‘clinically dead’). But these two issues – the ubiquity of the scourge and the inability of a stateless state to deal with it – cannot be neatly separated. In contrast to Maria Vassiliou’s pathbreaking ‘Politics, Public Health, and Development: Malaria in 20th Century Greece’ (unpublished PhD thesis, Oxford, 2005), Gardikas side-steps politics. Nor does she pay much attention to Yugoslav or Bulgarian developments. Nevertheless, *Malaria in Modern Greece* will remain as a masterpiece on the dynamics of the disease within a century and half, and the cultural adaptations or failures to adapt of a given population to environmental pressures.

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Hugh Cagle, *Assembling the Tropics: Science and Medicine in Portugal’s Empire, 1450–1700* (Cambridge: Cambridge University Press, 2018), pp. 382, £35.99, hardback, ISBN: 9781107196636.

Portugal and its empire are attracting a growing interest among scholars interested in the contributions of Catholic nations to the history of early modern science and medicine. This trend is confirmed by Hugh Cagle’s fine book, *Assembling the Tropics*. The overarching objective of this book is to historicise an aspect of our planet’s geography that we tend to take for granted: the tropics. This is, then, in one way an exercise in the history of geographical concepts and metageography, following up on Dennis Cosgrove’s seminal thoughts about tropicality. Cagle argues that the tropics emerged as a coherent spatial unit in the minds of Lusophone botanists and medical specialists in the late seventeenth and