activities as an intern. It is this journal that has now been published, edited, and translated (it was written in Latin) for the first time.

There can be no doubt that Boschung's edition will be of great value to historians of eighteenth-century medicine. Gessner passed through Paris in the same year as his more famous friend and countryman, Albrecht von Haller. The latter, too, kept a journal of his visit to the French capital, but Gessner's account is far more informative. Haller's journal, long since published, was a cultivated man's diary; Gessner's, in contrast, was not a diary but a medical man's *aide-mémoire*. It is both one-dimensional and prosaic but as a result provides a highly interesting and unforgettable account of practical medical tuition. Admittedly, the reader learns little in Gessner's journal that substantially alters the picture given by Haller (or indeed in other journals), but it adds flesh to what was only a skeletal framework and brings the early-eighteenth-century Parisian medical world to life. His description of Le Dran's lithotomies are as graphic as a Hogarth print. Moreover, Professor Boschung has prefaced the text with a lengthy and highly erudite analysis that examines practical medical tuition in early-eighteenth-century Paris *tout court*. This publication is much more, therefore, than a useful research tool. It contains the fullest account to date of the facilities to be found at Paris and helps to explain why so many foreign students were drawn there. In consequence, this book is a vital supplement to the early chapters of Toby Gelfand's, *Professionalizing modern medicine. Paris surgeons and medical science and institutions in the eighteenth century* (Westport, Conn., 1980). Finally, it must be said that the book is beautifully produced. It is a collector's item, not just a work of scholarship.

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ALLAN M. BRANDT, *No magic bullet. A social history of venereal disease in the United States since 1880,* New York and Oxford, Oxford University Press, 1985, pp. viii, 130, $19·95.

Syphilis has been used as an indicator of moral stature, civic virtue, and patriotism. Largely uncommented upon in mainstream medicine, not to mention polite society, American attitudes changed rapidly at the beginning of the Progressive Era. Focusing on the problem of how to balance the tradition of sexual libertinage among the armed forces with the apparently increased incidence of debilitating venereal disease, the first targets were red-light districts associated with army camps. These concerns grew to the point where at the beginning of the twentieth century the Commission on Training Camp Activities was the largest social programme in the United States.

Reformist zeal peaked during the First World War, followed by a period of embarrassed silence between the wars. Despite the availability of an effective treatment with Salvarsan, the rate of syphilis was still high when recruiting for the Second World War began. This time, sex education was paired with freely distributed contraceptives and a policy of separating troops from prostitutes by enforcing "off limits" areas. The French command thought this a particularly strange policy, especially as they encouraged established bordellos as a service to their soldiers, and to "protect local girls".

Such an attitude contrasted with the interwar goal of devising a science of "moral engineering" around venereal disease control. Such thinking was reinforced by analogies from medical science, the most powerful of which, for the purpose of reforming zeal, was the notion that prostitution is the intermediary host or carrier for the spirochaeta pallida, as the mosquito is host for the malarial parasite (p. 72). With the advent of far more effective treatments by penicillin, the rate of syphilis dropped dramatically, but was rapidly replaced by other diseases, in particular the ever-present gonorrhoea, but also the newer problem of herpes. Even AIDS gets a mention.

Brandt does an excellent job of tracing changing public attitudes and activities of reformers. Drawing largely on the organized campaigns surrounding the military, he extends his analysis to show why venereal diseases were so useful to different groups of moral and political reformers,

social hygienists, technocrats, and, to a more limited extent, physicians and medical scientists who wished to include syphilis as a part of legitimate practice. While it falls short of being a complete analysis of the social and medical aspects of venereal diseases, and skims rather lightly over the recent period, this is a model of how the study of a particular group can be used to illuminate a wide range of historical issues, helping to paint a vivid picture of medicine in an age of rapid social and cultural change.

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PETER JORDAN, *Schistosomiasis. The St Lucia project,* Cambridge University Press, 1985, 8vo, pp. xv, 442, illus., £35·00.

The International Commission of the Rockefeller Foundation first came face to face with schistosomiasis (bilharziasis) during one of their early campaigns against hookworm outside the American South. During their routine search for hookworm victims in Egypt, just prior to World War I, they discovered accidentally just how many fellaheen were inflicted with the schistosome blood fluke. In 1929, after Robert Leiper had made known the snail intermediate hosts of the two human schistosome species in Egypt, the Rockefeller Foundation returned to begin an attempted eleven-year eradication campaign with Claude Barlow and J. Allen Scott. It all seemed so easy then: kill the snails with copper sulphate and the worms with tartar emetic and all would be over in a few short years—twenty-five, according to the predictions of the International Health Division directors as they pulled out of Egypt in 1940. But it was not going to be that easy, as Health Division officials learned from the Sinabis Village studies of 1947–54. Indeed, with hydroelectric dams and irrigation requirements of the new cereal varieties of the Green Revolution, the disease has increased its hold in many countries. Today, perhaps one-fifth to one-quarter of research in tropical diseases is devoted to this disease.

Over the years, many different control methods were tried: chemotherapy with drugs of varying efficiency and side effects; molluscicide with chemicals of increasing effectiveness; and some sort of environmental control and village education to limit the contact between man and infected snail. Some seemed to work for a short time, others failed. A method was needed to measure and compare the effectiveness of the various control measures. St Lucia, a small Caribbean island with isolated valleys each with a high prevalence of *Schistosoma mansoni,* provided a natural laboratory for these unique studies; in each valley a different control method could be used for comparative purposes. From 1964 to 1981, with funding mainly derived from the Rockefeller Foundation, a team of investigators under the direction of Peter Jordan, the author of this work, compared the effectiveness of three basic methods: chemotherapy, snail control, and water delivery systems.

This study is not written for the casual reader. It is a detailed, technical yet highly readable report (although it does carry far too many overcomplex and unreadable graphs) directed to aid workers in other countries in which schistosomiasis is endemic. It explains in exhaustive detail why chemotherapy provided the cheapest and most effective control method. It explains also that since a reservoir of infection is always left, transmission of the disease will gradually increase unless followed by other supplementary methods: focal snail control or provision of household water, laundry, and shower facilities.

For the medical historian, the study reveals the complexity of the problem and the sophisticated modern techniques that are now being used. Gone are the days when eradication of the disease by the complete elimination of all snails was seen as a possible goal! But whether, as the author concludes, it is now "possible to view the future of schistosomiasis control with greater optimism than 25 years ago" remains to be seen.

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