

chapter: ‘Die Griechen waren keine Europäer’, and then elaborates later when he speaks of ‘Was Europa dem Islam verdankt’. Throughout the volume he seeks to integrate the history of the Greek heritage into its proper historical framework by stressing the crucial role of Islamic civilization and culture in preserving Greek learning and elaborating it in new directions. Islam and the Muslims are not “the other”: they stand at the very heart of the process by which we have come to understand ourselves as Westerners and Europeans in the twenty-first century. One can see this wherever one turns in the historical record: in thinking about climate, in ideas concerning contagion, in astrology, and throughout the field of medicine itself, where Islamic culture can perhaps point to its greatest scientific accomplishments. Even when medieval Muslims looked at other religions in their own time, religions with which they shared no common ground in monotheism, they took satisfaction in the fact that these faiths did not possess any scholar who came as close to knowledge of the truth as Socrates.

Most of these studies will have been seen at one time or another by colleagues working in the relevant fields. But as a collection they draw attention to several aspects of the author’s scholarship. One is surely the element of broad erudition. In an era in which scholarship is increasingly focused on specific narrow fields, it is refreshing to review a volume in which a senior colleague disposes of so many subject areas with equal facility. This perhaps bears on a second consideration. In this volume Strohmaier’s essays are reproduced in a small type face that is already suggestive of articles that in their original form were quite brief and concise. That impression is entirely accurate. Strohmaier wastes no time with lengthy introductions and endless citation of authorities, as if a point becomes ten times more certain if ten times as many sources are brought to bear on it (*mea maxima culpa!*). His arguments hit straight to the point in a way that is often breathtaking. Finally, it is worth noting that all this work emanates from a colleague who for decades was denied the most basic access to research resources and

intellectual feedback. As a scholar in the former DDR who refused to join the Communist Party, Strohmaier was obliged to fall back, as Hartmut Bobzin so vividly observes (p. vii), on resources of his own behind the Berlin Wall in “a small flat crammed to the last corner with books”.

In his Foreword, Hartmut Bobzin seeks to justify the inclusion of this volume in a series that is dedicated to “Arabistik”, which in Germany can mean either Arabic language studies or Arab-Islamic studies more generally. While appreciating his concern, and also his contribution to the volume as a whole, which reflects a considerable investment of work in matters of presentation and editing, one may assert that all this definitely belongs to the field of Arab studies. No cultural or belief system springs in its full and complete form from the teaching or thought of its founder, and the interplay between the various cultural traditions of the late antique and medieval Middle East, though constantly reasserted by Strohmaier and others, still needs to be stressed and highlighted. What we see in this volume illustrates not only the debt of the Arabs to Greek culture, but also the debt of Europe to Islam.

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**David S Jones**, *Rationalizing epidemics: meanings and uses of American Indian mortality since 1600*, Cambridge, MA, and London, Harvard University Press, 2004, pp. xiii, 294, illus., £32.95 (hardback 0-674-01305-0).

This is a welcome addition to the literature on epidemic disease and American Aboriginal peoples. David Jones covers a lot of territory, from smallpox among the seventeenth-century Massachusett people, to tuberculosis among the twentieth-century Navajo. But this is not simply another epidemic chronology. Instead it brings together the various explanations that contemporaries and their historians have assigned to the health disparities between Americans and Aboriginal people. This is an ambitious project and Jones has succeeded in

## Book Reviews

uncovering enduring patterns despite the great changes in the meanings of disease.

Jones compares four different cases: responses to the decline of Aboriginal populations in the first decades of colonization in New England; efforts to control (and efforts to spread) smallpox on the western frontier from 1760s to the 1830s; tuberculosis among the Sioux in the late nineteenth century; and mid-twentieth-century health research among the Navajo. Each case is discussed over two chapters; the first chapter of each set examines how epidemics were explained at the time, the second chapter focuses on responses to the epidemics. This approach tends to decontextualize disease and removes it from its political and economic roots. Nevertheless, the comparative approach provides a longer view of the relentless assaults on Aboriginal health over four centuries. But what is most enlightening is Jones's focus on the responses to disparities in health status between immigrants and Aboriginals.

*Rationalizing epidemics* is a history of meanings. How did New England colonists explain dangerously high Aboriginal mortality while their own colonies flourished? Jones notes that there were more nuanced explanations than the Puritan belief in their own Providential mission. Colonists nursed the sick Massachusetts and fed the dying Wampanoag in 1621. Likewise in the nineteenth century when the Sioux, confined to reservations, suffered untold misery from tuberculosis, the federal government accepted limited responsibility and sent physicians to attempt to control a situation created by government policy. Were the Sioux suffering an inevitable demise, or were they passing through a so-called "stage of civilization"? Despite the changing understanding of disease, there has always been an effort to assign meaning to disparities in health. The meanings and responses have changed over time, but Jones tells us that certain patterns have endured.

Regardless of the disease, whether epidemic smallpox, endemic tuberculosis, or chronic heart disease and diabetes in the late twentieth century, Aboriginal people have suffered more severely than their European or American observers.

This constant disparity does not reflect an inherent susceptibility to disease, nor does it point to the biological determinism that historians such as William H McNeill or Jared Diamond have employed. Instead consistent disparities reflect the disparities in wealth and power that have endured since contact. Jones also argues that when one group rationalizes health disparities in another group discrete responses emerge. Rationalizations give way to assignment of responsibility which can fall on the sick, or the healthy, or on some outside authority such as government or even God's will. The choice of response tends to reflect the needs of the local community. Fur traders among the Mandan and other Plains groups in the early nineteenth century worked to vaccinate the people against smallpox to preserve the trade, while settlers suggested that Aboriginal people were doomed to extinction just like the bison herds that sustained them. Jones concludes that health policy flows from these rationalizations for health disparities. Decisions whether to extend or withhold financial and political resources depend on how disparities are rationalized.

This is an important book that will be welcomed by historians and their students. However, the focus on responses to epidemics privileges Euro-American voices to the exclusion of Aboriginal people themselves. Although Jones does attempt to include some Aboriginal responses, *Rationalizing epidemics* tells but one side of a tragic story.

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**Ilana Löwy**, *Virus, moustiques et modernité : la fièvre jaune au Brésil entre science et politique*, Histoire des sciences, des techniques et de la médecine, Paris, Éditions des archives contemporaines, 2001, pp. 363, illus., €25.92 (paperback 2-914610-00-9).

This book should be recommended to a variety of audiences. Besides those who are interested in the history of tropical medicine in Brazil, anyone concerned with the social study of science, with