

articulated the contradictions of colonial rule. How did medicine and public health serve the hegemonic interests of the colonial authorities and later the nationalist leaders? There is information about ethnicity and class but little about women and gender. Of course, the author is focusing on the institutions of medicine and public health and is not writing a larger social or political history. He concludes that the domestic situation was so inegalitarian and political forces so divided that the status quo remained until after independence. His conclusion asks intriguing questions and sets the stage for further analysis. This book is a pioneering contribution to the history of medicine and public health in Tunisia and to colonial medicine in general and will become an indispensable source for future researchers. The author is to be congratulated.

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Myron Echenberg, *Plague ports: the global urban impact of bubonic plague, 1894–1901*, New York University Press, 2007, pp. xvi, 347, \$48.00 (hardback 978-0-8147-2232-9).

Chinese astrology marked 1900 as the year of the rat. The irony of this was not apparent until six years later, when the rat's role in the transmission of bubonic plague finally gained public and scientific acceptance. The third bubonic plague pandemic raged from 1894 into the first quarter of the twentieth century, taking more than 15 million lives. Echenberg has followed its chronological path from its Asian beginnings in Hong Kong and Bombay, to Europe (Alexandria and Porto), South America (Buenos Aires and Rio de Janeiro), America (Honolulu and San Francisco) and finally to what he classifies as the British imperial examples (Sydney and Cape Town).

The accumulation of air miles is the smaller part of the reward for his scholarly travels. For each of the ten cities, Echenberg has addressed key questions: how did the disease arrive? How many did it infect and kill? What were the popular and institutional responses?

What impact did the changing understanding of plague transmission have on the control strategies? Some of these questions have not been asked of the third plague pandemic before, and certainly not in such a systematic fashion. Echenberg recognizes the enormity of his task, and potential limitations. He seeks to analyse the tension between western cultural imperialism and older indigenous medical responses to disease, but language barriers force him to rely heavily on western interpretations of Confucian, Buddhist, Ayurvedic and Islamic approaches. His second key aim, to analyse the interplay between older sanitarian and newer bacteriological disease strategies, is more attainable, and aided by the book's chronological structure. He is able to follow the contested knowledge on the roles of the rat and the flea, and to analyse why some of his case study cities resisted the new bacteriological construction of disease.

Considering the speed with which Echenberg moves between these cities, he successfully contextualizes each plague outbreak in 25 to 30 pages. He allows the human factor in the plague responses to shine through the scant statistical information. The cumulative effect of the ten city studies is to impress on the reader some universal themes: fear and victim-blaming; the political economy of infectious disease; that class has more clout than race when fudging sanitary reform strategies; the vastness of the cultural gaps within some cities, and the smallness of the scientific world. Where this book is slightly lacking is in the connections *between* these fascinating accounts. There are short summaries on each pair of cities, but little sustained comparative analysis. For example, why do the British authorities not learn from the Hong Kong outbreak—a “study in cultural misunderstanding and rumour-mongering”—and apply such lessons in Bombay? Why do the Americans consider a plan to raze San Francisco's Chinatown, when they have already seen the devastating and unproductive results of a similar exercise in Honolulu? The imperial theme, adopted briefly at the beginning and used to order the pairings, is not followed through. Yet the Whitehall gaze must have impacted on how some of these cities reacted to

the plague. The fact that Echenberg has travelled in the footsteps of Bruce Low, a British government medical officer sent out in the immediate aftermath of the plague pandemic to report on how it was handled, appears lost on him.

The other area that would have benefited from a clearer focus is the “port” aspect of these cities. Echenberg exploits this unifying feature to gain a catchy title for his book, but the explicit maritime aspect subsequently remains undeveloped, apart from a few passing references, for example, to Sydney’s role in improving rat-guarding measures on ships, or the tension in Alexandria between the urban and port authorities. Yet one has to admire the sheer range of information packed into this volume, and its accomplished narrative style. In 1996 the World Health Organisation re-classified plague as a “re-emerging” disease. This is an important book that, through its ten city repetition of the threat and reality of epidemic disease, provides inspiration for historians and health authorities alike.

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Alison Bashford (ed.), *Medicine at the border: disease, globalization and security, 1950 to the present*, Basingstoke, Palgrave Macmillan, 2006, pp. xiv, 271, £55.00 (hardback 978-0-230-50706-7).

Researches on public health and medical policies have engaged either with national and state policies, or with internationalism. The volume *Medicine at the border* edited by Alison Bashford locates itself at the political and geographical confluence of international and national health policies—at the border. The collection of thirteen articles focuses on how infectious diseases and “border control” have historically played an important role in colonial, national, immigration and global health history.

Bashford provides an interesting introduction to the book where she discusses how modern medicine and disease management are situated

within the various economic, political and environmental polarities between east, west, north and south in which the idea of the border, both real and imaginary, has often shaped national and world health policies.

Patrick Zylberman’s article revisits the old problematic of cholera and international trade to show how its outbreak marked a new boundary between east and west, between the Ottoman empire and Europe, and how in the attempts at checking the outbreak issues like “control” and sovereignty became paramount. Alexandra Minna Stern focuses on the relatively neglected but significant field of US involvement with tropical medicine and its ideas of medical frontiers, in the context of yellow fever in Cuba and the construction of the Panama Canal. The article by Theodore M Brown, Marcos Cueto and Elizabeth Fee highlights the emergence of “global” health within the vocabulary of the WHO between 1950 and 2000, which in effect reflects the changes not just within this organization, but within international politics.

Ian Convery, John Welshman and Bashford jointly deal with some of the key themes of the volume by analysing the changing modes of medical screening in immigration into the UK and Australia. The authors show how in such screening, often done in other countries, the medical border is frequently situated far beyond the political border, thus legitimating an idea of a new frontier. Miriam Ticktin’s article on the relations between universalism and humanitarianism in French colonial medicine highlights another aspect of the medical divide. It shows that the French concept of “Citizenship of the Republic”, which is more an ideology than a geo-political category, allowed peculiar spatial exclusions within the universalist inclusions of Médecins Sans Frontières (MSF).

Renisa Mawani focuses on the new immigration restrictions in Canada concerning HIV in 2002. By arguing that “health has been a technology of governance” she demonstrates how recent measures have opened up new spaces for discrimination through state use of medical expertise. Claire Hooker discusses another modern disease and its impact on