Anderson's *Colonial pathologies* (2006), would have advanced the argument on varieties of American imperialism in relation to public health. The Philippines is present in the text, but only as a source of contamination linked to United States' military intervention in East Asia, whereas Culion, and American public health in the Philippines more broadly, was crucial in the elaboration of mainstream American medical and political thinking on race, health, the tropics, and the politics of empire. Culion was also highly significant in the development of chemotherapy in leprosy, particularly with regard to the refinement of chaulmoogra oil in the pre-sulphone era.

While it is difficult to determine the prevalence of leprosy from the accounts provided, the sense of the expense of leprosy control is very well communicated in the author's consideration of legislation and medical politics surrounding segregation, monitoring and treatment of leprosy patients. The troublesome relation between Christian (and especially Catholic, in the case of Carville's early history) medical workers and stigma is well described, if eventually unresolved. In this respect, the consideration of stigma as a remnant irony of out-patient treatment in the 1950s and 1960s is more completely convincing, painting a picture of leprosy as a medico-social syndrome comprising a discourse on national and imperial citizenship and exclusion alongside medical and institutional concerns.

This is an excellent and well-written contribution to the literature on public health and leprosy. It continually, clearly, and usefully reinforces its central thematic concerns with federal, territorial, medical, religious, and patient experiences with leprosy. From an editorial perspective, the extensive range of archival sources referenced would have been more approachable with an easily consulted list of abbreviations, and the index might have included some of the more prominently cited authors. These minor points aside, the high production values do justice to Michelle Moran's careful restitution of reports from the margins of American empire, medical research, and public health to the centre of historical concern.

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Rod Edmond, *Leprosy and empire: a medical and cultural history*, Cambridge Social and Cultural Histories, Cambridge University Press, 2006, pp. x, 255, illus., £50.00 (hardback 978-0-521-86584-5).

In an ambitious work that seeks to bridge the disciplinary divide between cultural studies and medical history, Rod Edmond illuminates the connections between leprosy's enduring metaphorical power and medical efforts to contain and cure the disease in the modern age of empire. Edmond seeks to avoid both the over-generalities in studies of disease produced by cultural theorists and the overly narrow focus of site-specific medical histories that fail to recognize continuities among various colonial settings.

Providing an innovative integration of both medical and literary texts, Edmond demonstrates that neither physicians nor writers in the nineteenth century consistently defined leprosy and those who suffered from the disease as infectious agents. Such disagreements about the nature of leprosy failed to produce a single isolationist model of treatment as previous scholars have claimed. When the germ theory gained predominance by the early twentieth century, however, so did more coercive policies of segregation, a result that reflected broader anxieties about the imperial project and the impulse to establish fixed boundaries between the colonizer and the colonized.

The recognition that such a boundary proved permeable only heightened European fears of contamination and helped shape calls for compulsory segregation that emerged in various colonial settings throughout the late nineteenth and early twentieth centuries. Edmond's comparison of regulations in a distinctive array of geographic settings is a welcome effort to illustrate that no common colonial policy toward leprosy emerged in these years. Differences in racial populations, national identity, and attitudes toward the intermingling of European and indigenous colonials shaped distinctive chronologies and regulations regarding the containment of those with leprosy. Yet these comparisons remain cursory, in part because they lack any in-depth exploration of the archival sources specific to each institution. Despite his stated intention to challenge the "top-down nature" (p. 177) of previous theoretical models, this archival absence means the voices of those with leprosy or family members intervening on their behalf are largely absent from Edmond's account.

More impressive is Edmond's effort to draw clear connections between domestic and imperial policies toward leprosy, addressing the call from such scholars as Ann Stoler to examine the ways in which metropole and colony are mutually constitutive. He effectively uses Paul Gilroy's conception of the "camp" to examine the wide variety of institutions constructed by Europeans to isolate those viewed as contaminants. In Edmond's conceptualization, such colonial sites as concentration camps and native reservations, and such domestic facilities as lock hospitals and tuberculosis asylums shared a common imperative to "enclose and isolate the primitive, the diseased, and the backward" (p. 216). His comparison provides a historical context for leprosy that demonstrates how segregationist impulses emerged within domestic settings and were not simply tools of empire.

Yet mapping the intersections among these various encampments, while valuable, ultimately does little to explain the particular power of leprosy to inspire a degree of revulsion disproportionate to its infectiousness, or to account for its hold on the literary imagination. In his concluding chapter, Edmond briefly examines a series of authors to illustrate how leprosy settlements served as a source of both fascination and fear from the 1860s to the 1960s. He attempts to link this literary study to the preceding chapters by demonstrating how each author transgressed and challenged established imperial boundaries; however, the connections between this cultural analysis and his medical context remain elusive. While one wishes that this work could draw more specific conclusions to bring together the composite parts of his interdisciplinary study, this book will prove rewarding to scholars interested in literary and medical accounts of disease and their complicated imperial genealogies.

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Priscilla Wald, *Contagious: cultures, carriers, and the outbreak narrative*, Durham, NC, and London, Duke University Press, 2008, pp. xi, 373, illus., £55.00 (hardback 978-0-8223-4128-4); £13.99 (paperback 978-0-8223-4153-6).

How should we understand the fear and fascination evoked by discussions of disease carriers and outbreaks—produced in scientific publications and the mainstream media—in a world sensitized to the dangers of global disease spread following the emergence of HIV/AIDS? In her new book, Priscilla Wald, Professor of English at Duke University, combines previously published articles with new material to build a compelling conceptual framework which she uses to explore how scientific and medical ideas about disease and contagion subtly inform and are informed by cultural narratives. All too often, these stories lead to what Wald labels "the outbreak narrative": a contradictory yet compelling account which invariably identifies a new infection, follows epidemiological investigators as they chart its course through various networks and carriers, and ends ultimately—through human intelligence, co-operation, and scientific authority—with its containment. Wald argues passionately for a concerted re-examination of the way in which Americans construct the stories they tell about disease emergence, given the impact that these