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“indigenous human capital”. Beyond this, Eckart’s work brings out a number of overarching themes that deserve special attention. One is the influence of racism and racial hygiene on much of German health care in the colonies. It found its tangible expression in the strict segregation of European and indigenous patients in colonial hospitals, and in the support by doctors for efforts to separate white from indigenous urban settlements as a means to prevent malaria and other infectious diseases. A related theme is the involvement of medical men in oppressive politics, as demonstrated by military doctors as combatants in the war against the Herero and Nama in German South-West Africa (1904–7) and during the Maji-Maji uprisings in German East Africa (1905–7). Yet, as Eckart likewise shows, medicine in the colonies also had its philanthropic side, which became especially evident in the health care provided to the indigenous population by the missionary stations—another topic considered in detail. Typical were governmental efforts to improve the medical infrastructure and simultaneously save costs through encouragement of medical missionary work, e.g., in the care for lepers.

Perhaps the most striking theme that this study develops is that of human experimentation by colonial doctors with new drugs against sleeping sickness. Eckart describes the relentless treatments with arsenic compounds of the black inmates of “concentration camps” for sleeping sickness in Togo, the Cameroons, and German East Africa between 1908 and 1914. Blindness was a frequent toxic side-effect. Patients who refused treatment were disciplined, many fled the camps. It seems that the specific colonial setting and the hopeless prognosis of the disease led doctors involved in these trials to ignore relevant ethical standards that they probably would have observed in homeland Germany. Here, a Prussian directive demanded information and consent of human subjects in hospitals

as early as 1900, though not for interventions that served therapeutic, diagnostic, or immunization purposes. Yet, Eckart’s account also draws a historical line from the colonial enthusiasm of doctors, via the sleeping sickness trials in the colonies, to the deadly human experiments with malaria in concentration camps of Nazi Germany.

It lies in the nature of its sources that this book tells us more about the perspectives of colonial doctors and administrators than about the perceptions of the indigenous populations. It seems, however, that the flight from the sleeping sickness camps (as well as from leprosy camps) cannot be generalized to an overall rejection of Western medicine. The figures that Eckart provides from contemporary sanitary reports show usually a high acceptance of inpatient and outpatient hospital care as well as of smallpox vaccination programmes.

In sum, this book provides both a comprehensive and differentiated survey and discussion of German colonial medicine. Readers will also benefit from its meticulous list of archival sources, 40-page bibliography, full name and subject index, and appendix with maps. Without doubt it will serve as a standard work for many years to come.

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Peter Baldwin, *Contagion and the state in Europe, 1830–1930*, Cambridge University Press, 1999, pp. xiii, 581, £45.00, \$69.95 (0-521-64288-4).

Comparative historical studies are rare, especially so in the history of medicine, and multiple comparative ones even rarer. In this respect, Peter Baldwin’s monumental survey of the divergent health policies of nineteenth-century European states makes a

particularly welcome addition to the literature on disease and its management in the past. Focusing on Britain, France, Germany and Sweden, but touching also on Austria, Denmark, Greece, Italy, the Netherlands, Norway, Russia, Spain, Switzerland and Turkey, *Contagion and the state* contains a wealth of information and considered analysis. It is, however, a book with ambitions beyond the parochial arena of medical history. It is an endeavour to explain the development of statutory intervention and the evolution of diverse political models of the modern state in Europe through the medium of national approaches to contagious disease. This outer envelope of intent is narrow—a shell that encloses the rich historical material on public health within—but it is central to the book's purpose. As Baldwin notes in his concluding paragraph, “preventive strategies against contagious disease go to the heart of the social contract, requiring a determination of where the line runs between the interests of the individual and those of the community”. For Baldwin, nineteenth-century preventive strategies formed the political traditions of the modernizing European nations.

The springboard for Baldwin's study, as it relates to the history of medicine, is the long accepted idea that a nation's political system and culture closely influence its approach to contagious disease. This idea originated in the 1940s, and was notably articulated by Erwin Ackerknecht, both in his classic article on anti-contagionism (*Bull. Hist. Med.*, 1948), and in *Medicine at the Paris hospital* (1967). Ackerknecht argued that absolutist, autocratic, conservative political regimes favoured intrusive methods of disease control such as quarantine and isolation, which gave priority to the interests of the community over those of the individual, while more liberal, democratic states usually opted for less intrusive methods. Baldwin sees this as oversimplistic. For him, “geoepidemiology”—a country's geographical position in the firing

line of epidemic disease waves—was the crucial factor determining the evolution of characteristic preventive strategies, and ultimately of the dominant political culture.

Baldwin's thesis is argued through three case studies, of Europe's reactions to cholera, vaccination against smallpox, and syphilis. The eighteenth century being essentially free of major epidemic hazard (although the plague at Marseilles in 1720 offers a prelude), the story opens with the arrival of cholera in the early 1830s. Cholera, being new, terrifying, epidemic, and imported, provoked a drastic emergency response in the states on Europe's eastern margin, exemplified by Germany, where its invasion began. The initial draconian response, of quarantine, isolation, etc., was modified, as time went on, following further experience of the disease. In states farther removed from the front line, reactions to the appearance of cholera were influenced by previous observation of the effectiveness or otherwise of measures taken at the front. France and Sweden in the middle section favoured more interventionist approaches than did the outlier Britain, which developed a sanitary, environmentalist strategy for coping with the disease. By the time cholera reached Britain, the quarantines elsewhere had been seen to damage economies, engender misery in local populations, and provoke violent political protest. It made sense to take a less extreme line, especially since quarantines demonstrably did not work. The lessons learnt by cholera, but channelled by local administrative, economic, geographical and political factors, in turn shaped responses to smallpox and the implementation of vaccination, and to syphilis, and established the differing political traditions of the various countries.

A brief survey such as this can do little justice to the erudition and wealth of information which Baldwin brings to this study. There is enough material here to keep the average reader's mental filing system (such as my own) occupied for some

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considerable time. The book is lucidly written, but is not easy to read, for the immense amount of information eventually numbs the mind. It is a pity, therefore, that the publishers have chosen inadequately to support the author's scholarship and the reader's participation. The book's structure is unhelpful, offering the reader little in the way of guidance, and little pause for evaluation and reflection. There are six chapters, of which three run to over a hundred pages, and one to an immense 169. These are, indeed, broken up into sections, but since these are not identified in the contents page, they are of little assistance in keeping hold of the thread of argument or permitting the reader a sense of direction. There is no bibliography—an increasingly commonplace and regrettable economy—and the index is rudimentary, to the extent that it does not even contain an entry for the crucial concept “geoepidemiology”.

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Suzanne E Hatty and James Hatty, *The disordered body: epidemic disease and cultural transformation*, SUNY series in Medical Anthropology, Albany, State University of New York Press, 1999, pp. v, 362, \$18.95 (paperback 0-7914-4366-3).

Historians are normally warned by their teachers to avoid overt present-mindedness, and with good reason. It brings bias and distortion and hampers critical engagement with historical evidence. This book, however, seems to be at least as much about the present as it is about the past, and many readers may find it most revealing about states of mind at the end of the twentieth century—particularly perhaps in certain sectors of academia. The authors make their purpose clear in their

conclusion. They argue that we are presently living through an “age of the epidemic” and “a crisis of contagion”, partly thanks to AIDS and HIV, and that this epidemic crisis is precisely comparable to one which occurred between the thirteenth and the sixteenth centuries, brought by leprosy, plague and syphilis. Both crises have been accompanied by fears of ecological, social and other kinds of disaster, by a revival of apocalyptic expectations, and by a “flight from the feminine” and a “rising tide of masculinist thought”; and the first crisis created cultural responses—especially towards gender and the body—which have been influential from the sixteenth century to the twentieth.

The exposition of that ambitious historical thesis occupies the main body of the book. It is obviously not an easy case to substantiate to the satisfaction of critical historians, and it should be said at once that the authors are not conventional historians, critical or otherwise. Their primary interests appear to lie in various kinds of “discourse” and cultural theory. Hence they rely heavily on secondary authorities and on some printed primary sources, and while they manipulate these intelligently enough, some of the usual historical disciplines seem to be absent. The chronological boundaries of the book are wholly unclear, for example, and there is no coherent explanation of what the authors take to be a cause and what an effect. Historians who already know something about the history of epidemics may find this an irritating book, and they will certainly find some of it predictable: the appearance of the flagellants, for instance, who naturally bring new notions of the body with them, and the stress placed on new sumptuary laws against women (when those against men are largely ignored).

This is not to say that the case being made is wholly unpersuasive, far from it. Parts of it make a good deal of sense with regard to syphilis, which did influence attitudes towards the body, towards