

colonial Burma is thus a very welcome and fascinating addition to this corpus of work. The medical history of colonial Burma is a virtual unknown and for that alone this volume should be read. Moreover, in this detailed study of the various initiatives by which the colonial power sought to encourage and impose smallpox vaccination it offers yet further evidence of the need for a highly nuanced and contextualized understanding of the interaction between the imperial and the local. As Naono argues, its distinctness from its neighbour “presents a useful countervailing example of medicine under the Raj, one that highlights incongruities between the colonial medicine practised on the subcontinent and on its periphery” (p. 1).

Burma was acquired by the British through gradual conquest, beginning with the coastal strip in 1824–6, followed by Rangoon and lower Burma in 1852, and Mandalay in 1885–6 when it formally became a province of British India. This resulted in a lack of administrative uniformity, particularly between upper and lower Burma, which Naono argues was one of the four major practical obstacles to the spread of vaccination, the other three being the poorly developed transport infrastructure, limited funding and a shortage of medical staff. These factors, especially, greatly accentuated a major difficulty, albeit not unique to Burma, that of cultivating, transporting and preserving sufficient and effective vaccine lymph, and to this subject Naono devotes the first three compelling chapters. The Burmese authorities’ solution was firstly to have a local distribution centre in Rangoon but as this did not solve the problem of getting lymph to upper Burma, a vaccine depot was established at Meitkula in central Burma in 1902. Meitkula subsequently extended its remit to become a research laboratory to find the most effective ways to cultivate and preserve lymph. The author details the various attempts to do this and states that these endeavours lead her to conclude that “colonial medicine represents another category of knowledge”; western science, she argues, “is modified and re-exported, sometimes even rejected, on the basis of data collection,

observation, experience, and local experimentation” to yield a “colonial form of ‘local knowledge’” (p. 87).

The second half of the book shifts perspective to the more familiar terrain of persuading/compelling the local population to accept vaccination. Here she discusses the failure of propaganda efforts; the relationship between indigenous inoculation and vaccination; the ineffectiveness of the Vaccination Department (established in 1868); and the limited ability of legislation to effect compliance. Divisions between the various responsible agents, Burmese and British, poor communication with the local population and blindness to indigenous culture all contributed to the fact that the vaccination programme only started on the road to success in the 1920s. Throughout the study, however, Naono emphasizes the salience of the agency of the Burmese, and the concomitant failure of the authorities to enlist the co-operation of the indigenous population as being the significant factors which inhibited the vaccination programme.

For those unfamiliar with Burmese colonial history, it might have been helpful to have had a brief initial summary of the political, economic and social context, but this is a minor quibble. Overall, this is a vital addition to smallpox studies, area studies, and to the exploration of the relationship between the local and the global in the construction of medical knowledge.

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James L A Webb Jr, *Humanity’s burden: a global history of malaria*, Studies in Environment and History, Cambridge and New York, Cambridge University Press, 2009, pp. xii, 236, £14.99 (paperback 978-9-521-67012-8)

By the middle of the nineteenth century, the link between swamps (miasmas) and fevers

appeared to be well established. The study of malaria was thus based on typical malarial landscapes—the marshes—in North America and Western Europe and on the cycles and intensity of transmission characteristic of *Plasmodium vivax* (tertian fever). However, this model could not explain the history of infection in other regions of the world where mosquitoes reproduced, not in marshes, but in mountain streams, tidal floodplains or hoof-print size puddles.

The subject of this book resembles first of all a geo-history devoted to retracing the shifting distribution of malaria, a geo-history which borrows from these earlier authors on malaria. Secondly, it resembles an epidemiological history, retracing, over a very long period, the transformations in the nature and meaning of the infection in the course of its intercontinental migrations from Africa to Europe, then to the Americas, until the disappearance of malaria from the temperate zone.

It is an historical epidemiology which quite logically takes an ecological perspective. Here, the units of analysis are the three main zones of malarial infection. The first, dominated by *P. falciparum*, is geographically limited to Africa. Mortality there is essentially among children under five years old. In the zone where *vivax* predominated, attacks occurred primarily in the summer. Mortality was rarely above one per cent: “*Vivax* was the great debilitator, not the great killer.” The zone of mixed infections was located between the first two, from southern China to the Mediterranean basin, by way of the subcontinent. Although mortality and morbidity were lower than in the zone where *falciparum* predominated, they could none the less reach very high levels when populations had no acquired immunity.

Ecological history and cultural history are closely intertwined. *Humanity's burden* identifies three main types of correlation between cultures and landscapes. The first was a pattern of avoidance (East Africa, the Balkans, Central and South America) where populations of the high plains avoided all

contact with lowlands during the transmission season. More generally, in agricultural societies, the elites often stayed away from zones of malaria where workers of low social status were concentrated (slaves, serfs, untouchables). The second type was the opposition—disputed by some—between nomads and agriculturalists, the former keeping well away from the latter during the season when the mosquito bit. A third kind opposed agriculturalists and the forest people who remained unscathed by any contamination. By extending slash and burn cultivation (yams in tropical Africa, maize and manioc in the Brazilian forest), agriculturalists spread the infestation. Far from being isolated through disposition, “primitive” people were obliged to withdraw to the deepest forest because of the disease introduced by the agriculturalists. In all these cases, epidemiology and ethnicity were interwoven.

The book is divided into two main sections organized according to an eminently Braudelian plan. The first section covers a very long history of the infection on the three continents. The second, with much shorter undulations, retraces the successes, but more often the failures, of science and of malaria policy as played out in eradication campaigns—in reality the “control” of transmission—from the end of the nineteenth century. A final chapter concentrates on the efforts in Africa with which, for better or worse, the name of the WHO is associated. A long chapter on treatment (quinine, opium) and on the “accelerators” of the diffusion of infection in the nineteenth century (migrations, colonization, transportation, war, drought and famine) separates the two sections.

Humanity's burden is testimony of a twofold success. The work offers a historico-epidemiological synthesis devoid of unnecessary technical language on a serious pathology of utmost importance in the world today. Epidemiologists, economists, anthropologists and students can draw on it with considerable benefit. It is also a very convincing essay on global history, both from

inside (explaining the persistence of the virulence of the infection by studying the connections between different local epidemiologies) and from outside (integrating the advances in the social and natural sciences). The book is enriched by an abundant bibliography.

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Lennard J Davis, *Obsession: a history*, Chicago and London, University of Chicago Press, 2008, pp. 290, £14.50, \$27.50 (hardback 978-0-226-13782-7).

Lennard Davis advances two inter-related arguments in this thoughtful history of obsessive disorder. First, he argues that the obsessive-compulsive disorders have achieved a central place in the modern imagination: as the driven behaviour of its sufferers embodies the focused activity celebrated in modern capitalism. Second, and I think less convincingly, he claims that the scientific enterprise can itself be seen as a new particular form of obsessive activity that emerged in the nineteenth century.

Davis's first claim is difficult to resist. The language of obsession is deployed widely and loosely in contemporary society. Advertisements for perfumes or trousers feature writhing androgynous clones breathlessly whispering about the extent of their obsessions. Our everyday enthusiasms for, say, biscuits or Kate Winslet are now inflated in ordinary speech and media representations through the language of psychopathology. Modern novels, such as Ian McEwan's *Enduring love* and tabloid stories like those surrounding the death of Jill Dando, exploit the erotic associations of criminal stalking. And indeed these illicit infatuations provide a benchmark for our own romances with anything less than obsessive involvement somehow demonstrating the

banality of the relationship. At the same time, the reported incidence of diagnosed cases of obsessive-compulsive disorder (OCD) appears to be on the rise. Since the 1970s, it has moved from being one of the rarest mental disorders to one of the most common, afflicting almost 4 per cent of population.

How do we account for the epidemiological and cultural ascent of OCD? Davis is a leading proponent of the new "biocultures" programme, a methodological approach that has sought to overcome the theoretical failings associated with the medical humanities, and he develops an analysis that works to integrate insights from both social constructionism and biomedical investigation. For many historians, this approach may seem all too familiar: it provides a nuanced model that draws in equal parts upon the constructivist philosophies of Ian Hacking and the biologically driven narratives associated with René Dubos and Alfred Crosby. Davis describes the changing cultural, social and economic ecology of the illness, arguing that the presentation of this pathological behaviour cannot be disentangled from its broader context. He locates the emergence of OCD in the new diagnosis of "partial insanity" that appeared at the end of the eighteenth century. The notion of partial insanity, as developed by J C Prichard and Philippe Pinel, insisted that the sufferer maintained a certain level of insight into their condition. It was a form of mental alienation in which the patient became a helpless witness to their thoughts and actions. The new concept was framed through legal debates over personal responsibility and drew upon the imagery of faculty psychology to describe the internal contest and conflict that rent the personality.

Davis provides impressive readings of William Godwin's *Caleb Williams* (1794) and Thomas Love Peacock's *Nightmare Abbey* (1818) to illustrate the emergence of this new alienated sensibility, but curiously ignores James Hogg's *Private memoirs and confessions of a justified sinner* (1824) with its combination of partial delusion and obsessive persecution. This minor oversight