

**Christopher Hamlin**, *Cholera: the biography*, Biographies of Disease Series, Oxford University Press, 2009, pp. 223, £12.99, \$24.95 (hardback 978-0-19-954624-4).

This is a compelling book by one of the most trenchant historical writers of his generation. Hamlin's central contention is that "in many ways cholera is what it was in 1830" (p. 268). This assertion is rooted in an overview of changes in scientific thought since the 1990s; research which asserts that the infection may never, contrary to orientalizing ideology, have been an "Asian" export; that, following remission, epidemic recrudescence may occur through the medium of unstable organisms living in warm sea (and river?) water; and that the disease, however defined, bears striking similarities to a bewildering range of anciently established diarrhoeal conditions. Finally, many contemporary specialists agree that epidemics are as likely to be triggered by seasonal and environmental change as the movement of disease-carrying individuals into infection-free communities. The centrality of the faecal-oral route is downplayed.

In places, Hamlin gives too little space to the fine detail of ongoing debate. Thus his overview would have been strengthened by reference to Paul W Ewald's article in *Epidemiology and Infection* in 1991 and the same author's comments in his *Evolution of infectious disease* (1994) on the appalling problems faced by Bangladesh, a country to which Hamlin himself gives brief mention (pp. 272–4). On balance, however, this is a superb survey of an exceptionally difficult body of knowledge and controversy, shaped by a move away from medical-cum-epidemiological modelling and towards ecological and global variables.

Does this radical shift in emphasis, which sub-textually dominates Hamlin's book, invalidate the findings of the great wave of cholera studies produced between the early 1960s and the early 1990s, and those contained

in the torrent of colonial and post-colonial research undertaken over the last twenty years? Probably not. The most impressive medico-demographic publications have scrutinized the ways in which nineteenth-century medical men and health officials used a wide range of categories and subcategories—diarrhoea, infant diarrhoea, choleraic diarrhoea, dysentery and cholera—to differentiate between the myriad gut diseases that lurked in their midst. Other authors creatively focused on the cholera phenomenon, as Asa Briggs urged them, to clarify social, political and urban power relations. Yet others concentrated on epidemic catastrophe to chart the development of public water supply systems and, in Britain, the rise of Chadwickian sanitarianism. (Hamlin, who has written with distinction about the great health dictator says little about him in this study. However, the main tenets of nineteenth-century sanitary science are expertly summarized and interrogated in a subsection on 'Positions and paradigms' [pp. 152–9].)

The new agenda demands that historians concentrate on "non-crisis" years in which medical men nevertheless recorded significant numbers of individuals perishing from cholera and choleraic diarrhoea. With European-centred work in this area at a low ebb, the task might rekindle the fire. Thirty years ago, the present reviewer urged historians to use under-exploited epidemiological sources retrospectively to diagnose localized patterns of cause-specific mortality from cholera, diarrhoea, dysentery, typhoid and typhus. Today that programme seems over-ambitious and over-positivistic: more rewarding, as Hamlin so powerfully implies, to trace continuities and discontinuities in archaeologies of cholera knowledge—regardless of what the condition indisputably "is" or may have "been"—from the humoral to the ecological.

This book undermines the linearity of "biography", creatively deconstructs and

subverts its own subject-matter and asks fundamental questions about connections and disruptions between past and present. Hamlin's study appears in a series designed to be read by the widest possible audience. Medical historians cannot afford to ignore so excellently written a provocative account of what needs to be done next.

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**Michael Holland, Geoffrey Gill and Sean Burrell** (eds), *Cholera and conflict: 19th century cholera in Britain and its social consequences*, Leeds, Medical Museum Publishing, 2009, pp. viii, 377, £10.00 (hardback 978-1-897849-09-5).

From the mid-twentieth century, studies on nineteenth-century cholera filled a niche in the arsenal of the social historian. Championed as the pre-eminent disease of the nineteenth century, cholera was used as a lens from which one could uniquely see cultural meanings, social changes, and hidden economic forces—a view solidified by Charles Rosenberg's *Cholera years* (1962). New cholera studies have begun to push this historiographical boundary, including Pamela Gilbert's *Cholera and nation* (2008) and Christopher Hamlin's *Cholera: the biography* (2009). Also new is a project edited by Michael Holland, Geoffrey Gill, and Sean Burrell, titled *Cholera and conflict*.

Funded by the Thackray Medical Research Trust, *Cholera and conflict* grew out of research initiated by the Family and Community Historical Research Society. The collection is organized into twelve chapters, each exploring how local communities constructed the initial cholera outbreaks. Gill and Holland jointly provide brief introductory and concluding

remarks, and two useful appendices end the volume.

We have long known that from the initial outbreak in Britain in 1831–2, cholera was inexorably linked to the contemporary themes of progress, providentialism, and citizenship. Cholera was spread by the material preconditions of an urban industrialized world, and in turn exacerbated those social and economic changes. The latter caused several social crises, from Luddism to the Corn Laws, and often the poorer classes responded by intense social disturbance, even rioting.

*Cholera and conflict* aims to situate the cholera riots of 1832 in the context of such social disturbances. Mike Zeelie, in chapter 1, shows how quarantine was contentious in Sunderland because cholera was equated with the victim's uselessness to local industry, and John Brooke's chapter about cholera in Leeds confirms how social fears of local doctors led to protest against the establishment of a cholera hospital. But why did local communities fear cholera? We learn that fear was largely directed towards doctors; working-class Leeds thought cholera to be a Malthusian plot aimed at population control (John Brooke, Chapter 2), and Bristolians feared that doctors were out to poison them (Sue Hardiman, Chapter 3). In general, local communities feared that doctors would use cholera to obtain bodies for anatomical dissection; fear of grave robbing, or "Burking" dominated the cultural landscape. The best example is Holland's chapter on resurrectionists and child farming, which provides a compelling narrative of the Tooting Scandal of 1849, where several children of the Holborn Poor Law Union died of cholera while in residence at a local pauper asylum.

Chapters 4 and 10, by Laura McDuff and Sean Burrell, respectively, fill a needed historical gap by exploring how Ireland and Liverpool constructed cholera. There was, not surprisingly, fear of Burking, but the main concern revolved around traditional Irish burial