

Book Reviews

Kenneth F Kiple (ed.), *The Cambridge world history of human disease*, Cambridge University Press, 1993, pp. xxiv, 1176, £75.00, \$150.00 (0–521–33286–9).

As a vigorous field of inquiry, the history and geography of disease, understandably in light of the events of recent years, is enjoying a renewed surge in interest. Now come Cambridge Press and Kenneth Kiple with a monumental new Baedeker for this field. It will be a touchstone for years to come.

Even if the sterile debate between relativist and (the nearly vanquished) progressivists, along with biological “realities” such as the virus of the acquired immune deficiency syndrome, were still confined to a few African green monkeys, these times seem ripe for a tome such as Kiple’s. A century since August Hirsch’s *Handbook of geographical and historical pathology*, and over a generation since Erwin Ackerknecht’s slender *History and geography of the most important diseases* (English translations, 1883–1886 and 1965, respectively), the historiography of medicine has moved to a mature middle ground upon which disease history may be viewed in multifactorial terms.

This willingness to look at disease through a multifaceted lens is well reflected in the volume under review. Leading experts from at least three continents and from the fields of epidemiology, geography, medicine and medical history, attempt a survey of the evolution of patterns of disease from antiquity to the present, across every continent except Antarctica, and couched in both conceptual and epidemic terms. To assay such a daunting task between the covers of a single (admittedly very heavy) volume, the editors usefully divide it into eight subsections. The first, ‘Medicine and disease: an overview’, encompasses four brief essays by Guenter Risse (on Hippocrates to germ theory in nine easy pages), Paul Unschuld (on China), Nancy Gallagher (on Indian medicine) and David

Stannard (on disease in relation to human migration). Part II, ‘Changing concepts of health and disease’, treats of disease theory in six different settings and includes nice essays by Joel Howell on the heart, and by Thomas Benedek with the chief editor on cancer. Part III, ‘Medical specialties and disease prevention’, presents a loose-knit array of topics from chiropractic to public health: eleven topics in a hundred pages. Part IV, ‘Measuring health’, supplies five short essays, better furnished than most of the book with appropriate graphs and illustrations, on aspects of epidemiology.

Parts V and VI, ‘The history of human disease in the world outside Asia’ (11 chapters), and ‘The history of human disease in Asia’ (14 chapters), provide a partly chronological and partly geographical sweep through the many and varied ecological catastrophes and lulls created by the shifting relations of society and “disease writ large”. Every canonical “ism” from colonialism to humoralism comes into play and gets (more or less) its due. The Americas are represented (and probably under-represented) here, in part V in but three, crisp essays, by Jane E Buikstra (pre-Columbian America), Anne Ramenofsky (for the period 1492–1700), and Stephen Kunitz (1700–present). ‘The geography of human disease’ forms the focus of the 100 pages or so of part VII, whose nine authors rely on a relatively more biologicistic and anthropological perspective than the foregoing two parts. Both, or all, of these perspectives, are complementary and welcome.

The eighth and by far longest part of the *Cambridge world history*, depicting ‘Major human diseases past and present’, offers 158, mostly brief but a few extended, chapters on everything from Dropsy (J Worth Estes) to Cytomegalovirus (R H Kampmeier). Fascioliasis and Fasciolopsiasis (both David Patterson) are here alongside Brown Lung (Daniel Fox), AIDS (Allan Brandt), Diabetes

(Leslie Sue Lieberman), and Diarrhea (Herbert DuPont). Evading a common enough mistake in this sort of work in the past, the preparers make no attempt to retain current or presentist (and hence necessarily ephemeral) categories. Thus, throughout the approximately 550 large-format pages of this section, one will find “Dyspepsia” next to “Ebola Virus Disease,” and “Gangrene” next to “Giardiasis”. A salubrious eclecticism prevails.

It is always possible in a reference work to expound one’s “druthers” in terms of areas receiving less emphasis. There is little here on poisons and poisoning (though environmental toxins get good play in Frank Innes’s chapter [VII. 8] on ‘Disease ecologies of North America’). One would have liked to see a modicum of attention given to the important area of iatrogenic illness. Certainly more tables and illustrations, most particularly in part VIII, would have been welcome. If these are areas where the coverage is thin, however, it seems the editors have performed admirably in tailoring their range to the historical talent available. Further offsetting these gaps are equally admirable production qualities. In a return to its glory days, Cambridge has seen to it that we get a nicely turned out oversize volume, with superb, exhaustive indices to names and subjects. I agree with other reviewers of the *Cambridge world history of human disease*: it moves quickly onto the “indispensable” shelf of every personal and institutional library.

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Andrew Cliff, Peter Haggett, and Matthew Smallman-Raynor, *Measles: an historical geography of a major human viral disease from global expansion to local retreat, 1840–1990*, Oxford and Cambridge, Mass., Blackwell, 1993, pp. xx, 462, £90.00 (0–631–16235–6).

This monograph brings together earlier work by Cliff, Haggett and assorted co-authors on measles in south-west England, Iceland,

Fiji and the United States. Their principal concern has been to develop spatial-epidemiological models which would have some predictive value and thus be used in public health management. This alone would have been worthwhile, but the book goes much further than that in providing a narrative sweep through the entire recorded history of human experience with measles. Of course, much of the additional material consists of a review of secondary sources but these are comprehensively surveyed and enhanced by a beautiful set of maps and diagrams. This geographical work of disease biography makes a powerful case for the importance of measles in history and as a central concern of public health strategies in poor countries today.

The story of measles diffusion from an Old World reservoir to the Americas and into the Pacific is acknowledged as one of the tragic unintended consequences of the Age of Exploration. Apart from smallpox, measles may have been the major killer of native Americans in the Great Dying which followed the arrival of the Europeans (pp. 65, 112). While works of historical demography may establish this claim with greater reliability, its significance is not so easily determined. The severe plague pandemic of 1348–9 swept away between a third and a half of the European population, yet the following two centuries saw demographic recovery. The first two centuries of European presence in America saw no such recovery among the native peoples. There is a danger in attributing too much significance to viruses and not enough to people.

In describing the spatial dynamics of measles, the authors refer to M S Bartlett’s finding of 1957 that for English cities with a population over a quarter of a million, measles was endemic rather than epidemic in those pre-vaccination years (p. 7). Here, the authors show that as the separate provinces of Australia passed Bartlett’s population threshold their measles episodes became increasingly out-of-phase with one another showing the transition from imported