

Most of the nineteenth-century yellow fever epidemics were traced to Cuba, where the disease was endemic. The 1878 epidemic, for example, originated aboard the Havana steamer *Emily Souder*. Within days of the ship's arrival in New Orleans two crewmen, who were ill before disembarking, succumbed to yellow fever. The extensive contacts between Cuba and the United States were seen by American government officials, sanitarians, and newspaper editors as a threat to the health and economy of the southern states. They argued that the perpetually unsanitary conditions in Havana left them no choice but to intervene in Cuban affairs to end the Antillean menace. In reality, southerners themselves shouldered some blame, because they neglected sanitation and relied solely on quarantines to avoid yellow fever even after the mosquito-vector theory was established in 1900.

Epidemic invasions is a groundbreaking argument for the central role of yellow fever in US–Cuba relations during the late nineteenth and early twentieth centuries. Espinosa contends that a hitherto overlooked public health factor underlay the tensions between these two countries. “US sanitation efforts in Cuba . . . primarily served the interests of the United States, and Cubans resented this fact” (p. 123). Compelling evidence supports her eye-opening conclusions: first, the principal reason for Congress declaring war on Spain in 1898 was to alleviate unsanitary conditions in Cuba that threatened the US South. Second, the primary concern of the post-war US Army Yellow Fever Board, headed by Major Walter Reed, was to remove the danger yellow fever posed for the southern United States, not to protect occupation forces or help the Cuban people. Even though malaria was known to be a greater threat to US troops and tuberculosis was the major killer of Cubans, American scientists still focused on yellow fever. Third, the US justified its domination of Cuba by attributing success against yellow fever to Americans

alone. The Cuban physician, Carlos Finlay, was never given due credit for originating the concept that the yellow fever pathogen was transmitted to humans by the bite of the female *Culex* (now *Aedes aegypti*) mosquito. Fourth, keeping the island free of yellow fever was essential to maintaining Cuba's independence. The US could legally take control of the Cuban government—and did so in September 1906—if the country once again became a haven for yellow fever.

American historians, in general, and diplomatic historians have treated the Spanish-American War in terms of expansionism and the influence of yellow journalism, to cite just a few interpretations. The element of disease has been entirely absent. Espinosa, by contrast, has provided an entirely new dimension; namely, the influence of disease on foreign policy. It will be interesting to see if diplomatic scholars, most of whom have completely ignored the role of disease in international relations, are receptive to her novel interpretation.

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Teemu Sakari Rymmin, *Smitte, språk og kultur: tuberkulosearbeidet i Finnmark*, Oslo, Scandinavian Academic Press/Spartacus Forlag, 2009, pp. 368, Kr 298.00 (paperback 978-82-304-0044-9).

In simple terms, the history of tuberculosis in Norway, as in other western countries, is the whiggish tale of the reduction of the country's most frequent killer in the late nineteenth century to a nearly insignificant affliction by the 1960s. This transformation was not achieved without effort. In 1900 the Norwegian parliament adopted the world's first national tuberculosis law, and for the next half-century

the fight against tuberculosis dominated Norwegian public-health policy. Aspects of this campaign have been described before, but Teemu Ryymin's well-informed work is the first comprehensive account and a valuable addition to the international literature. Its principal theme is that health-care policies in general are a function of their medical, political, administrative, and economic context. A second theme, embodied in Ryymin's focus on Norway's northernmost county of Finnmark, is the tension between national and regional contexts. Between 1900 and 1950 Finnmark had the country's highest mortality rate from tuberculosis: roughly twice the state average. The county was poor, sparsely populated, and, most importantly, inhabited by considerable numbers of ethnic minorities whose language and culture differed greatly from those of ethnic Norwegians. Ryymin's thematic concentration results in two parallel presentations that reflect the decentralized administrative reality of Norwegian public health down to c.1950: an analysis of the medico-political bases of national policies on the one hand, and an examination of local practices on the other.

The Norwegian anti-tuberculosis campaign followed a succession of four overlapping prophylactic strategies that reflected the development of national and international medical knowledge about the disease's aetiology and epidemiology. The 1900 law was founded on the principle that tuberculosis was a highly contagious disease whose spread could be controlled only by a neo-quarantinist strategy of identifying infected persons and isolating them, by compulsion if necessary, in care-homes or sanatoria. In the early 1920s new research revealing widespread latent infection, especially among children, provoked a shift to a preventive strategy that focused on reducing individuals' predisposition to the disease by strengthening their bodily resistance. The reorientation was reinforced by the general spread of social hygienic measures such as housing reform. In

the 1930s doubts were increasingly cast on the theory of latent predisposition, while the international economic crisis reduced public finances and compelled a retreat from the social-hygienist approach. Following the tireless advocacy of a group of younger doctors, a third preventive strategy emerged. It focused on eliminating the sources of tubercular infection by early identification using radiology (from 1935), isolation, and active, even aggressive, surgical intervention. The strategy's apogee came during the Nazi occupation: in 1942–43 the compulsory controls of the 1900 law were sharpened and extended to chest X-rays for adults and tuberculin tests for children. After 1945 a fourth prophylactic strategy developed that combined the three preceding approaches: legislation in 1947 essentially repeated the wartime laws and extended the compulsory principle to BCG vaccination; at the same time the new Norwegian welfare state generally emphasized the social-hygienic approach to "national health". By 1963 the anti-tuberculosis campaign's success was so complete that the venerable National Association against Tuberculosis changed its name to the National Association for Public Health.

The sections on Finnmark document how these different strategies played out in practice: the building and placement of care-homes and sanatoria, obligatory tuberculin testing of schoolchildren and the construction of boarding homes for pre-tubercular children, obligatory X-ray examinations, and BCG vaccination. Of particular interest is the changing relationship between public-health policy and ethnicity, or national identity. For decades the ethnicity of the Sami and the Kvens was regarded as a disruptive factor: their lifestyles, especially traditional Sami housing, were considered essentially unhygienic and their languages were ignored in public-health work. Since the 1950s, however, the Sami language has been increasingly adopted in programmes of health education, and public-health authorities have

made special efforts to bring Sami women into their activities. The incorporation of ethnicity in Norwegian health care came too late to have much effect in the struggle against tuberculosis, but the experience of this campaign in Finnmark played an important role in transforming Norwegian policy towards ethnic minorities.

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Claudia Stein, *Negotiating the French pox in early modern Germany*, The History of Medicine in Context series, Farnham, Surrey, and Burlington, VT, Ashgate, 2009, pp. xi, 241, illus., £60.00 (hardback 978-0-7546-6008-8).

During the last three decades or so the new social and cultural history of medicine has deeply renewed its gaze on human diseases in past societies and on the care given to the sufferers from them. This renewal has entirely transformed the views about pre-modern disease by releasing historians' agendas from disciplinary concerns such as retrospective diagnosis of past conditions, and by expanding scholars' scope towards new issues with the help of alternative research strategies and methodologies.

Claudia Stein's *Negotiating the French pox in early modern Germany* falls entirely within this refreshing new wave. This monograph is a thoroughly revised English version of her original German doctoral thesis *Behandlung der Franzosenkrankheit in der Frühen Neuzeit am Beispiel Augsburg* (Stuttgart, Franz Steiner Verlag, 2000). She deals with the socio-cultural construction of the French pox in the early modern imperial city of Augsburg by claiming that the identity of the pox was flexible, temporary and locally defined. Stein has sought to represent "sixteenth-century pox as both 'real' and 'constructed' on the grounds that

'reality' itself is an ongoing negotiation", and to capture—in accordance with Andrew Cunningham's idea of "disease concepts in action"—what she defines as "the pox concept in action" by integrating two areas that have often been kept separate in historico-medical studies, namely "the world of medical semiotics and the daily practice of diagnosing and treating disease within a particular local context" (p. 176).

Stein's documented and suggestive monograph is articulated through four broad chapters that successively deal with four areas. Firstly, she analyses how the early modern Germans understood the physical reality of the French pox from a core of ten pox treatises and pamphlets originally published in German between 1496 and 1620 (some of them at Augsburg itself), on the assumption that vernacular medical literature is close to laypeople's knowledge. Secondly, she depicts the Germans' socio-cultural reactions to the pox and, most particularly, Augsburg's poor relief system and the treatment of the sufferers from this condition at the three hospitals there established for this purpose—the municipal *Blatterhaus* (its founding in 1495 makes it the first pox hospital in German lands), and the two *Holzhäuser* that the Fugger family of bankers founded there in 1523–24 and 1572—by mainly resorting to the rich historical archival records for the period 1495–1632 that have been preserved at these institutions. The third chapter reconstructs the negotiations over the identity of the pox among the different agents (medical doctors, barber-surgeons, patients, bath masters, municipal authorities, and so on) who were involved in defining it at Augsburg, by paying specific attention to patients' narratives, the experts' preceptive physical examination of patients asking for hospital admission, and medical practitioners' possible diagnostic verdicts (unsuitable, suitable and dubious). Chapter 4 describes the different treatments for the inmates in the three Augsburg pox hospitals: