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confirmed a high degree of species specificity of myxoma virus subtypes, and their mechanical transmission by mosquitoes and fleas. Only then could the hard work carried out by Fenner and co-workers begin: and to study virus virulence and subsequent changes in genetic resistance of rabbits and of virus. A vaccine to protect rabbits in commercial rabbitries was developed in 1954.

Early chapters give background information concerning pest animals and plants in general, and rabbits in particular, and methods of biological control, before concentrating on myxomatosis and the European rabbit in Australia and Europe, including the fierce arguments and controversies surrounding introduction of control: the rabbit breeding industries and the gourmets fond of cooked rabbit, versus the foresters and farmers who welcomed control by myxomatosis.

Having provided extensive coverage of, and insight into, the mechanics and ensuing consequences of biological control of rabbit plagues by means of myxomatosis—virological, economic, environmental and ecological—the authors introduce a later alternative means of virological rabbit control: the calicivirus of rabbit haemorrhagic disease (RHDV), first observed in China in 1984. It subsequently appeared in Europe and elsewhere, making inroads in commercial rabbitries until an inactivated virus vaccine became available. The virus has since been the subject of extensive tests with a view to possible use for rabbit control in Australia and New Zealand. There are still unanswered questions to be considered about effectiveness, safety, attenuation of the virus, and developing resistance in rabbits. Whether this disease will ever be an acceptable alternative to myxomatosis for rabbit control in the antipodes is not clear, and will not be for some time to come.

Concluding chapters in this satisfying account of biological pest control cover ‘Ecological and environmental effects of

biological control’, ‘Theoretical aspects of microbial control of vertebrate pests’, and ‘Coevolution of parasites and hosts’. The inclusion of concise illustrated biographies of the main players in this story is a welcome and informative addition, well worth copying in other such “multi-biographical” scientific histories. It is a book which will appeal to biologists and historians of science alike, and should be recommended to their students.

The book is generously illustrated and attractively produced. One minor quibble for the sake of future editions: references to Pasteur’s early work on phylloxera are quoted repeatedly (p. 63) as published in *Comptes rendus hebdomadaires des séances de l’Académie des Sciences*—surely that should be *Comptes rendus hebdomadaires des séances . . .* The copy editor must have slipped up on that one.

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Thomas Dormandy, *The white death: a history of tuberculosis*, London and Rio Grande, Hambledon Press, 1999, pp. xiv, 433, illus., £25.00 (1-85295-169-4).

Thomas Dormandy’s *The white death: a history of tuberculosis*, recounts the medical history of tuberculosis and the experiences of renowned men and women who combated it. Most of the personal narratives that Dormandy examines have already been analysed by others. An image of the three Brontë sisters dominates the cover, the face of Keats near death is the frontispiece. Dormandy begins the study with an explication of Edvard Munch’s widely reproduced image of the deathbed of his sister Sophia. “The girl sits propped upon pillows”, Dormandy notes. “Her face has become almost transparent . . . Next to her, the mother’s head is sunk on her chest,

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hardly more than a shadow." This sentimental view of death from tuberculosis reappears frequently in this monograph.

Dormandy has been influenced by René and Jean Dubos' widely-read and often cited book, *The white plague: tuberculosis, man and society*. Although Dormandy's book is longer and more comprehensive, some of the stories of dying consumptives will be familiar to those who have read *The white plague*. Like his predecessors, Dormandy conflates literature and art with reality, equating the image or metaphor of a creative person with tuberculosis with an actual encounter with disease. This strategy allows him to maintain a peculiar perspective on the disease and the experiences of the sick. Dormandy insists that an arcane and long discredited phenomena known in the nineteenth century as *spes phthisica* "the hope of the tuberculous" is essential for understanding the impact of the disease on the patient. "Illnesses", he maintains, "have their personalities in much the same way as nationalities and historic periods, impossible to define, but once experienced, instantly recognizable. . . . They imprint themselves on all those with whom they come into contact." *Spes phthisica*, he argues, has given all those who contracted tuberculosis throughout history, "a will to fight in this world and a will to create in this world." This "unbreakable thread", he contends, "is woven into the history of the White Death."

This perspective at once explains Dormandy's decision to focus on creative individuals. It also explains why he paid so little attention to the current historiography. Dormandy has read many of the important monographs that historians have written on tuberculosis over the past decade, he does acknowledge that the disease disproportionately struck the poor and vulnerable. So too, his book pays little attention to time, space, gender, or race. It also pays little attention to critical moments of change in treatment or the relationships between physicians and patients. Although

he cites several historical studies that discuss the political and economic impetus that underlay the sanatorium movement, he sums up its origins in Britain by reporting on a visit to Germany by two prominent Englishmen, the Duke of Cambridge and Dr Munro. Dormandy prints a lengthy quotation that describes their impressions of the treatment at Nordrach and then comments: "It is difficult to say how far the Duke of Cambridge or Dr. Munro were personally responsible for the sanatorium idea catching on in Britain; but catch on it did." Here, as elsewhere, Dormandy ignores the pain and suffering that marked the last stages of the disease as well as the stigma that accompanied contracting a contagious disease associated with dirt and poverty or being forced to go to a sanatorium for an indefinite period.

In sum, this book is a throwback to an earlier approach to the history of disease, one which has been superseded and made more complicated by new historiography. René and Jean Dubos' book may still be read with some interest but their imitators do not warrant this attention.

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R Ian McCallum, *Antimony in medical history: an account of the medical uses of antimony and its compounds since early times to the present*, Bishop Auckland and Edinburgh, Pentland Press, 1999, pp. xvi, 125, illus., £15.00 (1-85821-642-7).

Antimony has played a role in medicine throughout most of recorded history: the Assyrians used it to treat diseases of the urinary system, while the Ebers Papyrus (c. 1550 BC) advocated it as a remedy for a variety of ailments. In Europe it first gained attention through the writings of John of Rupescissa (c. 1300–c. 1365), whose *De consideratione quintae essentiae* marked "the