

century (tenuously, since, as the author does not state, only the plan for this example is known and there is no evidence that the building was ever erected) and still in use in the thirteenth century for *hôtels-Dieu* and monastic hospitals, mainly Benedictine. Though Karassava-Tsilingiri does not say so, his conclusions—if accepted—are of very great importance for the history of medical institutions in Europe and the Middle East, since they would significantly undercut the role of the medieval Islamic hospital as an institutional model adopted by the Franks during the Crusades.

Ann Williams follows the Knights of Malta in 1530 and assesses the significance of the shifting role of the new hospital in Valetta from *xenodochium* to *Sacra Infirmaria* (pp. 97–102). From the 1580s onwards the hospital's position expanded on all fronts: its activities became more ambitious, its demands for supplies were voracious, its role as an employer was vital, and its political domination extended from Valetta out into the villages via allocation of physicians and strict enforcement of quarantine regulations. Charitable services remained prominent, but the Knights used the Sacred Infirmary to achieve a “medicalisation of the state” that ensured the harmony of their domain and kept the bishop and inquisitor at bay.

A final medical contribution by Susan Edgington examines Crusader sources, in particular her new edition of the *Historia Iherosolimitana* of Albert of Aachen, to establish what ideas about illness and treatment the Crusaders brought with them from Europe (pp. 320–6). Though the evidence is limited, it can be seen that the Frankish armies regarded their physicians as expert authorities and were successfully able to treat even very serious wounds and injuries. In seeking to explain disease, they overwhelmingly sought natural causes and displayed little interest in magico-religious remedies; this seems to surprise the author, but it is consistent with recent findings refuting the once-popular notion that in Europe prior to the Crusades people were inclined to seek magical and religious rather than natural causes for disease. She concludes that “this

practical approach may explain why the Crusaders learnt so readily from medical practice in the East”, but it could also be suggested that her important findings call into question the proposition that Frankish medical practice was significantly inferior to that of their Muslim foes in the first place.

Apart from the direct conclusions that emerge, these studies clearly reveal that if documentation remains limited for certain aspects of the medical historical study of the military orders, there yet remains considerable room for further investigation. For other aspects, however, the extant sources are very rich indeed, and one can only hope that this material will soon attract the detailed study that it so obviously deserves.

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Carol Benedict, *Bubonic plague in nineteenth-century China*, Stanford University Press, 1996, pp. xx, 256, £30.00 (08047-2661-2).

The last plague pandemic broke out at the end of nineteenth century. After initially appearing in Hong Kong and Canton in 1894, the disease soon disseminated and escalated to pandemic levels within a few years. In this book, Carol Benedict sets out to identify the origins and the routes of dissemination of plague in China, and to analyse the social and political responses to it.

The first half of the book adopts the approach of ecological history. Based on the ecological studies of plague reservoirs in present-day China, Benedict claims that plague originated in Yunnan province of southwestern China. The author identifies the numerous epidemics of Yunnan reported during 1772 and 1830 as plague. The prospering copper mining activities in the eighteenth century brought about a growth in population which contributed to the outbreaks of plague. The mining activities declined in the early nineteenth century and, consequently, there were few epidemics between 1830 and 1850. During the

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Muslim Rebellion (1856–73) the movements of troops again disrupted the ecological equilibrium, and further plague epidemics ensued. The war also forced the opium traders to take an alternative trade route between Yunnan, which was a major Chinese opium growing area, and Lingnan. The ecological conditions of the new route were more favourable for the spread of plague. After 1860 plague gradually spread eastward and finally reached Canton and Hong Kong.

Benedict is familiar with Andrew Cunningham's argument that the rise of laboratory medicine has radically transformed the identity of plague, and that bubonic plague defined by bacteriology should not be confused with "plague" recorded in the pre-bacteriological literature. But Benedict believes that "by supplementing the historical record with knowledge drawn from modern epidemiology, medical geography and regional analysis" (p. 11), this identification can be achieved. However, as the author admits, this approach faces several difficulties. It relies on the assumption that the environment of this region remained unchanged during the past two centuries (p. 24). This assumption has not been proved. Moreover, the nosology of traditional Chinese medicine differed significantly from Western medicine. Until the late nineteenth century, there was not even a Chinese word corresponding to "plague" (p. 8). Most Chinese historical literature documented only when and where epidemics occurred without giving detailed descriptions of them (p. 11). Given these difficulties, Benedict's assertion seems highly problematic.

The second half of the book documents various Chinese responses to the alleged plague epidemics. Benedict gives a succinct account of the controversy between the Cold Damage school and Warm Factor school of Chinese medicine over the cause and treatment of "plague". She also gives a vivid description of popular religious beliefs about "plague" and the rituals practised to exorcise it. The account in chapter 5 of the conflict between British colonial authorities and the Dunghua Hospital, a powerful Chinese charity organization, is a

nice study of native resistance to colonial medical policy. Until the end of the nineteenth century, the Chinese government seldom imposed public health measures during the plague epidemics because Chinese medicine did not consider the disease contagious. However, after China was defeated in the Sino-Japanese War (1894–95), the Chinese reform movement introduced public health institutions based on the Japanese model, which relied on policing to enforce health policy. Benedict uses the responses of the Shenyang city police to the Manchurian plague epidemic as an example to illustrate the character of the newly founded Chinese state medicine.

The first half of the book is a bold but questionable exercise in historical epidemiology. Its detailed statistical data, which are useful for future research, are a redeeming feature. The second half of the book is more satisfying, and it is to be regretted that Benedict did not explore some of the issues raised in this part further. There are some scattered whiggish remarks on past medical practices (both Western and Chinese). Social historians of medicine may feel uneasy about Benedict's more biologicistic statements such as "[T]hese stark biological facts about plague pathology meant that individual residents and communities faced common dilemmas during epidemic outbreaks regardless of historical and geographical location" (p. 129). Still, historians who are interested in colonial medicine and the introduction of Western medicine into non-western societies will find fascinating materials and rewarding reading in this book.

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Michael Anderson (ed.), *British population history: from the Black Death to the present day*, Cambridge University Press, 1996, pp. 421, £50.00, \$69.95 (hardback 0-521-57030-1); £16.96, \$24.95 (0-521-57884-1).

Recent studies of the population history of Britain by historical demographers and medical historians have produced a wealth of