

(written and photographic) on which to base speculation.

In the last chapter, ‘Stanley’, Pettitt has been trumped by Jeal. She candidly acknowledges that she read his manuscript “late in . . . [her] writing process” (p. 222). But it is unfortunate that Jeal’s revisionism was not known to her at an earlier stage not least since a section on ‘Stanley’s early life as John Rowlands’ coming at the end of the book feels uncomfortably placed to say the least. Perhaps, in fact, a title which sums up this book would have been impossible. It does hare off in all sorts of unpredictable directions. It is worth, however, following the author down most of them.

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Benoît Gaumer, *L’organisation sanitaire en Tunisie sous le protectorat français (1881–1956): un bilan ambigu et contrasté*, Quebec, Presses de l’Université Laval, 2006, pp. xxiv, 276, \$40.00 (paperback 978-2-7637-8474-8).

Benoît Gaumer qualified as a physician at the Faculty of Medicine in Paris and then served for several years as a *coopérant* (something like a Peace Corps volunteer) in Tunisia. He subsequently earned a doctorate in history from the University of Montreal and is now an associate professor in the University of Montreal’s Department of Health Administration, Faculty of Medicine. He is, therefore, pre-eminently qualified to write a history of Tunisia’s public health system. He focuses on the seventy-five years of the French protectorate era and manages to cram an amazing amount of information into just 258 pages of text. He begins with an overview of the population of Tunisia, censuses, and health indicators. Subsequent chapters take up the major diseases that struck Tunisia during the protectorate: endemic and epidemic plague, relapsing fever, typhus, cholera, and smallpox, and the early years of epidemiology in Tunisia.

The Pasteur Institute of Tunisia plays a leading role in the book. The groundbreaking work of

its long-time director, Charles Nicolle, under whose leadership the institute became an internationally known centre for infectious disease research, is featured in a fascinating chapter. Nicolle won the 1928 Nobel Prize for his work on typhus, which he carried out largely in Tunisia. Though the Pasteur Institute was at the very forefront of scientific investigation, the colonial authorities tended to neglect the health, education, and welfare of the indigenous population, and malnutrition and the diseases of poverty were widespread. The major endemic and epidemic diseases, however, nearly disappeared by the end of the protectorate. Gaumier makes it clear that the colonial authorities did not deserve all the credit for this, but were actually continuing a process of public health development begun by the beys of Tunis and their reforming ministers, in the mid-nineteenth century.

In subsequent chapters, Gaumier addresses the professionalization of medicine, the development of the Ministry of Health, ethnicity-based hospital organization, public assistance and indigenous medicine, and the democratization of medicine. Appendixes contain lists of the major epidemics and stages of public health assistance and are followed by a short glossary of terms.

Readers will note that nearly all the sources listed in the bibliography are in French. Two or three are in English. There are no Arabic sources, though the National Archives of Tunisia contain rich and varied materials that would have added an invaluable dimension to the study. In addition, there are few interviews, though many should be able to remember the latter years of the protectorate, in Tunisia and in France.

The book begins with a quotation from the Tunisian historian, Ahmed Chérif, author of the venerable *Histoire de la médecine arabe en Tunisie*, published in 1908, to the effect that the history of medicine of a country follows the history of its domestic politics. The book does not, however, tell us much about the domestic politics or the wider historical context of the time. We learn only a little about the struggle between the colonized and the colonizer or about how medicine and public health policy

articulated the contradictions of colonial rule. How did medicine and public health serve the hegemonic interests of the colonial authorities and later the nationalist leaders? There is information about ethnicity and class but little about women and gender. Of course, the author is focusing on the institutions of medicine and public health and is not writing a larger social or political history. He concludes that the domestic situation was so inegalitarian and political forces so divided that the status quo remained until after independence. His conclusion asks intriguing questions and sets the stage for further analysis. This book is a pioneering contribution to the history of medicine and public health in Tunisia and to colonial medicine in general and will become an indispensable source for future researchers. The author is to be congratulated.

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Myron Echenberg, *Plague ports: the global urban impact of bubonic plague, 1894–1901*, New York University Press, 2007, pp. xvi, 347, \$48.00 (hardback 978-0-8147-2232-9).

Chinese astrology marked 1900 as the year of the rat. The irony of this was not apparent until six years later, when the rat's role in the transmission of bubonic plague finally gained public and scientific acceptance. The third bubonic plague pandemic raged from 1894 into the first quarter of the twentieth century, taking more than 15 million lives. Echenberg has followed its chronological path from its Asian beginnings in Hong Kong and Bombay, to Europe (Alexandria and Porto), South America (Buenos Aires and Rio de Janeiro), America (Honolulu and San Francisco) and finally to what he classifies as the British imperial examples (Sydney and Cape Town).

The accumulation of air miles is the smaller part of the reward for his scholarly travels. For each of the ten cities, Echenberg has addressed key questions: how did the disease arrive? How many did it infect and kill? What were the popular and institutional responses?

What impact did the changing understanding of plague transmission have on the control strategies? Some of these questions have not been asked of the third plague pandemic before, and certainly not in such a systematic fashion. Echenberg recognizes the enormity of his task, and potential limitations. He seeks to analyse the tension between western cultural imperialism and older indigenous medical responses to disease, but language barriers force him to rely heavily on western interpretations of Confucian, Buddhist, Ayurvedic and Islamic approaches. His second key aim, to analyse the interplay between older sanitarian and newer bacteriological disease strategies, is more attainable, and aided by the book's chronological structure. He is able to follow the contested knowledge on the roles of the rat and the flea, and to analyse why some of his case study cities resisted the new bacteriological construction of disease.

Considering the speed with which Echenberg moves between these cities, he successfully contextualizes each plague outbreak in 25 to 30 pages. He allows the human factor in the plague responses to shine through the scant statistical information. The cumulative effect of the ten city studies is to impress on the reader some universal themes: fear and victim-blaming; the political economy of infectious disease; that class has more clout than race when fudging sanitary reform strategies; the vastness of the cultural gaps within some cities, and the smallness of the scientific world. Where this book is slightly lacking is in the connections *between* these fascinating accounts. There are short summaries on each pair of cities, but little sustained comparative analysis. For example, why do the British authorities not learn from the Hong Kong outbreak—a “study in cultural misunderstanding and rumour-mongering”—and apply such lessons in Bombay? Why do the Americans consider a plan to raze San Francisco's Chinatown, when they have already seen the devastating and unproductive results of a similar exercise in Honolulu? The imperial theme, adopted briefly at the beginning and used to order the pairings, is not followed through. Yet the Whitehall gaze must have impacted on how some of these cities reacted to