

Book Reviews

calls “the politics of knowledge dissemination”, the tension between the desire to enfranchise the masses medically and the need to keep potentially dangerous knowledge in competent hands.

These chapters hardly exhaust the subject, of course. Porter’s compendious introduction acknowledges as much, but also rightly suggests that the value of this work is not simply that it explores several new patches of territory, but that by raising many broad questions about the nature of popularization, it “points the way towards a more comprehensive history”.

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VIRGINIA BERRIDGE and PHILIP STRONG (eds), *AIDS and contemporary history*, Cambridge History of Medicine series, Cambridge University Press, 1993, pp. x, 284, £35.00, \$54.95 (0–521–41477–6).

Most of the papers in this valuable collection examine evidence that both precedes and is contemporary with the HIV epidemic, despite the editors’ division of the book into the “prehistory” and the “history” of AIDS. Historians and their colleagues in adjacent disciplines will be greatly instructed by: Jeffrey Weeks on the regulation of sexuality in Britain; Jane Lewis on British public health doctors’ long search for a role and recognition; Bridget Towers on medical screening in the United Kingdom; Ilana Loewy on the history of the Wassermann reaction; Paul Weindling on the use of militaristic models in international policy to control sexually transmitted diseases; William Muraskin on responses to Hepatitis B in the United States in the 1970s and early 1980s; Virginia Berridge on continuity in British drug policy; Warwick Anderson on the politics of needle exchange in New York (as deduced from printed primary sources); Ewan Fairlie on district authority responses to disease (and on the use of management theory in historical analysis); John Street on the continuing policy salience of the epidemic in Britain; and Monika Steffen on AIDS policies in France. Janet Foster’s appendix on the “archive potential” of AIDS is a useful guide, although she ignores electronic data about patients collected as a result of clinical investigation during the epidemic.

The only paper not mentioned above is Harden’s and Rodrigues’ celebratory history of research policy at the National Institutes of Health in the United States. The authors defend their employer’s contributions to scientific progress. But they do not even foreshadow the important story: NIH leadership in mobilizing investigators and patients for community-based trials, and the vast expansion of women and members of minority groups among research subjects.

The authors are poorly served by a curious title, an embarrassing jacket illustration, and an opaque introductory chapter. The title adds a third, unexplained, category to those of “prehistory” and “history”. The jacket illustration is epidemiologically incorrect; it identifies “risk groups” rather than risky behaviour. Berridge’s introduction strives for historiographic profundity without achieving it.

Two errors require correction. Berridge erroneously claims (p. 12) that the papers on the social impact of AIDS in a 1986 issue of the *Milbank Quarterly* were reprinted as a book in 1988, despite accurate citations by many of the authors in this collection. Towers three times misidentifies Professor Stanley Joel Reiser as Reisler.

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MICHAEL B. TYQUIN, *Gallipoli: the medical war. The Australian army medical services in the Dardanelles campaign of 1915*, Modern History series, Kensington, NSW, New South Wales University Press, 1993, pp. xiv, 277, illus., Austral. \$39.95 (0–86840–189–7).

Gallipoli—widely regarded as one of the most disastrous “sideshow” of the First World War—occupies a special place in the collective memory of Australians. It was there, during the eight-month abortive campaign to wrest the Dardanelles from the control of the Turks in 1915, that some 72,000 Australians lost their lives (albeit, overwhelmingly, to enteric diseases). Michael Tyquin’s *Gallipoli* richly supplements the multi-volume official medical histories of the Australian involvement in the campaign through a focus on the day-to-day experiences of the sick and injured