

In the conclusion, Worboys—who otherwise is so apt and sure in judgment—makes the jarring claim that the understanding of the ‘soil’, of susceptibility to disease, was relatively undifferentiated. He discerns a decline in the influence of epidemiology, which ‘signaled declining interest in social factors, as disease was constituted in relations between bacteria and individual bodies’ (p. 285). Accordingly, there was ‘surprisingly little consideration of the action of germs on the soils of different social classes, races, or sexes’ (p. 285). What an odd statement, and how peculiar that a historian of tropical medicine should utter it. Whether or not there was a decline in epidemiology, a dubious proposition in itself, germ theories did not suddenly wipe out the discriminations of class, race and gender that had been so thoroughly incorporated into medical practice and public health activities for generations. How strange that Worboys would assume that germ theories, which otherwise merely supplemented or slightly modified older cognitive frameworks, would in this one aspect of their application completely transform medical convention. At the end of the book, Worboys makes a plea for more study of the relations between disease germs and ‘germ plasm’; if only he had awaited the results of such research before asserting that individualised notions of predisposition had nudged aside the framework of collective heredity, organised by race, class and gender.

Finally, I should point out the similarity in character and timing of British and Australian debates about germ theories. We even find a Dr William Thomson, the medical officer of health for Peterborough, conducting a survey in 1879 of medical explanations of the spread of typhoid, and writing an article for the *British Medical Journal* entitled: ‘Typhoid fever: contagious, infectious and communicable’ (p. 145). Surely not...

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The Eighteenth-Century Origins of Angina Pectoris: Predisposing Causes, Recognition and Aftermath. By Leon Michaels (Medical History, Supplement No. 21, The Wellcome Trust, 2001).

THE CENTRAL PREMISE OF LEON MICHAELS’ BOOK IS THAT ANGINA PECTORIS was unrecognised prior to William Heberden’s description of the condition in 1768, and this was because before then it did not exist, or was exceedingly rare. After reviewing a number of isolated earlier

descriptions compatible with a diagnosis of angina pectoris, the case was well made that angina was first seen, and then seen with increasing frequency, in Britain among male members of the affluent classes. Continental and American authors quoted the reports of their British colleagues, but with rare exceptions did not describe cases of angina among their own patients until decades later.

One's initial reaction is to question whether angina was first recognised at a time when more people were surviving to old age. Michaels quotes mortality data from England and France, suggesting that the proportion of adults surviving to at least sixty years of age was at least as high in France. So why did angina pectoris increasingly afflict affluent men in Britain during the eighteenth century?

It is argued that the agricultural revolution was responsible. Up to that time animals grazed opportunistically and were likely to be lean. Then with land enclosure, increasing acreage under cultivation, the introduction of crop rotation and a number of other advances in agricultural practice, crop yields increased. Animals, too, were enclosed, and with greater crop production could be well fed even in the middle of winter. In consequence, meat and dairy products became available throughout the year, and contemporary records indicate that animals brought to market were considerably heavier late in the eighteenth century than they were earlier. It is reasonably argued that much of this rise in weight was because of an increase in fat content. This increasing supply of fatty meat and dairy products would have been readily affordable for the more affluent classes, and contemporary menus suggest over-indulgence.

Adding weight to the argument, changes like those accompanying the agricultural revolution in England were delayed elsewhere for at least half a century, when angina started to appear in Europe and North America. The likely cardiac consequences of these changes are well analysed, though it seems odd to find the increasing importation of sugar cane and coffee discussed in a chapter on the impact of the agricultural revolution. It was at this point in the book that I started to lose interest. Reviews (some now dated) of the role of sugar, coffee, tobacco and, later, fibre and salt in the aetiology of angina became tedious, and what struck me as tenuous logic became more frequent.

In chapter XIII the author deals well with criticisms, starting with a quote from Hamlet 'The lady doth protest too much, methinks'. This quote summarised my feelings about the book. For me it was initially a fascinating read—discussing the hypothesis that the impact of the agricultural revolution on diet among the affluent classes was respon-

sible for the relatively sudden appearance of angina pectoris in Britain in the eighteenth century—but it ended up labouring the point.

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Infectious Diseases: Colonising the Pacific?. By John Miles (University of Otago Press, * Dunedin, 1997, 1st edn, illus., pb, NZ\$29.95, ISBN 1-877133-26-4) 123 pp.

THIS FIRST EDITION OF *INFECTIOUS DISEASES: COLONISING THE PACIFIC?* has a table of contents, preface, list of maps, acknowledgments, ten chapters, two appendices, and an impressive list of 107 references, mostly to journal articles and books. It also includes five maps and four tables. It has no foreword, figures, photographs, index or list of tables. One of its appendices gives an invaluable 'Chronology of European Voyagers'. The book's concise writing style makes it easy to read and it is well researched, consistent, and systematic in its presentation. The book is presented as a 14.8 x 21.0 x 0.8 cm soft-cover book, which would easily fit into the briefcase. The cover of *Infectious Diseases: Colonising the Pacific?* is a particular highlight and will attract the attention of the reader with its Fijian tapa cloth motifs and rustic colours. The back cover gives a brief overview of the book's intent and also a brief biographical note of the author. Although the book has several maps, visual impact could have been improved by the incorporation of some well-selected illustrations and photographs. The lack of an index might be considered problematic; fortunately, it is a relatively short book.

Chapters include: 'Some Medical Effects of Isolation', 'Malaria and Scrub Typhus', 'Eighteenth-century European Explorers', 'Leprosy', 'Yaws and Sexually Transmitted Diseases', 'Tuberculosis', 'Animal Parasites', 'Eye Diseases', 'Other Bacterial, Fungal and Viral Infections', and 'The End of Isolation'. There are also two appendices including: 'A Note for the Non-Medical Reader' and 'Chronology of European Voyagers'. The stated objective of the book was to attempt 'to discover which diseases were present in the Pacific before the arrival of Europeans and which were subsequently introduced'. A particular thrust of the book was to describe the susceptibility of the Pacific islanders to infectious diseases when they were introduced by European travellers and colonial explorers. The chapter on 'Eighteenth-century European Explorers', especially some of the reflections on health taken from senior observers on these voyages, is a particular highlight. Apart