

Book Reviews

greatly to the health service education of the committee's perspiring secretary" (p. 64). An interesting retrospective of this period contrasts with a thin treatment of the 1940s and the transition to the NHS. While there has been substantial coverage of the high politics of this period, grass roots material on how the infirmary and its patients were affected would have been valuable. Given the subtitle "The people's hospital" and the emphasis on expansion, detail on these matters and on how the infirmary financed its growth is also appropriate. A popular "penny in the pound" scheme launched in 1883 was reckoned less than successful and its limits ascribed to "the careful nature of the Aberdonian". Is the subsequent story only one of grants and philanthropy?

Overall this is a sound and very well produced treatment of the growth of a specific institution and its facilities. Chapters dealing with the rise of modern medical and surgical specialities in particular are clear and informative. The editors note that the era of Trust status and managers has brought to an end basic consensus within the hospital and the words "business plan" and "resource initiative" do not appear until the final page of the text. One can sympathize with their wish to leave discussion of such matters to "future historians".

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NANCY ELIZABETH GALLAGHER, *Egypt's other wars: epidemics and the politics of public health*, Syracuse University Press, 1990, pp. xiii, 234, illus., \$32.50 (0-8156-2507-3).

In the 1940s Egypt suffered a series of devastating outbreaks of epidemic disease: falciparum malaria in 1942–44, relapsing fever in 1946, and cholera in 1947. The first half of the twentieth century had seen other diseases afflict the country, but the epidemics of the 1940s were in one crucial respect unique. For all its importance to the modern medical profession developing in Egypt since the mid-nineteenth century, public health had never been much of a political issue. In the heady nationalistic mood of the 1940s, however, activists across the political spectrum were quick to conclude that their country suffered from epidemic diseases rarely seen in the West because Egypt was poor, underdeveloped, and colonized. The epidemics of malaria, relapsing fever, and cholera, which affected over 400,000 people and claimed nearly 150,000 lives, thus posed political as well as public health problems. For example, they drew attention to the wretched living conditions recognized as largely responsible for them. The result was a massive official and popular mobilization which not only eliminated the threat of major outbreaks of epidemic disease in Egypt, but also saw public health emerge as a key issue with far broader implications in Egyptian politics.

Nancy Gallagher's analysis of the response to these epidemics is a masterful synthesis which does full justice to the complexity of the subject, and it is particularly to her credit that the activities of elite groups and foreign aid organizations do not obscure the plight of those who bore the brunt of the outbreaks—the millions of poor fellahin in the rural countryside who composed the vast majority of Egypt's population. In the malaria epidemic of 1942–44, rural mortality rates jumped by as much as 1000 per cent; and while almost everyone in a given area might fall ill, it was always the poor who died, while government functionaries and more prosperous inhabitants recovered. In the cholera epidemic of 1947, peasants continued to drink from canals known to be contaminated—as no other source of water was available, the only alternative was to die of thirst. The ubiquitous traditional healers and barbers were of course no use at all, and peasants worried over whether the DDT used to spray homes and clothing was ritually unclean (and hence forbidden under Islamic law), and snapped the air with wooden scissors to ward off the spirits (*jinn*) they thought were responsible for the disease. People thronged to inoculation centres, but as it was impossible to maintain acceptable standards of hygiene, protection from cholera often cost them infection with hepatitis from dirty syringes.

In her assessment of the response to the epidemics, Gallagher highlights the efforts of the women's relief society Mabarrat Muḥammad 'Alī and the American Rockefeller Foundation. The Mabarra consisted of elite-class women who publicized the effect of the epidemics, raised funds and organized relief work, and went themselves to remote areas to render assistance. As Gallagher rightly emphasizes, these missions were unprecedented in that the philanthropic activities of Egyptian women now for the first time focused on long-distance travel to establish and administer

large-scale relief programmes by themselves and on their own initiative. The role of the Rockefeller Foundation proved successful not only because of its willingness to act while other foreign bodies pondered and consulted, but also because of its political acumen—key figures in the Foundation recognized from the outset the need to work in close co-operation with the Egyptian authorities, and so did not face the suspicion and obstruction confronting other groups.

Even those who might anticipate such results will remark on the crass politicization of the crisis. The fundamentalist Muslim Brotherhood, for example, attacked reform programmes, spread the rumour that serums sent from Great Britain were stale and useless, and argued that once female licentiousness and liquor advertising had been eliminated, this “challenge from God” would disappear. The Brotherhood, nevertheless, organized clinics and dispensaries throughout Egypt, but used them also for political purposes and sent thugs to attack the similar clinics set up by the communists, who envisaged their dispensaries as fledgling revolutionary units. King Fārūq, the Wafd, and other parties all responded with manoeuvres aimed as much at each other as at the disaster facing Egypt, and the Americans and the British demonstrated more concern for their respective national interests and rivalries with each other than with the welfare of Egypt. The British were the target of practically universal Egyptian blame for importing the cholera of 1947 from India; Gallagher’s efforts to resolve this hotly contested question ends inconclusively, largely because of the disappearance of all Foreign Office records on the matter.

Egypt’s other wars rests on a solid foundation of American and British archival materials, numerous collections of private papers and diaries, Egyptian government records, newspapers, and journals from the 1940s, and most importantly, interviews with many of the key figures in the events at issue. Gallagher’s study will undoubtedly prove to be of increasing importance for the use she has made of such interviews, and it is also worth noting that the book is profusely illustrated with political cartoons from the Egyptian press, as well as with photographs (mostly from private Egyptian collections) of medical relief work in progress.

The defeat of cholera in 1947 marked the defeat of large-scale epidemic disease in Egypt, but Gallagher concludes with two chapters which cogently argue that in terms of positive measures the results could have been better. The programmes of the immediate post-war period reflected the widespread belief—particularly prominent in the United States—that the keys to international advancement were scientific and technical programmes transcending political differences. This made public health a challenge largely posed to authoritarian technocrats seeking to make the appropriate bureaucratic administrative decisions; public health policy was thus largely dictated from above. To her observations it may be added that the post-war bio-medical model of the West, with its increasingly urban-based medical profession and hospital network, was bound to miscue in major ways in Egypt, where in the 1940s most people still lived in agricultural villages far removed from cities and urban society. One is hardly surprised, then, to read that only 205 of 860 planned rural health centres were ever built, that many remained empty buildings while unlicensed traditional healers (ignored in official policy statements) provided most of the health care, or that most of the 2000 village sanitation and water systems provided in 1945 were inoperable by 1947. Gallagher’s advocacy of increased popular participation in the formulation of public health policy may be taken in reference to the problems which always arise when the modern planning dictated by the urban technocrat confronts the age-old ways of the agrarian hinterland.

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ANTHONY BATTY SHAW, *Norfolk and Norwich medicine: a retrospect*, Norwich, The Norwich Medico-Chirurgical Society (Norfolk & Norwich Hospital, Norwich NR1 3SR), 1992, pp. xxi, 175, illus., (hardback, 0–9518866–0–6), £10.00 (paperback 0–9518866–1–4).

The author, formerly a consultant physician at the Norfolk and Norwich hospital, subtitles this book ‘A retrospect’ and introduces it as “a selective chronicle and not a history”, highlighting “those aspects . . . which are the concern of the Norwich Medico-Chirurgical Society”. Though geographically defined, the material included is very diverse, ranging from the county’s shrines, pilgrimages, and memorials to its medical figures, local initiatives in modern orthopaedic surgery