the plague. The fact that Echenberg has travelled in the footsteps of Bruce Low, a British government medical officer sent out in the immediate aftermath of the plague pandemic to report on how it was handled, appears lost on him.

The other area that would have benefited from a clearer focus is the ''port'' aspect of these cities. Echenberg exploits this unifying feature to gain a catchy title for his book, but the explicit maritime aspect subsequently remains undeveloped, apart from a few passing references, for example, to Sydney's role in improving rat-guarding measures on ships, or the tension in Alexandria between the urban and port authorities. Yet one has to admire the sheer range of information packed into this volume, and its accomplished narrative style. In 1996 the World Health Organisation re-classified plague as a ''re-emerging'' disease. This is an important book that, through its ten city repetition of the threat and reality of epidemic disease, provides inspiration for historians and health authorities alike.

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Alison Bashford (ed.), *Medicine at the border: disease, globalization and security, 1950 to the present*, Basingstoke, Palgrave Macmillan, 2006, pp. xiv, 271, £55.00 (hardback 978-0-230-50706-7).

Researches on public health and medical policies have engaged either with national and state policies, or with internationalism. The volume *Medicine at the border* edited by Alison Bashford locates itself at the political and geographical confluence of international and national health policies—at the border. The collection of thirteen articles focuses on how infectious diseases and ''border control'' have historically played an important role in colonial, national, immigration and global health history.

Bashford provides an interesting introduction to the book where she discusses how modern medicine and disease management are situated within the various economic, political and environmental polarities between east, west, north and south in which the idea of the border, both real and imaginary, has often shaped national and world health policies.

Patrick Zylberman's article revisits the old problematic of cholera and international trade to show how its outbreak marked a new boundary between east and west, between the Ottoman empire and Europe, and how in the attempts at checking the outbreak issues like ''control'' and sovereignty became paramount. Alexandra Minna Stern focuses on the relatively neglected but significant field of US involvement with tropical medicine and its ideas of medical frontiers, in the context of yellow fever in Cuba and the construction of the Panama Canal. The article by Theodore M Brown, Marcos Cueto and Elizabeth Fee highlights the emergence of ''global'' health within the vocabulary of the WHO between 1950 and 2000, which in effect reflects the changes not just within this organization, but within international politics.

Ian Convery, John Welshman and Bashford jointly deal with some of the key themes of the volume by analysing the changing modes of medical screening in immigration into the UK and Australia. The authors show how in such screening, often done in other countries, the medical border is frequently situated far beyond the political border, thus legitimating an idea of a new frontier. Miriam Ticktin's article on the relations between universalism and humanitarianism in French colonial medicine highlights another aspect of the medical divide. It shows that the French concept of ''Citizenship of the Republic'', which is more an ideology than a geo-political category, allowed peculiar spatial exclusions within the universalist inclusions of Médecins Sans Frontières (MSF).

Renisa Mawani focuses on the new immigration restrictions in Canada concerning HIV in 2002. By arguing that ''health has been a technology of governance'' she demonstrates how recent measures have opened up new spaces for discrimination through state use of medical expertise. Claire Hooker discusses another modern disease and its impact on

Canada: SARS. She highlights how it overrode conventional boundaries, both in its spread as well as in its prevention. SARS, much like the event of "9/11", also aroused a new sense of fear and anxiety in the west and in the process the WHO assumed more political power and legitimacy through its "global health governance" over sovereign nation states.

In the context of such fear and corresponding ideas of medical borders, international security and intelligence is now an important topical concern. Two articles in this connection scrutinize this modern anxiety about health and security. David Fidler shows how biosecurity has emerged in response to new concerns over public health as a state policy. Lorna Weir and Eric Mykhalovskiy study the Global Public Health Intelligence Network (GPHIN), a warning system for public health events developed by the WHO. The authors claim that this has ushered in a new era in the collection of medical data on epidemic outbreaks, a new surveillance system centralized beyond the nation state, which has ultimately provided more authority and power to the WHO. While not all the articles adhere to the theme of borders, the collection does open up new areas of scholarship in national and international medicine. The volume is a valuable documentation of how historically disease and epidemics have constantly redrawn the borderlines of modern state formation.

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James Colgrove, *State of immunity: the politics of vaccination in twentieth-century America*, Berkeley, University of California Press, and New York, Milbank Memorial Fund, 2006, pp. xiii, 332, illus., £29.00, $39.95 (hardback 978-0-520-24749-3).

Anxious to understand the nature of what is generally referred to as "antivaccinationism", a number of commentators in the medical literature have turned to the past. Some have seen parallels with widespread popular resistance to compulsory smallpox vaccination in the latter part of the nineteenth century. Others have seen continuities, in beliefs and in attitudes, despite the apparent dissolution of most of the anti-vaccination groups in the first decades of the twentieth century. Colgrove has done a useful job of filling in, at least as far as the United States is concerned. By the 1930s smallpox had virtually disappeared, the medical profession had achieved far greater influence on public health policies, and the old antivaccinationist groups had largely dissolved. These events form the background to the beginnings of diphtheria vaccination in the 1920s and 1930s. Public health authorities had learned a lesson from the smallpox campaigns. The emphasis now, in New York and in the majority of states, was to be on education and persuasion, not on compulsion. There was little or no popular resistance. But now, however, controversy arose over who should be responsible for preventive health care. Just as the Sheppard–Towner Act, providing for publicly funded maternal and child health programmes, had attracted the wrath of the American Medical Association, so too many physicians in private practice saw mass vaccination campaigns as an unacceptable intrusion into their terrain and a threat to their incomes. "The popular perception that diphtheria immunization was safe and effective", writes Colgrove, "would greatly influence the acceptability of new vaccines against other illnesses" (p. 109). By the 1940s, surveys showed high levels of confidence in the principles of immunization. So much so, that by the time the Salk polio vaccine was licensed, in 1955, supplies fell far short of parents' demands. The consequence of shortage was a new dilemma, and a new political conundrum. How should the vaccine be distributed? Who could and should ensure rapid and equitable access, independent of wealth and connections? The modest federal government role that was ultimately negotiated reflected the Eisenhower administration's profound opposition to "socialized medicine", but it was to prove an important step. Further elements of current vaccine politics were slowly emerging. As popular enthusiasm for polio vaccine faded, epidemiological and social studies were

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