

United Kingdom) a clear outline of milestones. However, their exploration of sociocultural factors remains limited. It would perhaps have been useful to examine the kind of mistakes made by hospital personnel that have sometimes led to a breakdown in the application of well-founded principles and improvements associated with the development of central sterile supply departments, increased commercial (rather than within the hospital) production of sterile fluids, and disposable syringes and needles. One suggestion (relevant to all recent history) is to consider the insights from oral history, perhaps along the lines of the successful series *Wellcome Witnesses to Twentieth-Century Medicine* (now in its seventeenth volume). Oral history, too, may well point up ethical issues ignored by Ayliffe and English, albeit raised in 1998 by V. A. Sharpe and A. I. Faden in "From Hospitalism to Nosocomial Infection Control," issues such as hospitals' wanting to keep infection data confidential amid the need for informed consent for patients.¹

Despite this reviewer's wish list, this book serves as a significant stepping stone to an important topic that needs much more exploration in our present era of anticipated global epidemics, new accountability in health care, and growing public sensitivity to issues surrounding medical error.

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Matthew Gandy and Alimuddin Zumla, eds. *Return of the White Plague: Global Poverty and the "New" Tuberculosis*. New York: Verso, 2003. vii + 330 pp. Ill. \$U.S. 35.00; \$Can. 51.00; £25.00 (1-85984-669-6).

Tuberculosis is responsible for one in four preventable deaths worldwide, and given the scale of that catastrophe, the present volume is a welcome and overdue compilation of recent social research on the resurgence of this ancient human scourge. In their introduction Matthew Gandy and Alimuddin Zumla frankly designate the story of tuberculosis a chronicle of public policy failure. This book features critical social analysis at the intersection of anthropology, medicine, and public policy. Part 1 features new work on social and historical aspects of the disease; part 2 looks at the resurgence of TB; and part 3 deals with advocacy for effective programs.

Among the main themes that emerge from these chapters are new understandings about the relationship of tuberculosis to housing, ethnicity, and pov-

1. V. A. Sharpe and A. I. Faden, "From Hospitalism to Nosocomial Infection Control," in *Medical Harm: Historical, Conceptual and Ethical Dimensions of Iatrogenic Illness* (New York: Cambridge University Press, 1998), pp. 153–74.

erty in the modern settings in which resurgent epidemics are found. Housing emerges as key in Gandy's critical review of Thomas McKeown's thesis on non-medical explanations for the decline in epidemics of TB in nineteenth- and twentieth-century Europe and North America: McKeown favored improved nutrition as the primary explanation, but Gandy reviews evidence suggesting that improved housing for the poor was also a key contributor. In addition, while it is true that sanatoria could not cure TB, Gandy argues that they effectively removed sources of contagion from the general population, a function that is often overlooked in histories of the disease.

In a highly empirical (although poorly written) chapter, Deborah and Rodrick Wallace draw connections between housing and New York City's TB epidemic of the early 1990s. They use urban mapping to show the tight correlation between early tuberculosis spread in slums and increasingly overcrowded housing between 1978 and 1990. The Wallaces examine the political causes of this "chronic urban decay" with similar empirical detail, charting block-by-block cutbacks in fire services and forced internal migrations due to abandoned housing in the 1980s, processes tied to Reagan-era policies that gutted social spending. Other chapters by Alistair Story and Ken Citron on resurgent TB in London, and by Vivien Stern on drug-resistant TB in the crowded prisons of post-Soviet republics, reinforce this emphasis on housing.

Another theme is a more careful reading of the correlation often noted between resurgent TB and immigrant populations. In a chapter on race, Nicholas King warns of the danger in relying on "origin stories" to explain contagious disease, for this approach essentializes difference and justifies forms of social exclusion (e.g., controlling the borders) rather than addressing real risk factors. Studies of urban TB epidemics in the United States show that while immigrants were indeed more likely to carry latent infections, the stress of migration, poverty, and risks of exposure to individuals with active disease were more important than immigrant status per se in determining who became ill. Story and Citron report finding similar evidence in their chapter on resurgent TB in London. A chapter by Matthew Smallman-Raynor and Andrew Cliff uses historical analysis to illustrate a key cause of the link between immigration, stress, and disease: they trace dozens of urban TB outbreaks from the early nineteenth century to the present that began among refugees who were forced to flee wars and civil strife.

Perhaps the most compelling contributions to this book point up the urgency of the threat posed by drug-resistance, and the limited window of opportunity that international health authorities have in which to mount an effective response before "hot spots" of resistance spread. Leopold Blanc and Makund Uplekar emphasize that the disease, by killing productive adults, literally destroys families, thereby creating more poverty. They note, however, that despite the World Health Organization's push to expand Short Course-Directly Observed Therapy (DOTS), at the end of the millennium only a little more than one in five TB patients worldwide had access to an effective treatment program.

In a chapter on multiple drug-resistant tuberculosis (MDRTB), Paul Farmer and David Walton observe that despite evidence that resistance is amplified when

sick patients reenter short-course treatment programs, world health authorities continue to promote DOTS as the only option because of the perceived high costs of treating MDRTB. The authors argue that since MDRTB has resulted from patients' being treated with failed drug regimens, TB patients have a "moral claim" on the health establishment. Further, they argue that the current pessimism is unwarranted since the costs of treating MDRTB are often exaggerated, while the costs of failing to treat it are seldom even tallied. In a model program for treating MDRTB in Peru, which Farmer helped develop, prices for second-order drugs dropped more than tenfold in a three-year period.

In a chapter on human rights, Solomon Benatar points out that simple cost/benefit arguments ignore the history of obscene wealth disparities and relations of dependency in which the current crisis has unfolded. He calls for macro solutions, such as debt relief, as both essential and morally imperative if new health initiatives on TB are to succeed.

I wish I had had this collection when I was doing a postdoctoral project on tuberculosis a few years ago. There is not a dud in the package—nearly every chapter brings new insights to bear on the issue. Gandy and Zumla's book contributes to efforts to construct less-reductive models for controlling resurgent tuberculosis. The bacillus seems to be plenty savvy at accommodating to changes in human history, social life, and ecology; it's about time we humans responded accordingly.

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Milton Lewis. *The People's Health*. Vol. 1, *Public Health in Australia, 1788–1950*; Vol. 2, *Public Health in Australia, 1950 to the Present*. Contributions in Medical Studies, no. 49. Westport, Conn.: Praeger, 2003. Vol. 1: xxii + 311 pp.; vol. 2: xxii + 346 pp. Ill. \$124.95 (0-313-31090-4, vol. 1; 0-313-32045-4, vol. 2; 0-313-32595-2, set).

The first volume of this enterprise deals with developments in Australian public health up to the middle of the last century. Arranged chronologically, successive chapters reflect the broad changes in public health ideology and practice that have also been identified in other industrialized economies. An introduction to the global history of public health up to the mid-nineteenth century is followed by a chapter charting the health and disease profile of a newly colonized land. Subsequent chapters provide richly detailed accounts of environmental sanitary reform from the middle of the nineteenth century; preventive measures primarily aimed at mothers and young children around the turn of the twentieth century; and twentieth-century arguments for a health system that integrated preventive and curative services, was funded by taxation, and emphasized equity of access. Volume 2 also assumes a broadly chronological approach, tracing the