Book Reviews

social hygienists, technocrats, and, to a more limited extent, physicians and medical scientists who wished to include syphilis as a part of legitimate practice. While it falls short of being a complete analysis of the social and medical aspects of venereal diseases, and skims rather lightly over the recent period, this is a model of how the study of a particular group can be used to illuminate a wide range of historical issues, helping to paint a vivid picture of medicine in an age of rapid social and cultural change.

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PETER JORDAN, Schistosomiasis. The St Lucia project, Cambridge University Press, 1985, 8vo, pp. xv, 442, illus., £35·00.

The International Commission of the Rockefeller Foundation first came face to face with schistosomiasis (bilharziasis) during one of their early campaigns against hookworm outside the American South. During their routine search for hookworm victims in Egypt, just prior to World War I, they discovered accidentally just how many fellaheen were inflicted with the schistosome blood fluke. In 1929, after Robert Leiper had made known the snail intermediate hosts of the two human schistosome species in Egypt, the Rockefeller Foundation returned to begin an attempted eleven-year eradication campaign with Claude Barlow and J. Allen Scott. It all seemed so easy then: kill the snails with copper sulphate and the worms with tartar emetic and all would be over in a few short years—twenty-five, according to the predictions of the International Health Division directors as they pulled out of Egypt in 1940. But it was not going to be that easy, as Health Division officials learned from the Sinabis Village studies of 1947–54. Indeed, with hydroelectric dams and irrigation requirements of the new cereal varieties of the Green Revolution, the disease has increased its hold in many countries. Today, perhaps one-fifth to one-quarter of research in tropical diseases is devoted to this disease.

Over the years, many different control methods were tried: chemotherapy with drugs of varying efficiency and side effects; mollusciciding with chemicals of increasing effectiveness; and some sort of environmental control and village education to limit the contact between man and infected snail. Some seemed to work for a short time, others failed. A method was needed to measure and compare the effectiveness of the various control measures. St Lucia, a small Caribbean island with isolated valleys each with a high prevalence of *Schistosoma mansoni*, provided a natural laboratory for these unique studies; in each valley a different control method could be used for comparative purposes. From 1964 to 1981, with funding mainly derived from the Rockefeller Foundation, a team of investigators under the direction of Peter Jordan, the author of this work, compared the effectiveness of three basic methods: chemotherapy, snail control, and water delivery systems.

This study is not written for the casual reader. It is a detailed, technical yet highly readable report (although it does carry far too many overcomplex and unreadable graphs) directed to aid workers in other countries in which schistosomiasis is endemic. It explains in exhaustive detail why chemotherapy provided the cheapest and most effective control method. It explains also that since a reservoir of infection is always left, transmission of the disease will gradually increase unless followed by other supplementary methods: focal snail control or provision of household water, laundry, and shower facilities.

For the medical historian, the study reveals the complexity of the problem and the sophisticated modern techniques that are now being used. Gone are the days when eradication of the disease by the complete elimination of all snails was seen as a possible goal! But whether, as the author concludes, it is now "possible to view the future of schistosomiasis control with greater optimism than 25 years ago" remains to be seen.

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