Editors of Galen and Hippocrates will be able to profit from these editions, for the papyri are often centuries earlier in date than the earliest surviving manuscript. But, as the example of one Hippocratic Oath papyrus shows, age does not guarantee accuracy, especially if, as seems likely here, the text was modified in the interests of greater intelligibility. For a general survey of manuscripts of Galen, the reader is referred to the first volume (2007) of the Budé Galen, but the survey of Hippocratic manuscripts is a useful summary of recent discoveries and arguments.

The information made accessible here may also help to resolve more historical questions. Although many medical papyri were found at Oxyrhynchus, the most important source of papyri in general, a considerable proportion come from Antinoopolis, which has suggested to some that, when the non-literary papyri recorded by Marganne are taken into consideration, the excavators had come across a medical library there. This is a fascinating possibility, linking with what Galen tells us in the recently discovered On the avoidance of grief about his personal library as well as medicine in public libraries in Rome and elsewhere.

Papyri of Galen and Hippocrates comfortably outnumber those of all the other authors included in these volumes, with one exception. The whole of the second volume and a good deal of the first are occupied by papyri of Isocrates, the orator and publicist of the fourth century BCE. But if Galen and Hippocrates cannot compete with this staple of education in Greek down to Late Antiquity, the numbers of their papyri show the extent of their influence.

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Direct comparisons of medical institutions in metropolitan and colonial settings are all too uncommon, given the intensive traffic in personnel, practices, and ideas across the imperial twentieth century and recent increased scholarly concern with this traffic. With this book, Michelle Moran has successfully anatomized the roots, controversies and innovations at the centre of a pair of institutions of global significance in the rhetoric and practice of Hansen’s Disease (leprosy) control; the US National Leprosarium at Carville, Louisiana, and the Hawaii territorial leprosy settlement at Kalaupapa.

The book’s major strengths lie in its depiction of leprosy as a rhetorical resource deployed to varying and often contradictory effect by legislators, patients, and doctors, and in its presentation of the unfolding ironies of segregation policy from the early 1940s, an era when the mildly contagious nature of leprosy was more fully recognized, and the disease became curable with sulphone drugs. The unease with which the end to segregation was viewed by Louisiana communities keen to maintain an income stream based on the presence of a large federal institution, by doctors hoping to carry out groundbreaking research, and by territorial patients desperate to maintain a discernibly “Hawaiian” community and identity in the isolated confines of Kalaupapa, contrasted with Carville-based patient activism of global significance for therapeutic action and home therapy movements, as exemplified in the sixty-year plus publication history of The Star, with its express purpose of “radiating the light of truth on Hansen’s Disease”.

In these areas, the comparative aspect of the book’s presentation works very well indeed. In the more expressly “imperial” arena, a more extended consideration of the American-run colonial leprosarium at Culion in the Philippines, such as that provided in Warwick
Anderson’s *Colonial pathologies* (2006), would have advanced the argument on varieties of American imperialism in relation to public health. The Philippines is present in the text, but only as a source of contamination linked to United States’ military intervention in East Asia, whereas Culion, and American public health in the Philippines more broadly, was crucial in the elaboration of mainstream American medical and political thinking on race, health, the tropics, and the politics of empire. Culion was also highly significant in the development of chemotherapy in leprosy, particularly with regard to the refinement of chaulmoogra oil in the pre-sulphone era.

While it is difficult to determine the prevalence of leprosy from the accounts provided, the sense of the expense of leprosy control is very well communicated in the author’s consideration of legislation and medical politics surrounding segregation, monitoring and treatment of leprosy patients. The troublesome relation between Christian (and especially Catholic, in the case of Carville’s early history) medical workers and stigma is well described, if eventually unresolved. In this respect, the consideration of stigma as a remnant irony of out-patient treatment in the 1950s and 1960s is more completely convincing, painting a picture of leprosy as a medico-social syndrome comprising a discourse on national and imperial citizenship and exclusion alongside medical and institutional concerns.

This is an excellent and well-written contribution to the literature on public health and leprosy. It continually, clearly, and usefully reinforces its central thematic concerns with federal, territorial, medical, religious, and patient experiences with leprosy. From an editorial perspective, the extensive range of archival sources referenced would have been more approachable with an easily consulted list of abbreviations, and the index might have included some of the more prominently cited authors. These minor points aside, the high production values do justice to Michelle Moran’s careful restitution of reports from the margins of American empire, medical research, and public health to the centre of historical concern.

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In an ambitious work that seeks to bridge the disciplinary divide between cultural studies and medical history, Rod Edmond illuminates the connections between leprosy’s enduring metaphorical power and medical efforts to contain and cure the disease in the modern age of empire. Edmond seeks to avoid both the over-generalities in studies of disease produced by cultural theorists and the overly narrow focus of site-specific medical histories that fail to recognize continuities among various colonial settings.

Providing an innovative integration of both medical and literary texts, Edmond demonstrates that neither physicians nor writers in the nineteenth century consistently defined leprosy and those who suffered from the disease as infectious agents. Such disagreements about the nature of leprosy failed to produce a single isolationist model of treatment as previous scholars have claimed. When the germ theory gained predominance by the early twentieth century, however, so did more coercive policies of segregation, a result that reflected broader anxieties about the imperial project and the impulse to establish fixed boundaries between the colonizer and the colonized.

The recognition that such a boundary proved permeable only heightened European fears of contamination and helped shape calls for compulsory segregation that emerged in various colonial settings throughout the late nineteenth and early twentieth centuries. Edmond’s comparison of regulations in a distinctive array of geographic settings is a