

Margaret Conrad, *George Nowlan: Maritime Conservative in National Politics*, Toronto: University of Toronto Press, 1986. Pp. xviii, 357. \$37.50

Margaret Conrad has written one of the finest Canadian political biographies. Recognizing that Maritime politics are too often presented as "buffoonery, corruption and ideological idiocy," Conrad takes her subject seriously, probing beneath the surface bluster to discover the solid core of Nova Scotian politics, especially Conservative politics. George Nowlan's career was hardly distinguished, and Conrad does not try to make it so. It is, she candidly admits, "in some ways a disappointing record" (p. 292). Yet Nowlan's career illuminates the broader canvas of Nova Scotian political and economic development, and Conrad's excellent knowledge of the real and metaphorical peaks and valleys of her native province permits readers to travel a fascinating journey.

Two forces motivated Nowlan's career: his strong regional patriotism and his Conservatism. Both his region and party did less well than he hoped in the twentieth century. Conrad's wonderful exposition of the personalities and battles at the constituency level, beginning with Nowlan's first provincial career in King's in the days of the Maritime Rights' campaign and ending with his final stand for the disintegrating Diefenbaker government in 1963, reveals how the Annapolis Valley and its people responded to the economic stagnancy and other disappointments. In his federal career, which began in 1948, Nowlan spoke not only for his constituency but also for his province. He tried to cushion the shock as the Maritimes' traditional manufacturing and resource sectors declined, arguing for such nostrums as a twelve mile limit, re-establishment of the merchant marine, and aid to the small Maritime universities. Conrad obviously shares Nowlan's frustration as he fails to get his way and as the growing evidence of Maritime underdevelopment becomes more apparent to the regional patriot. Conrad and Nowlan are sometimes too ready to blame Ottawa for the problems and to believe that there were solutions which Ottawa could find (see, for example, p. 131). Nevertheless, she does make the reader understand that perspective far better than the often arid arguments other academics and politicians have employed to support this case.

Conrad says little about Nowlan's personal life. She does agree with one journalist's comment that Nowlan did not take himself seriously enough. The bags under his eyes, the husky morning voice and the gossip of colleagues bespoke a kind of life far distant from the Baptist tenets of his youth. Nowlan strikes one as a troubled man, one who wandered far from many of his emotional starting points. His private life does not seem to have affected his political advance in his own constituency although it certainly did influence how others regarded "George" in Ottawa. It is a pity that Conrad could not have told us all that she seems to know. What she has given us is a remarkably insightful portrait of the many layers of Nova Scotian political life. Only Dalton Camp's memoirs rival Nowlan in its richness, but here the canvas is broader and the perspective deeper. The Nowlan family may not be pleased with all that Conrad has said, historians will be.

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Ann G. Carmichael — *Plague and the Poor in Renaissance Florence*. Cambridge: Cambridge University Press, 1986. Pp. xvi, 180.

This study in historical epidemiology offers two major hypotheses about the nature and consequences of the plagues that repeatedly hit the northern and central Italian cities in the fourteenth and fifteenth centuries. The first is that there was a significant difference between the fourteenth century outbreaks of mainly bubonic plague, which, although deadly, was not a particularly contagious disease and which struck indiscriminately in city and countryside and among all social classes, and the less

virulent fifteenth century epidemics, which were typically mixtures of several diseases — often misdiagnosed as “plague” or “pestilence.” From her close study of the indications of causes of death in the Florentine “Books of the Dead” Professor Carmichael concludes that various fevers, diarrheal diseases, and infections whose incidence and severity could have been influenced by malnutrition and poor sanitation were frequently mixed with “true” bubonic plague and often mistaken for it. These other diseases were in fact more contagious than plague and more likely to claim victims among children and the poor.

Carmichael’s second hypothesis follows from the historical fact of misdiagnosis and from the inability of contemporaries to distinguish adequately among the quite different diseases that combined to produce fifteenth century “plagues.” They concluded that plague was a contagious disease that affected the poor and marginal groups more severely than it did the upper classes. Thus fifteenth-century governments responded to what they thought was plague with various forms of quarantine, segregation of the poor, and the construction of hospitals for “plague” victims. Carmichael suggests that the motivations and perceptions behind attempts to control the spread of disease became confused, even at the level of official policy, with the increasing intolerance of the later fifteenth century toward the underclass of Italian urban society (prostitutes, homosexuals, and beggars), with growing xenophobia, and with the need to isolate and control the working classes in a time of more rigid social stratification. While avoiding any firm conclusion about cause and effect, the author emphasizes the mutual dependence of medical and social issues in the gradual emergence of the belief that “the plague was a disease of the poor” (p. 131).

In the first of these hypotheses Carmichael seems to be on solid ground. By analyzing the variety of diseases prevalent in Italian communal society and the language and assumptions that health officials, political leaders, and chroniclers brought to the identification of symptoms, she shows how complex the process of recognizing these different diseases was both for contemporaries and the modern historian. As Carmichael puts it: “The words describing illness are embedded in a system of medical diagnosis that shares little with our own classifications and explanations” (p. 59). Despite these difficulties, inherent in the very nature of the extant sources, she makes a strong case for her contention that fifteenth-century epidemics were in fact quite different from those of the preceding century, precisely because they were not exclusively or even primarily outbreaks of bubonic plague. That the failure of contemporaries to recognize this latter fact was itself bound to have important historical consequences also seems plausible enough: in attributing to plague the effects of other diseases, they implemented policies designed to combat what they perceived to be the contagious nature of plague, but which in reality did no such thing and which only reinforced the perception that plague was a disease of the poor and of marginal groups.

Somewhat less convincing, however, is Carmichael’s argument that it was only from the middle of the fifteenth century that city governments actually devised the novel policies associated with the contagion theory of the plague. Carmichael herself discusses a number of fourteenth century attempts at quarantine, some of which she believes, were “not motivated by any early appeal to contagion as an explanation of the spread of disease” (Ragusa, 1377); but in two other cases, (Milan and Mantua, 1374) she asserts that “the rulers were convinced that plague was contagious” (p. 111). If this was so, it suggests either that the contagion theory did not develop, everywhere or necessarily, as a result of the actual (although misunderstood) change in the nature of epidemics or that fourteenth century epidemics were, sometimes at least, more like fifteenth century ones that Carmichael is willing to concede. There is, in short, some uncertainty in the chronology of the connections that this book seeks to establish between the changing character of epidemics and the shifts in perception and policy that allegedly followed.

More research probably needs to be undertaken to determine 1) when and why contagion theory took hold (and in what relationship to the changing nature of epidemics), and 2) when it began to be used to justify plague controls that were also ways of isolating and controlling the lower classes and marginal elements of society. The guess here — and it is made purely on the basis of Carmichael’s own evidence — is that these may represent two separate moments, with different chronologies in different regions. Carmichael’s evidence for epidemiological change comes mainly from Florentine

sources, whereas most of the indications of the social and political consequences of that change come from the north. This leaves open the possibility of considerable regional diversity and of a yet more complex picture of the phenomenon that Carmichael has investigated.

Whatever further research may reveal, this book brings new technical sophistication and an abundance of illuminating hypotheses to an immensely important and yet relatively neglected dimension of Italian Renaissance society. Carmichael shows how much more there is to be learned from sources that historians have long been aware of but unable to use as fruitfully as they might have without the expertise in epidemiology and medical history that she brings to them. And she further shows that the history of medicine is inseparable from a whole series of social and political contexts. But no doubt this is already clear to a world trying to deal with its own plague of AIDS.

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Kenneth J. Carpenter — *The History of Scurvy and Vitamin C*. Cambridge: Cambridge University Press, 1986. Pp. viii, 288.

Three pages before the conclusion of *The History of Scurvy and Vitamin C*, nutritionist and historian Kenneth J. Carpenter offers the following generalization:

...the contributions of men already eminent for another piece of work have, when it comes to scurvy, been rather uniformly negative...In most instances the theory advanced was related in some way to the work for which the man had become famous. In contrast, the people... who made contributions and drew conclusions that we now consider well-founded, seem equally consistently to have escaped the usual marks of general recognition and appreciation.

Carpenter illustrates his generalization with a table. For example, he lists Jean-Antoine Villemin (1827-92) as a member of the Paris Academy of Medicine best known for his experimental proof that tuberculosis is an infectious disease and who hypothesized that scurvy was caused by a "contagious miasm." He identifies Joseph Lister (1827-1912) as President of the Royal Society and Surgeon to Queen Victoria famous for his introduction of antiseptic procedures into surgery; Lister's theory of scurvy considered the disease a result of bacteriologically generated "ptomaine intoxication." Other men muddled the understanding of scurvy in different ways. But all the famous theoreticians erred by letting intellectual presumption triumph over the wisdom of necessity-driven empiricism, which Carpenter labels "instinct and experience."

This tension between beguiling but misleading theory and ever more subtle but recalcitrant fact is the general theme of Carpenter's survey history. The story begins with the first reports of scurvy on the daring voyages of discovery of the fifteenth, sixteenth and seventeenth centuries, sails through the experience of the British navy in the eighteenth century, shifts to nineteenth century outbreaks of scurvy among prison populations, adventurers on the California Gold Rush, soldiers in the Crimean and American Civil wars, and citizens of Paris under siege during the Franco-Prussian War, and finally concludes with accounts of scurvy among Arctic explorers and infants fed on commercial formula food at the turn of the twentieth century. Throughout, Carpenter's account is vivid and intriguing as he quotes extensively from ships' journals, contemporary reports, and early published essays. He maintains an air of suspense, sprinkling clues that only fall together in the final chapter in which the various mysteries of scurvy's cause, cure and prevention are solved in the light of modern nutritional and biochemical knowledge. But Carpenter also notes how recurrent attempts at theoretical understanding blurred the simpler and often more correct observations of seafarers, military personnel and other paractical men. In the sixteenth century neoclassical humoral theory contributed to the confusion, in the seventeenth and early eighteenth iatromechanical ideas were to blame, in the later eighteenth