

some skill in logic and calculus. Speaking as a participant, much of the debate among economists during the reform period was about those assumptions and when they might or might not apply. Further, no economist I know argues that policy should depend on its conformity to any particular text, but instead there is universal acceptance that empirical verification is the ultimate test. Indeed, I suggest that this is why 'third way' economics came to supplant the New Right programme in 1999: median voters in New Zealand could see for themselves that the reform programme as a whole had not delivered the results obtained by more moderate policies in Australia (for example). Thus Janiewski and Morris's book has made a useful start in exploring important themes of the reform period, but I hope future studies will pay greater attention to the details of the economic debates than was possible in this research project.

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*Black November: The 1918 Influenza Pandemic in New Zealand.* By Geoffrey W. Rice. Canterbury University Press, Christchurch, 2005. 327 pp. NZ price: \$39.95. ISBN 1-877257-35-4.

IN 1988 AN ARTICLE BY GEOFF RICE in the recently established journal *Social History of Medicine* concluded that 'until recently medical history in New Zealand had been the almost exclusive domain of amateur-historian doctors, publishing occasional articles in the *New Zealand Medical Journal*'. As two later compilations demonstrated,<sup>1</sup> Rice underestimated the number and variety of New Zealand medical/historical publications, but his suggestion that the social history of medicine in New Zealand 'may have outgrown its infancy, and be entering a vigorous adolescence' was borne out by the first edition of *Black November* in 1988.

The introduction to the first edition stated that the book, an expansion of Rice's 1979 *New Zealand Journal of History* article on the Christchurch victims, was the first ever study of the pandemic based upon the systematic analysis of death certificates for an entire country, a claim reiterated in the 2005 edition (p.10). As such, it was an early example of the New Zealand social historian of medicine at work, and of the growing inter-disciplinary approach to historical study; even before the publication of *Black November* its author had engaged in a vigorous debate with Waikato demographer Ian Pool about the accuracy of the Maori statistics for the pandemic. The idea of republishing *Black November* took root in 1998 at the first international conference on the history of the pandemic, when a number of delegates expressed disappointment that the original was out of print. The timing of the publication, as concern about the possibility of a new pandemic sparked by avian 'flu' was at a peak, was fortuitous. This is a scholarly work, not a hurried attempt at topicality, although there is a somewhat strained attempt in the preface to draw parallels between the two events. The last page, with its folksy advice on how to minimize the risk of catching 'flu, probably should have been omitted.

The preface to the new edition states that 'only minor corrections had to be made to the core chapters and statistical analysis' of the original text. The phraseology has been changed in places, but there are few substantive changes. A comparison of the footnotes in both editions reveals that virtually nothing has been revised or added. The only exception noted to date is an expanded section on the role of the St John Ambulance Brigade in Christchurch during the epidemic (p.140), based on the author's 1994 monograph.

So what has been added to justify a second edition? *Black November* mark II contains three additional chapters, intended to provide greater understanding of the disease which struck New Zealand in November 1918. The first of these examines pre-1918 knowledge of influenza, beginning with the initial use of the term in sixteenth-century

Italy and describing its nineteenth-century impact on New Zealand, particularly in the 1890s. A new second chapter places the pandemic much more firmly in the context of World War I, and challenges suggestions that the epidemic originated in Asia. Instead, Rice suggests that it may have started in Kansas, which had an abundance of 'corn-fed livestock, cattle, poultry and pigs', and was then spread by the large numbers of army recruits sent to France. He also speculates on the possible influence of chemical warfare in the trenches, before concluding that historians and scientists are still puzzled by many of the characteristics of the pandemic. The last of the new chapters, entitled 'Influenza after 1918', examines the 'exciting search' for an explanation, a process which began only in the late 1960s and which involved virologists and epidemiologists as well as historians.

The bibliography of both overseas and New Zealand publications is considerably longer than that of 1988, reflecting the increased level of interest in epidemic disease amongst historians during the past two decades. In addition to the sources listed here, reminiscences about 'the flu' abound in New Zealand local histories, and the topic regularly pops up on the local genealogists' website. The concept of medical history from below, presenting the patient's perspective rather than that of health professionals or bureaucrats, was pioneered by the late Roy Porter in the 1980s.<sup>2</sup> Geoff Rice's desire to include eyewitness accounts, photographs and cartoons in the 1988 book, or in a companion volume, was rejected at that time; Canterbury University Press are to be congratulated for incorporating these elements in mark II, for they enrich our understanding of the massive impact of the 1918 pandemic upon people's lives. Many of the illustrations are very evocative, though I did wonder about the relevance of machine-gun practice at Trentham Camp (p.46) and the shot of a tank at the Battle of the Somme in 1916 (p.48).

The entry for *Black November* in my 1994 *Annotated Bibliography of the History of Medicine and Health* read as follows: 'Exhaustive account of 1918 epidemic. Includes comprehensive bibliography.' Both of those assessments are challenged by the second edition, which is a worthy addition to the growing corpus of New Zealand medical history.

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#### NOTES

1 D.A. Dow, *Annotated Bibliography of the History of Medicine and Health*, Dunedin, 1994; D.A. Dow, "'To set our medical history into order": An Historiography of Health in New Zealand', *Archifacts*, April 1996, pp.15–40.

2 See R. Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14, 2 (1985), pp.175–98.

*Dirt: Filth and Decay in a New World Arcadia*. By Pamela Wood. Auckland University Press, Auckland, 2005. 264 pp. NZ price: \$44.99. ISBN 1-86940-348-7.

ALONG MOST STATE HIGHWAYS it is not unusual to strike a section where a dairy herd has left their mark or fertilizer has been freshly applied across neighbouring paddocks. As the stench wafts through the car vents I wait for the inevitable chorus from the back seat: 'Pooh, the country stinks!' Having grown up in cities where strong smells have been systematically eliminated — bar the reek from the local KFC outlet — the reaction of my children is to be expected. But as Pamela Wood's history of dirt reveals, had they been living in nineteenth-century Dunedin the effluvia from a cow pat would hardly have rated a mention. Far more odious smells would have greeted their olfactory senses.

Wood's book is a social history of the establishment of Dunedin and a cultural history of the changing meaning of dirt in the latter half of the nineteenth century. She divides her