

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.² 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.

DEREK A. DOW

The University of Auckland

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

chronology of dirt into four sections. The first period runs from the town's establishment until the goldrush. During this time swamps and mud were the most problematic forms of dirt. Thigh-high mud in the main streets made travel through the town uncomfortable, frustrating and slow. The upside was the Arcadian and health-inducing qualities of the site. Land was plentiful and, according to William Cargill, settlers found the 'coldest southerly winds' to be 'agreeable and bracing' (p.22). The second section covers the 1860s invasion of Dunedin by gold seekers. Unable to cope with increased demand, the town's sanitary infrastructure — such that it was — collapsed. As overflowing cesspools trickled into swamps, putrefying piles filled streets and foul-smelling vapors belched from industrial chimneys, the dangers of dirt became all too apparent. Deaths from zymotic diseases (thought to be) caused by miasmas reached Old World levels, undermining Dunedin's New World Arcadia claim and leading to new measures to police dirt. The third section, from 1865 to 1875, concerns ineffectual municipal attempts to contain dirt. This was only achieved after 1875 when an intra-urban sewerage network was finally constructed. This last period also saw new definitions of dirt. The microbe led reformers to turn their attention away from bogs and dung-heaps to wall crevices and sick and dead bodies. Links of dirt with immorality also arose, with accusations of filth in the city's slum being used to control prostitution and the activities of Chinese and Lebanese residents. As Wood wryly notes, by 1900 some reformers looked wistfully back on the days when the only hazard posed by dirt was losing one's boot in mud.

Dirt builds on pioneering public health research by the likes of Linda Bryder and Barbara Brookes, but in bridging both public health and urban history, Wood makes an original and impressive contribution to New Zealand historiography. She has a wonderful turn of phrase, at one point describing Dunedin's harbour as the 'constipated bowel of the city-body, failing to excrete the sewage channeled into it' (p.107). So much for Arcadia! She also makes good use of photographic sources, although for a subject so concerned with the creation of place I lamented the dearth of maps, if only to orientate myself.

While well informed by relevant overseas literature — including recent work by urban historian Alan Mayne and public health historian Nancy Tomes — Wood's study rarely engages with it and only occasionally shows how the Dunedin experience differed or conformed to other New World cities. (My impression is that it followed rather than led overseas patterns.) The main distinction she does draw is that Dunedin's boosters expected their town would be 'different from "Home" and could be better than in other colonies' (p.225). But surely this ambition was not unique to Dunedin?

I also finished the book with one unanswered question. If dirt was so injurious to public health and the promised Arcadia why did Dunedinites put up with it for so long? (Even mayors were not past ignoring their own sanitary regulations.) It is implicit in Wood's argument that this was because the citizenry were stick-in-the-muds and needed much persuasion from the reformers before they were convinced of dirt's dangers. This was probably true, but I suspect it was also because most Dunedinites were less interested in creating a New World Arcadia — an impossible task in a city anyway — than replicating the familiar urban fabrics of Britain, including dirt. In other words, dirt had long been part of most settlers' lives and while it could be smelly and inconvenient it was not usually something to be feared. Fear of dirt is more a twentieth-century phenomenon.

These quibbles do not diminish the value of *Dirt*. Perhaps more than anyone else Wood has highlighted the considerable material and cultural barriers settlers faced in establishing a New Zealand colonial town. I hope it will stimulate further research on New Zealand's other colonial towns and cities, of which we still know relatively little.

BEN SCHRADER