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The Basic Side of the Plague

The Black Death and the Transformation of the West by David Herlihy, edited and with an introduction by Samuel K. Cohn, Jr., Harvard University Press, 117 pp., $27.00: $12.00 (paper)

Joel E. Cohen

What was the infectious agent of the Black Death that struck Europe in 1348 and succeeding decades? The classical answer is Yersinia pestis, the bubonic plague. But if the disease had been bubonic plague, then outbreaks in the human population should have been preceded by extensive deaths among local rodents. The fleas that transmitted the infection among rats would then have been forced to abandon the cold bodies of their former rodent hosts and would have settled on the people who fed and sheltered the rats. But no contemporary account mentions a lethal outbreak of mortal disease (or epizootic) among rodents during the fourteenth century. On these grounds, more than one historian has challenged the identification of the Black Death as bubonic plague. Still, the absence of evidence is not evidence of absence. Sometimes plague is transmitted from person to person by airborne droplets, and an initial epizootic among rodents could have passed unrecorded.

In his sweeping and brilliant book, the late historian David Herlihy brings new information from a most unlikely source to bear on the identification of the infectious agent of the Black Death. In the aftermath of the plague, the Church received many petitions to canonize persons who were said to have miraculously cured cases of the plague. In trials conducted and carefully documented by the Church, petitioners described the medical afflictions that were alleged to have been miraculously cured. The proceedings of many of these trials were collected in Acta Sanctorum, a seventy-volume hagiographic collection published in Antwerp starting in 1643. While some depended on testimonials, or characteristic lymph node swellings of bubonic plague, Herlihy points out that the “sign of the plague” frequently referred to in these trials is described as petechial hemorrhages accompanied by skin eruptions and a characteristic rash of anthrax and some other diseases (but rare with bubonic plague).

Whether the symptoms of people who were miraculously cured should be taken as representative of the symptoms of the people who died of the plague—whatever it was—is not a question that Herlihy addresses. Miraculous survivals may have selectively favored people not in fact infected by fatal diseases.

Herlihy does not consider the historical evidence so far assembled to be conclusive, and I agree. He suggests that rare mutant forms of plague are also consistent with the evidence. The example of HIV suggests to Herlihy that new infectious agents can appear apparently out of nowhere and can also disappear, leaving open the possibility that the agent of the Black Death may not be known to us now.

In October 1998, French scientists published a new report that the infectious agent of the Black Death was indeed today’s bubonic plague, at least from the sixteenth century onward. Urban construction projects in southern France had recently uncovered two mass graves known from historical records to contain victims of quarantined hospitals for what was then called “plague.” To avoid possible contamination by any other source, the French team pulled teeth that had never emerged from the jaws of “plague” victims and extracted the DNA in the dental pulp within these teeth. Seven of the twelve teeth tested showed DNA that matched the DNA of the modern bubonic plague bacillus. When the scientists applied the same procedures to teeth similarly extracted from a medieval grave in Toulon, France, where there was no historical evidence of plague, none of the teeth revealed plague DNA. The case that the “plague” victims were infected was confirmed.

The Black Death continued to devastate Europe through the sixteenth century. In 1650 and 1665, the disease was known as the “Great Pestilence” and “Second Pestilence.” The 17th century was a time of war, famine, and plague in Europe. The plague continued to spread through Europe throughout the 18th and 19th centuries.

In the 19th century, the Great Plague broke out in cities and towns across Europe, including London, Paris, Vienna, and St. Petersburg. The disease was spread by rats, which were infected by the flea vector of the plague. The plague was most deadly in densely populated urban areas, where the conditions were ripe for the spread of the disease.

The plague was also known as “the Black Death,” due to the blackened, decaying skin that was a hallmark of the disease. The symptoms included fever, headache, cough, and vomiting, progressing to severe respiratory distress and death within a few days.

In Europe, the plague had a significant impact on society and politics. The deaths of so many people led to a reduction in the labor force, which in turn led to increased wages for survivors. This period is also known as the “Little Ice Age,” as there were significant changes in climate and weather patterns across the globe.

The plague had a lasting impact on European society, with changes in agriculture, trade, and the structure of the economy. The decline in population led to a decrease in the demand for food, which in turn led to lower prices and increased availability of resources. The plague also led to changes in trade patterns, with a shift away from overland trade routes towards sea trade.

The plague was a significant event in European history, and its impact can still be felt today in the form of changes in demographics, economic structures, and societal norms. The plague served as a catalyst for significant changes in the course of European history, and its legacy continues to be felt in the present day.
Not all historians would accept Herlihy's vision of the plague as the prime mover of Europe's transformation. Even among economic historians, there is no unanimity about the underlying economic story told by Robert Thomas, which supports Herlihy's view of social and cultural change. For Carlo M. Cipolla, formerly professor of economic history at the University of California, Berkeley, and now at the University of Pavia, an urban revolution of the eleventh and twelfth centuries ushered in a new era with the introduction of public schools, and many a city witnessed a noticeable development of elementary education. The town was to the people of Europe from the eleventh to the thirteenth centuries what America was to the people of the fourteenth. The town was the "frontier," a new and dynamic world where people felt they could break their ties with the past. Therefore, realistically, they would find opportunities for economic and social advancement, and where there would be ample reward for initiative, daring, and hard work.

In Cipolla's view, the plague was important for what it permitted, not for what it directly caused. Because it killed so many Europeans, it assured that "Medieval and Renaissance Europe was not the Europe of Asia. European development was not halted by the suffocating pressure of population." Though DNA tests can, with luck, identify the infectious agent of the plague, the bacteria that yet disintegrate decisively between Herlihy's image of change and Cipolla's. As Cipolla writes, Easy explanations of complex historical phenomena charm people, precisely because they are easy and, therefore, reassuring. The explanation pleases, the problem irritates. And yet the explanation is often unattainable, while the problem remains the only valid thing.

Was the Black Death a product of the situation in Europe, or was it an unstoppable, external shock? A Florentine chronicler, Giovanni Villani, who died of the pestilence in 1348, argued that the plague was divine punishment for the current sins of the Florentines: "avarice, greed and usurping of wealth." Earlier in Herlihy's career, as Samuel Cohn points out in his introduction, Herlihy agreed with Villani that the plague arose out of particular social attitudes and structures; that by the time Herlihy gave the 1985 lectures on which this book is based, he had changed his mind. As mentioned earlier, one of several competing explanations of AIDS, which appeared to him to have come unexpectedly, out of nowhere. In shifting his position, Herlihy illustrates how large events today illumine and change our understanding of the past.

Conversely, Herlihy's analysis of the past suggests the potential consequences of demographic and epidemiological changes taking place today. At the end of the twentieth century, the growth rate of the global human population is dropping rapidly by historical standards (though not rapidly enough in poor countries to avert massive preventable misery). During the twentieth century, this growing population may become negative and absolute population size may decline, as it is already declining in some European countries.

Fourteenth- and fifteenth-century Europe provides one of the few documented examples of how societies responded to widespread—not merely locally occurring—in population decline. The catastrophic fall in the abundance of people was followed by an increase in their value. Parents, as Cohn points out, shifted much of their bequests from pietistic charity to their children. Increased land per person shifted diets toward more meat (the food of the rich previously). The scarcity of people raised the wages of both agricultural and urban laborers and accelerated the development of technology. From an oversimplified economic perspective, when the supply of people dropped, the price of people rose.

The demographic consequences of the Amerindians following the European conquest raised the price of people in the New World, it also led Europeans to tighten their control of the subjugated and AIDS may be much more intimate, and much more surprising, than Herlihy imagined. Some humans inherit from both parents a mutant gene that obliterates the receptor site where the HIV-1 virus attaches to lymphoid cells of the human immune system. These people are strongly resistant to infection with HIV-1. Individuals who inherit the mutant gene from only one parent are infected with HIV-1, but the onset of AIDS is delayed by several years on average. These mutant genes are very rare, but present in populations of European origin. They are increasing very rapidly, as one moves northward into Northwestern Europe.

Recently an international group of thirty-nine scientists studied this mutant gene in 4,166 individuals from twenty-one ethnic groups in Eastern Asia, the Middle East, and North America. Using mathematical models to analyze the data, they estimated that this mutant gene first appeared in European populations about seven hundred years ago (with a plausible range of uncertainty of 275 to 1,875 years in the past). The data, they suggest, provide "considerable, albeit indirect, support for the scenario that the gene has rapidly increased in frequency by a strong selective pressure, possibly an ancient plague which is currently undetermined." Studies are now underway to determine whether infection by Yersinia pestis or other pathogens that target the same lymphoid cells involves the same receptor site (chemokine receptor) as HIV-1. This would give a needed biological support to a historical analogy if these genetic mutations for resistance to HIV-1 infection had been selected for by the previous pandemic of the Black Death. See J. Clai- borne Stephens and thirty-eight others, "In search of the Origin of the HLA- 

At the start of the largest and fastest global
gated populations. This example shows that the effects on well-being of a major drop in population depend as much on the relations of power in a society as on numbers of people.

In the twentieth century, the supply of people has surged to unprecedented levels. The absolute number of people has nearly quadrupled, from perhaps 2,000 million in the eighteenth century to just over 6 billion expected by its end. Since World War II, the growth rate of global population has been, and remains, higher than ever before in history. To judge by the preventable ills of the human population today, people collectively are valued cheaply. Three quarters of a billion people are malnourished; another billion are malarious; a billion adults are illiterate; perhaps two billion people are infected with the tuberculosis bacillus (with hundreds of millions more under threat from other infectious diseases); and roughly four fifths of the world's population live on average annual incomes of approximately $1,000.

Interpreting the evidence should be attached to predictions of the trajectory of global population more than a very few years into the future, a quadrupling of human population size (to 6 billion) if it were to hold steady over the century in the coming century. Population size could peak and even begin to decline within the next half-century. The transition from a doubling of population in the last forty years to a possible absolute decline in the twenty-first century could be accompanied by a rise in the value of people, other things being equal, although such a hypothesis is of course speculative.

In 1949, the British historian and sociologist T. H. Marshall identified five elements or dimensions of the political, and the social.4 The civil element consists of individual liberties: freedom of speech and religion, the right to property, contracts, and justice. The political element is the right of the exercise of political power as a voter and public official. The social element, for Marshall, includes "the whole range from the right to modicum of group life to the right to have security to the right to share to the full in the social heritage and to live the life of a civilized being according to the standards prevailing in the society." Marshall considered the formative period of civil rights occurred in the eighteenth century, of political rights in the nineteenth, and of social rights in the twentieth. The tentative generations Marshall named coincide with the modern period of rising population, and with the epidemiological transition from infectious to chronic diseases prevalent in the eighteenth century and continuing until now. He spoke just at the start of the largest and fastest global

4According to a private comment to me by Samuel Cohn, this point is also illustrated by attempts at labor legis- lation in England and Spain, and in Tuscany, as well as by the tightening of bonds of servitude of eastern and central Europe.

increase of population ever to take place.

The analogy with the fourteenth and fifteenth centuries suggests, all other factors being equal, that the civil, political, and social elements of citizenship would have diffused more rapidly had population growth been slower after the eighteenth century. Nearly half a century after Marshall spoke, it seems clear that the formative period of social rights is not yet over. If the anticipated slowing or reversal of the growth of the human population in the twenty-first century occurs, it could be expected to increase the incentive to nurture well those who are born, and it could speed the worldwide diffusion of these desirable elements of citizenship.

When it can no longer so easily be assumed that there will be plenty more people to come, then it is clear that people have the political and economic capacities sufficient for food, education, health, and a meaningful civic life may take on greater urgency. But as the example of the Amerinds shows, this positive outcome is by no means inevitable. If major changes for the better do occur, it will be to the lasting credit of human beings that, this time, the demographic changes were brought about in large part by the reproductive choices of individuals, rather than by the catastrophe of the Black Death.