

Erla Dóris Halldórsdóttir, *Óhreinu börnin hennar Evu: Holdsveiki í Noregi og á Íslandi [Eve's Unclean Children: Leprosy in Norway and in Iceland]* (Reykjavík: Uglu, 2020).
416 pp.

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In this book, Erla Dóris Halldórsdóttir presents research on cases of leprosy in Iceland and Norway with the focus (for the most parts) on the eighteenth and the nineteenth century. The author has previously published another book about the subject in 2002.

Initially, Halldórsdóttir explains what leprosy is from a medical point of view, that is how the bacteria, *Mycobacterium leprae*, infects the human body. However, most part of the book analyses how patients with leprosy have been treated and taken care of over the centuries in Norway and Iceland. This also entails how ideas of leprosy and leprosy patients have changed over time. The author is a trained nurse, which allows her to delve deeper into the subject than researchers with no medical background would have. The author's medical training and understanding of the material from a medical point of view is vital for the book.

The title of the book – Eve's Unclean Children – refers to a fairy tale by the brothers Grimm about Eve's unequal children, but with the twist that the adjective refers to 'unclean' rather than 'unequal'. This refers more specifically to the exclusion of leprosy patients from society because they were considered unclean. Apart from that others feared to become sick, it was also considered shameful to suffer from leprosy. Consequently, leprosy patients found themselves in the lower segment of society and could be considered a burden for the community. In Ice-

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land, a law from 1776 codified the general principle from before that people with leprosy were forbidden to marry.

The most interesting element of the book is the comparison between how leprosy was treated and handled in Norway and Iceland. Leprosy was not that common in late Medieval Europe. Norway and Iceland were the only Nordic countries where leprosy became endemic. In most parts of Europe, leprosy became extinct due to the pestilence known as the Black Death in the mid-fourteenth century.

In 1438, a hospital for leprosy patients was established in Bergen where they could stay without any charges. The patients came mostly from Bergen and Trondheim. The first doctor practicing professionalized medical treatment arrived at the hospital in 1816. In mid-seventeenth century Iceland special homes for this group were established that would last for 200 years. These were also called hospital. Icelandic leprosy patients, who did not have any money or relatives to rely on were considered a burden to society. They could not work or take care of themselves, and they were often sent to these homes to ease the financial burden of society. Few patients were sent to these homes. Each home was exceedingly small; five leprosy patients at most stayed in each place at once. Most of the Icelandic leprosy patients stayed with relatives or in other homes where someone took care of them. In Bergen, the hospital was much bigger. In the eighteenth century it housed about 100 patients. On the other hand, it was the only one in the country.

In 1760, the Directorate of Health was established in Iceland, and with that the first laws concerning the Icelandic hospitals were published. This first university-educated doctor of Iceland was responsible for supervision over these institutions. According to the law, the homes should be built in a certain way. For example, the houses should be equipped by a chimney to ventilate the unpleasant smell from the patients.

The history of each of these Icelandic hospitals are covered in the book. Halldórsdóttir has traced as many individual leprosy patients as possible. All those patients that have been found are all listed in the book together with the period of their stay. The author has made use of church books and censuses to find their names. This is an impressive achievement. Nevertheless, the list is not complete due to a lack of sources, especially for the older times. The lists also include the caretakers of the leprosy patients. To the best of my knowledge, this is a pioneering work since it is the first time we have access to lists of all known leprosy patients and their caretakers in one place. The homes for leprosy patients were closed in the mid-nineteenth century due to the decreasing number of leprosy cases.

Doctors disagreed about what caused the disease. Some believed that leprosy was a genetic disease, others pointed at bad diet, such as fat fish, and bad living conditions, or poor and damp housing as the cause. In 1873, the bacteria causing

leprosy was discovered by Gerhard Henrik Armauer Hansen, a Norwegian doctor in Bergen. In 1877, new laws were established in Norway based on this discovery in order to separate leprosy patients from others and hospitalize them free of charge. It took Icelandic doctors twenty more years to acknowledge the fact that leprosy was not a genetic disease, or that it was caused by something else. At the end of the nineteenth century, the Icelanders built the Hospital in Laugarnes Reykjavík where patients were isolated from other people, regardless of their financial position. It was not until every Icelandic leprosy patient was isolated in the hospital that finally leprosy was eliminated in Iceland. The last leprosy patient in Iceland died in 1979, and in Norway in 2002. A new case of leprosy appeared in Denmark in 2014, after centuries of extinction. Today leprosy is easily cured with penicillin.

The part about Norway could have been more elaborated. In contrast to the extensive archival studies for the part about Iceland, the study largely builds on published material for the Norwegian part. To be fair, this may be explained by the fact that there is, to my knowledge, more research on the disease in Norway than in Iceland, except for the hospital in Laugarnes. That said, there is also a clear potential to enlarge the Norwegian part of the book in order to expand the comparison between the two countries.

The book is richly decorated with pictures, mostly pictures of people with leprosy. The pictures are not for the sensitive heart. Many of the photos are horrifying, showing people with disfigured faces, hands, and feet with open wounds all due to the bacteria that causes leprosy. This disease is very graphic, to say the least. Of course, there should be pictures to show how the disease is, but one wonders if all these pictures were necessary. The layout of the book could have been better. The shortest chapter is 6 pages, and the longest 124 pages. This could have been revised by adding the sub-chapters in the table of contents. Thereby, the reader would get a better overview of the content. This is of course a minor flaw that does not affect the book's value.

The text is accessible, easily understood, and flows well. Luckily, the reader does not have to be neither a medical doctor, nor a historian to understand the book. Sometimes the author repeats herself; some sentences are literally repeated. A more thorough editing process would have been needed. Furthermore, at some occasions, the author refers to a text without referring to where exactly the reader could find this. This would have been easily fixed. The author should consider translating the book to Norwegian or English so that others can read and benefit from the research.

Overall, this is an accessible book for all who are interested in and want to know more about the subject. It is a fantastic addition to the history of leprosy, medicine, and health at large.