

on the minds of the editors and many of their contributors, there is also here material to encourage more cultural and discursive thinking on the interpenetration of the political and economic in the representational world of contemporary medicine.

In this connection, two case studies stand out, that by Martin Lengwiler on visual strategies in Swiss interwar occupational safety education, and that by Luc Berlivet on the strategic deployment of the media in the modernization of French health education after 1975. Both are pioneering papers on historically pioneering developments. They well illustrate the need for medical historians not only to engage seriously with the history of the media, but to do so with a keen eye to political and economic contexts. Lengwiler reveals how American and French “liberal” types of industrial liability legislation fitted well with posters and other visual propaganda aimed at holding individual workers responsible for their safety. But it was a different matter in places like Germany and Switzerland where a centralized corporatist system of insurance operated, and where trade unions were stronger. Here, what served best were not entrepreneurial “psychological” approaches to workers, but “technical” interventions by the state favouring investments in safer machinery. Thus safety engineers, lawyers and physicians tended to call the visual shots, not psychologists and advertising professionals as in the USA. Not until 1956, during the growth of the private sector, did the Swiss send a representative to the USA to sound out psychologists in educational advertising and propaganda. All of which is hugely instructive on the role of ideologies and methodologies in the take up and deployment of visual materials in the area of health education in general. Historians who still believe that visual objects speak for themselves and can therefore be used unproblematically should take heed.

Berlivet’s chapter in many ways follows on, not just topically, chronologically and spatially (European-wise), but also intellectually from the medicine-media intersection. Here, the benefits will be greatest

for those who tend to believe that the manufacture of health education follows some kind of medical enlightenment narrative. Focused on the French anti-smoking media campaign of 1974–79 under Simone Veil, then Minister of Health, Berlivet shows how audiovisual manipulation of social images by new health education specialists managed completely to transform French health education, much to the financial and political empowerment of Veil and her department. Ironically (or perhaps not) the changes wrought through Veil’s anti-smoking campaign enabled a new gang of Illichean opponents to the “medicalization of society” to carry the transformation forward enthusiastically armed with the latest science on “motivation research” as elaborated in the USA by advertising professionals and marketing experts.

Like all the essays in this volume, these testify to the immensity, complexity and rich investigative potential of the post-1945 historical landscape. They also testify to the increasing challenge in medical history to reach out and move on.

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**Fay Bound Alberti** (ed.), *Medicine, emotion and disease, 1700–1950*, Basingstoke, Palgrave Macmillan, 2006, pp. xxviii, 196, £45.00 (hardback 978-1-4039-8537-8).

As any student of nineteenth-century British literature or culture soon learns, the Victorians enjoyed a good cry; and none more so than the men. Weeping in public was more common then than now, and might be prompted by a range of feelings: friendship, forgiveness, reconciliation, beauty, as well as the more familiar emotions of grief and loss, could provoke unabashed tears. Only rarely, as in the scenes in London following the death of the Princess of Wales, are westerners now treated to such public manifestations of emotion.

For emotion is a slippery concept. What do we mean when we say we “feel” something deeply? Where and how do we feel it? How might we sift “authentic” from “inauthentic” feeling? In what way are the triggers giving rise to an “emotional response” learned? Above all, how do we describe (let alone attempt to measure) something as nebulous as a feeling? To feel emotion at the loss of a loved one is, of course, only “natural”. But who is to say that the emotional response to a poem, a narrative, or a film is not equally valid? These questions are prompted by the essays gathered in this volume, which probe the paradoxical nature of emotion as it has been understood at various points in history. For emotion is paradoxical, as the editor explains in her helpful introduction: “emotions are physical and lived experiences, giving rise to increased heartbeat, sweat, and goose bumps. Yet they are also learned and behavioural systems, revealed through gestures, postures, and a series of display codes” (p. xvii).

Eight essays, all the work of historians of medicine, make up the substance of the volume that perhaps promises to range over a rather broader chronological period than is actually realized. For most of these essays concentrate on nineteenth-century attempts to chart the landscape of emotion. The range of subjects that are covered, however, reflects something of the complexity of writing about the idea of “emotion”: from the languages of emotion after 1789, via the “landscapes” of emotion discovered in Victorian ideas about “puerperal insanity”; humanitarian narratives of empathy, pity, and compassion; the attempt at “measuring” emotion, utilizing devices such as the “sphygmograph” of the French physician Étienne Jules Marey in 1860; the control and manipulation of emotion in the laboratory; the production of emotion in the physician–patient relationship; the role of emotion as a diagnostic tool in psychiatric medicine. Perhaps this emphasis on the nineteenth century, however, should be no surprise given that it was in this period that two of the most important texts for the study of emotion were published: Charles Darwin’s *Expression of the emotions in man and in*

*animals* (1872) and William James’s 1884 article for *Mind*: ‘What is an emotion?’

Each of these essays has something valuable to offer. Thomas Dixon’s ‘Patients and passions: languages of medicine and emotion, 1789–1850’ is, perhaps, the most stimulating in its attempts to marry politics and pathology. If, however, there is a criticism of the collection as a whole, then it lies not so much in the cultural assumptions which underpin all of the essays (these are essentially *European* emotional states which are under scrutiny) as the relative neglect of other possibilities of inter-disciplinary enquiry. Poetry and imaginative literature more generally has a great deal to say about the representation of emotion: Wordsworth’s famous dictum that poetry is the recapitulation of an emotional state: “the spontaneous overflow of powerful feeling . . . from emotion recollected in tranquillity” (Preface to the *Lyrical Ballads*, 1798) is still influential. Equally, some of the best writing on emotion as a historical subject has emerged from what used to be termed “literary criticism”: Christopher Ricks’s *Keats and embarrassment* (1974) or Mary Ann O’Farrell’s *Telling complexions: the nineteenth-century novel and the blush* (1997) might suggest alternative routes into this subject, whilst the creation of the “man of feeling” is, arguably, one of the most enduring legacies of the Enlightenment. That said, the editor should be complimented for bringing together a series of fascinating enquiries into these most vexing of human states.

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**Stephanie Moss and Kaara L Peterson**  
(eds), *Disease, diagnosis, and cure on the early modern stage*, Literary and Scientific Cultures of Early Modernity Series, Aldershot, Ashgate, 2004, pp. xvii, 218, £45.00 (hardback 0-7546-3791-3).

When Shakespeare began crafting his plays in the closing years of the sixteenth century,