

Book Reviews

CHARLES E. ROSENBERG, *Explaining epidemics and other studies in the history of medicine*, Cambridge University Press, 1992, pp. x, 357, £35.00, \$44.95 (hardback 0–521–39340–X), £11.95, \$14.95 (0–521–39569–0).

In 1990 I had the privilege of hearing Owsei Temkin lecture to the American Association of the History of Medicine. When I expressed my admiration to Charles Rosenberg, he replied that, “yes, Temkin made him feel inadequate”. Most historians of medicine should respond similarly to Rosenberg’s own collected essays, and many of them will.

Such an introduction is not arbitrary, for Rosenberg presents himself as a bridge between recent social historiography of medicine and the inter-war generation of Henry Sigerist, Temkin, Ludwig Edelstein, Erwin Ackerknecht, and (from a different background) Richard Shryock. Rosenberg’s indebtedness to his teachers undermines many of the sillier claims for novelty in recent historiography; instead it reveals a developing tradition, in whose richness and variety we can take a deeper pride. Here is the root of Rosenberg’s own versatility, and of his considerable influence as a teacher.

The three sections of the book demonstrate that range. The first, ‘Ideas as actors’, centres on the conceptual structure of eighteenth- and nineteenth-century medicine. The second group of essays explores ‘Institutions and medical care’. The final group uses history to reflect on present medical dilemmas, especially AIDS, the role of psychiatry, and the crisis of hospital medicine. Almost all of the essays have been published before, and sometimes they overlap, but Rosenberg has provided introductory notes explaining why the essays were written, or how they fit together. These give a nice sense of development and of a historian responding to contextual demands.

Many of these essays are already classics. Is there any better depiction of the Western medical cosmologies c. 1700–1870 than Rosenberg’s ‘The therapeutic revolution’? What other analysis would one give to an anthropologist who wanted to understand the Western tradition “before germs”? What recent account of a medical text is more subtle or better contextualized than Rosenberg’s essay on William Buchan’s *Domestic medicine*, here seen as weaving together physicians’ books on regimen and more traditional popular forms, such as recipe books? Here was a hybrid genre, encouraging the independent bourgeoisie to make judicious use of physicians.

American historiography of medicine has long been bound into the urban and social history of nineteenth-century America, but where is there a better short cross-section of urban medicine than in Rosenberg’s chapter on New York? Or a better account of what in Britain would be called a workhouse hospital? Where else would you get a better sense of a hospital as intersecting communities of staff and patients, or of dispensaries responding to large-scale social change, or of a medical biography as a microcosm of medical institutions in transition? Many of these essays were written for particular occasions, but they are never merely decorative; particular stimuli provoked new archival research and historical reflections remarkable for their scope, clarity and assurance.

By such serious use of celebrations, Rosenberg has benefited medicine (and the general public) as well as other medical historians. His admirable outreach is also revealed in his readiness to use history to contextualize and so illuminate the dilemmas of recent medicine. It is here, perhaps, that Rosenberg’s caution may offend against some recent fashions in professional socio-medical history. No one knows better than he that the “framing” of diseases must be understood as a social process, but Rosenberg is always also aware of what he terms the “biological”—the reality of psychiatric disorders, the fact that AIDS is more fatal than herpes, etc. Even those who share Rosenberg’s general outlook may not be entirely happy with the way he sometimes seems to give a kind of unmediated primacy to “biology”, but such subtle and difficult matters of interpretation do not necessarily make much difference to the historiography. Most readers will welcome the good sense of Rosenberg’s position. His writings will be of service to all who see that radical social constructionism is of limited utility in the face of such serious political dilemmas as are posed by AIDS, gay rights or women’s rights.

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Anyone seriously interested in history of medicine should buy this book. Those who teach the subject should have multiple copies for the many occasions when one cannot help students better than by referring them to the essays in this collection.

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MARGARET HUMPHREYS, *Yellow fever and the South*, Health and Medicine in American Society series, New Brunswick, NJ, Rutgers University Press, 1992, pp. x, 226, \$45.00 (0-8135-1820-2).

Histories of public health tend to avoid detailed analysis of the origins and context of public health reform, and histories of specific diseases often fail to see their subject in a wider economic and political setting. Margaret Humphreys' fascinating study of the impact of yellow fever on American's southern States between 1840 and 1905 amply demonstrates how such contextual frameworks enrich our understanding of historical processes. Most accounts of local yellow fever epidemics are of essentially local interest; but Humphreys explores the common experience of the South to show that the disease had a decisive influence on the development of both Southern and federal public health policy.

Three factors combined to turn yellow fever into a driving force for sanitary reform in the nineteenth-century South: the nature of the disease itself; the rise of a national business network; and federal designs on the autonomy of individual States.

Yellow fever is a highly virulent and singularly unpleasant disease. In the nineteenth-century South it occurred in frequent, seasonal, but unpredictable epidemics. Initially confined to the coastal cities, it demonstrated an unnerving ability to travel into their hinterlands once the railroads became established. Because it had a devastating effect on trade, local authorities and local businessmen initiated sanitary reforms with a view to reducing its impact. Because such measures involved several States, and the imposition of coastal quarantines affected international trade, the federal health authority (the Marine Hospital Service) was determined to wrest responsibility for yellow fever controls from the local health boards. The whole attention of southern public health effort after 1870 was focused on yellow fever, and when the disease disappeared after 1905, general public health provision in the South stood revealed as abysmal.

Humphreys is medically trained and has an evident professional interest in the structure and practice of public health, but she is also an able professional historian. *Yellow Fever and the South* is clearly written and cogently argued (though poorly edited), and is a rewarding read. It raises the local history of yellow fever well above the antiquarian level of the existing historiography, and offers stimulating perspectives into the relationships between disease and public health on the one hand, and political and economic history on the other.

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VIVIEN NG, *Madness in late imperial China: from illness to deviance*, Norman and London, University of Oklahoma Press, 1990, pp. xiv, 204, £19.95 (0-8061-2297-8).

In Chinese history madness has usually been considered a bodily illness or the result of possession by demons or the retribution for a sinful life. The usual reason seems to have been a disorder of the forces of yinyang and the five evolutive phases within the Chinese system of correspondence. As the material amassed in the imperial encyclopedia *Gujin tushu jicheng* (section *diankuang*) proves, already the medical classic *Huangdi neijing* distinguished between *dian* caused by an excess of yin and *kuang* brought about by an excess of yang; correspondingly *dian* is characterized by depression while *kuang* manifests itself by hyperactivity. The *Shanghan lun* recognizes cold as the source of many diseases including some forms of madness while Sun Simiao in his *Qianjin yaofang* notices wind as the cause. Later on we also find madness identified as a heat-induced disease. The usual treatments were herbal medicines or acupuncture, or both. There were also a number of rather unconventional treatments, especially when the cases were recognized as *qingzhi* (emotions)-