

to have slowed its expansion". While it is true that the overall incidence rate (number of people newly infected with HIV) is believed to have peaked in the 1990s, UNAIDS states that "Favourable trends in incidence in several countries . . . related to changes in behaviour and prevention programmes . . . [and] rising AIDS mortality have caused global HIV prevalence (the proportion of people living with HIV) to level off. However, the numbers of people living with HIV have continued to rise, due to population growth and, more recently, the life-prolonging effects of antiretroviral therapy" (UNAIDS, *Report on the global AIDS epidemic*, 2006). In fact, in 2008, the agency stated, "The rate of new HIV infections has fallen in several countries, although globally these favourable trends are at least partially offset by increases in new infections in other countries" (*ibid.*, 2008).

Referencing is somewhat uneven. For example, in his development of the fourth hypothesis in chapter 7, "War as a "Disease Amplifier"", Price-Smith draws heavily (and appropriately) on the work of Andrew Cliff and Matthew Smallman-Raynor, but neglects the extremely relevant work by Barry S Levy and Victor W Seidel, *War and public health* (2nd ed., Oxford University Press, 2008). The book's primary audience is students and practitioners of public policy. In light of the recent swine influenza pandemic and the World Health Organization's proposal to "redefine" the criteria for a pandemic, do we remain unconvinced of the association between infectious disease and political stability? If so, what will it take to convince policy makers of this connection? The call in *Contagion and chaos* is to bridge the gap between the natural and social sciences to acknowledge their causal dependence.

Donna F Stroup,
Data for Solutions, Inc.,
Decatur, Georgia, USA

Mark S Micale, *Hysterical men: the hidden history of male nervous illness,*

Cambridge, MA, and London, Harvard University Press, 2008, pp. xv, 366, illus., £19.95, €21.00, \$29.95 (hardback 978-0-674-03166-1).

To his previous extensive scholarship on the history of psychiatry, and in particular on the work of the late-nineteenth-century French neurologist Jean-Martin Charcot on male hysteria, Mark Micale has now added a new book that traces the "hidden history" of this disorder back to its origins in the early modern period. The term hysteria, as is well known, derives from the Greek work for uterus, and for centuries denoted the illness's imagined origins in what medical men saw as the unruly properties of that female organ. Hysteria was, as Elaine Showalter long ago noted, the "female malady" *par excellence*.

But there were always other possibilities within the discourse about hysteria. For readers conditioned to the belief, in part as a result of Micale's earlier work, that it was Charcot who discovered male hysteria, the main virtue of his new study is to uncover the rich literature of male hysteria of the seventeenth and eighteenth centuries. This body of work, which began with Richard Burton in the 1620s, culminated during the high point of the Enlightenment. It produced a new, entirely neurological—and therefore non-uterine—model of hysteria, the precondition for its presence in men. Micale also traces the rise during this period of a "shared medico-literary culture" of nerves: the productive exchanges between the professional medical and the literary/autobiographical discourse of hysteria. The Age of Enlightenment was also an age of heightened sensibility; yet the nervous disorders that often accompanied this self-conscious and sometimes exaggerated sensibility were not stigmatized but seen as a "sign of refinement". In the "nervous self-reportage" of David Hume, Samuel Johnson and others, Micale invites us to see a kind of alternative narrative of the western intellectual tradition.

A major turning point in Micale's account comes with the period following the upheavals of the French Revolution. Attentive throughout to the political contexts of the discourse about hysteria, he writes that: "The ebb and flow of the discourse . . . clearly mirrors a larger cycle of gender polarization and liberalization" (p. 278). Partly in response to revolutionary-era demands by women for new rights, the post-revolutionary political reaction also became a period of "gender counter-revolution". Older conceptions of gender difference reasserted themselves and hysteria was re-inscribed in the uterine model. One aspect of this was the parting of the ways between hysteria's "two cultures". As alienists assumed an increasingly significant role in policing the post-revolutionary gender order, male hysteria all but disappeared from view outside the memoirs or correspondence of exceptional figures like John Stuart Mill.

In the final part of his book Micale returns to familiar territory, charting how Charcot—working in the liberal, militantly secular political environment of the Third Republic—resurrected the neurological paradigm and in so doing made it once again possible to train the medical gaze on the male variant of hysteria. This turn away from the uterine model, which in Charcot's case meant downplaying the role of sex in the aetiology of the disorder, was not without its ironies, as Micale's final discussion of Sigmund Freud makes clear. Whereas Freud uncoupled hysteria from any anatomical moorings and thus created a purely psychogenic model, he also restored sex to a central place in the disease picture surrounding hysteria. At the same time Freud rejoined the two cultures of hysteria, drawing on laboratory science and clinical experience as well as literature, mythology, and biography, including, not least, his own—the numerous nervous ailments of the 1890s that plagued him and that he referred to in his correspondence as his "little hysteria".

But even in Freud's case, a certain reticence remained surrounding the topic of male hysteria. Despite his significant contribution to

the fin-de-siècle questioning of gender and sexual identity, none of his published case histories of hysterics includes a male patient. Arguably it was not until the Great War that male hysteria, in the form of shell shock, found widespread entry into the psychiatric literature. Missing from Micale's narrative is any discussion of the epidemic of wartime male hysteria, a crucial chapter in the history of this shape-shifting ailment and one that has been the focus of much recent scholarship. Micale is exemplary in his weaving together of intellectual, medical and cultural history; a concluding foray into social history would have provided a welcome coda to this otherwise highly illuminating account.

Andreas Killen,
City University of New York

May-Brith Ohman Nielsen, *Mennesker, makt og mikrober. Epidemibekjempelse og hygiene på Sørlandet 1830–1880*, Bergen, Fagbokforlaget, 2008, pp. 433, Kr. 498 (hardback 978-82-450-0687-2)

In 2003 state-sponsored public health in Norway celebrated its 400th anniversary. The event, marked by a two-volume official history and numerous exhibitions, awakened historical interest in public health issues, especially with regard to the nineteenth and twentieth centuries. May-Brith Ohman Nielsen is the first to present a study of public health for an entire region. She concentrates on *Sørlandet* (the south country), the counties bordering the Skagerrak from Kragerø in the east to Flekkefjord in the west, from c.1830 to c.1880. At that time the coastal region was a centre of Norwegian sailing, and its major town, Kristiansand, had an important naval base as well as an internationally recognized quarantine harbour. Town and region were thus well acquainted with the problem of "importing" disease from outside and with a traditional preventive response: quarantine, isolation, and disinfection.