That said, *Eradication* provides historians and public health professionals with a much-needed historical perspective on a strategy that continues to be debated in public health circles.

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This stimulating volume is certainly a fresh contribution to the study of psychiatry and colonialism. It adds to other recent works that have taken the field beyond the asylums and hospitals which, as fecund document producers, have inevitably attracted the attention of historians. But it is also more than that. Just as Freud and his followers aimed to go beyond the study of psychopathology in pursuit of a gain for normal psychology, at its most ambitious this volume seeks not only to explore the clinical role of psychoanalysis in colonial and post-colonial contexts, but its wider role in the constitution of modern mentalities, to see the psychoanalysable subject as a globalised phenomenon as much as capital and commodities. It also shows how psychoanalysis itself, as a product of European modernity, was born twinned with colonialism.

The contributors are critical of psychoanalysis, which is shown to be rife with the assumptions of colonial ideology. However, they are more concerned to contextualise psychoanalysis than to bury it. The volume is refreshingly distant from the ‘Freud Wars’. Moreover, the chapters are alert on occasion to liberatory potentials in psychoanalysis. As Joy Damousi notes in a discussion of the Hungarian analyst Geza Roheim’s ethnography in Australia, psychoanalysis has had – perhaps more than any other artefact of cosmopolitan psychiatry – a particularising drive that could partially challenge the primitivism of colonial discourse. Yet it remained too steeped in that discourse to escape it completely. And psychoanalysis was, no less than other psychiatric theories, prey to the conundrum: assertions of universality risk colonising by suppressing the local, yet, as Didier Fassin shows in a trenchant chapter on French ethnopsychiatry, assertions of the particular run the opposite risk, of colonising by exoticising.

There is much more work to be done. The volume left me wondering about psychoanalysis’s own cultural figuration as Jewish and Viennese may have led to it being ‘orientalised’ even amidst its success in Western Europe. I would have loved to see more exploration of certain figures, such as the South African psychoanalyst Wulf Sachs, and the ethnographers Georges Devereux and Meyer Fortes. Most challenging will be to move even further beyond the contexts of clinicians and experts into broader mentalities. Such a study will probably reveal not only the colonial reach of psychoanalysis, but the limits of that reach.
Like recent books on psychoanalysis by Eli Zaretsky and George Makari, *Unconscious Dominions* shows that the history of psychoanalysis is far from being an over-studied topic. It is a major current in the making of modernity and has many unexplored tributaries.

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Previous books about haemophilia (or haemophiliacs) have focused on the dramatic fate of haemophiliac patients contaminated by AIDS at the beginning of the 1980s. For example, *Blood Saga* published by the anthropologist Susan Resnik at the end of the 1990s explored the story of mobilization of patients’ associations around questions of treatment access and safety, the way young men were emancipated from parents and physicians, and lastly the consequences of AIDS. In *The Bleeding Disease*, Pemberton describes haemophilia and how the story of this disease has changed the conception of chronic diseases in contemporary America. Pemberton is interested in the relationships between physicians, medical knowledge, patients and their expectancies, and follows the very fertile approaches initiated by Chris Feudtner in his study of infantile diabetes, focusing on the relationships between patients, their disease and their whole environment. Such analyses offer a social and medical history of the disease, which is very stimulating for the reader and mainly social scientists.

Pemberton began his study of blood disease in the 1990s, after he met Kenneth Brinkhous; he then analysed the experimental laboratory with historical and anthropological tools. He not only provides a history of haemophilia, but also focuses on the way the disease was explained by physicians, the work of scientists, the different hypotheses about the origins of haemophilia and the way it influenced therapeutic issues, and patients’ expectations and behaviour. These different approaches help one understand how haemophilia was changed into a ‘manageable’ disease.

The first chapter analyses how the concept of haemophilia was developed. As the disease was considered early on to be a hereditary disease, it influenced the science of hereditary as it developed in the second part of the nineteenth century. However, the concept of haemophilia also changed the social and cultural experiences of race and gender, as haemophilia was mainly perceived as a disease of white men in the first part of the twentieth century. The second chapter focuses on the medical research on haemophilia: the laboratory work that was central to the understanding of the disease and which was able to characterise it as a treatable blood disease. Pemberton describes the emergence of the ‘science of clotting’, which is exemplary of the first steps of a standardisation of the work in the laboratories. He also recalls the most general context of innovations in blood transfusion. He gives us several portraits of physicians and scientists such as Brinkhous, of course, but also Addis and Lewisohn, and some patients who played their