the shifting historical meanings of contagion, a reprint of her contribution to Bynum and Porter’s *Companion encyclopedia of the history of medicine* (1993). Scholarly study of this botanical metaphor has enjoyed a renaissance in recent public health history, most notably in Michael Worboys’ *Spreading germs* (2000). While Pelling’s original 1993 essay is sufficiently recent and authoritative to be relevant for the volume in hand, the newly bolted-on introduction and conclusion are far too brief to do little more than list recent medical histories that take a renewed interest in contagion, of which Worboys’ book is but one.

I found the contribution by Jane Mahree on the placenta as pregnancy’s site of the “performance of contagion” (p. 201) rather more difficult to place than other chapters, though other scholars more familiar than I with the literature in women’s studies and embodiment may well disagree. The artist Melina Rackham’s chapter drew me to her website (http://www.subtle.net.carrier) to consider contagion in a more positive sense: our viral lovers, she argues, “are encouraging us, their human and machine carriers, to become re-acquainted with the left-handed path, with the messy, ugly, multi-textured swarming cellular self” (p. 225). This, then, is a diverse collection. The three bridging themes chosen to frame this review are not mutually exclusive and cannot do justice to the many provocative and subtle interpretations of contagion that the book contains.

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George Sebastian Rousseau with Miranda Gill, David Haycock, Malte Herwig (eds), *Framing and imagining disease in cultural history*, Basingstoke, Palgrave Macmillan, 2003, pp. xiv, 329, illus., £55.00 (hardback 1-4039-1292-0).

One feels a little sorry for some of the fourteen contributors to this volume. The editor’s Introduction and his joint chapter with David Haycock (on ‘Coleridge’s Gut’) hog 35 per cent of the pages (48pp and 30pp respectively), leaving the others with far less to strut their stuff. Nevertheless, they do it well, traversing a wide range of subject matters, times and places. Case studies, such as that by Caterina Albano on the self-starvation of the seventeenth-century ‘Derbyshire Damosell’ Martha Taylor, rub shoulders with Pamela Gilbert’s fine mapping of ‘Victorian medical cartography in British India’, Miranda Gill’s innovative study of the creation of the borderline concept of “eccentricity” in nineteenth-century France, and Emese Lafferton’s essay on the transformation of Hungarian psychiatry over the second half of the nineteenth century as it moved from private asylums to university clinics. David Shuttleton takes us through the imagining of smallpox in the long eighteenth century, Agnieszka Steczowicz covers late-Renaissance syphilis and plague, and Kirstie Blair “Heart disease in Victorian culture”. While Jane Weiss revisits the 1832 cholera epidemic in New York, and Malte Herwig, Mann’s *Magic mountain* (from the side of the doctors), Michael Finn offers new insights on late-nineteenth-century hysteria in France, and Philip Rieder, focusing on the lay discourses of a few of the great and good on the shores of Lake Geneva in the eighteenth century, provides a thoughtful revision of Roy Porter’s “patient’s view”. Despite its title, Stephan Besser’s ‘The interdiscursive career of a German colonial syndrome’ is an approachable and fascinating literary exploration into the conflation of the political and the pathological.

To be sure, these are a mixed lot on the narratives, poetics and metaphoric of disease and illness. Products of the itinerant ‘Framing Disease Workshop’, they are on the whole well written and worth reading. Even those chapters on topics familiar to Anglo-American history of medicine contain fresh insights on the cultural construction and representation of disease. Literary sources, they remind us, can enrich conventional repertoires, and none of the contributors is so truculent as to claim that diseases are only linguistic constructs or are ever just products of the imagination.

Nevertheless, evident is a tendency to overplay the importance of poesy, and to underpin the
enterprise through the creation of deities. For Shuttleton, Susan Sontag is the high priestess; for George Rousseau it is himself—the person, he says, whose 1981 article on ‘Literature and medicine’ ‘is often said to have charted a new academic field’ (p. xiv). Blushes turn to disbelief when these self-proclaimed ‘Rousseavian acts of framing’ (p.12) are proposed, not just the ‘child’, but the ‘sequel’ (p. 41) to Charles Rosenberg and Janet Golden’s collection, Framing disease (1992)—despite that these sequels are, as Rousseau confesses, ‘deaf to class distinctions, political and economic structures, the social arrangements of societies, and the integral dependence of sickness on religious belief’ (p. 20). The ‘Rosenbergian enterprise’ is slated for its lack of true interdisciplinarity, a charge that is rather worse than the pot calling the kettle black since our essayists descend almost entirely from departments of literature. In practice, ‘interdisciplinary’ translates as the need to attend to discursive frames and literary contexts whilst disgorging the ‘massive annals’ of the ‘solitary expressive voice’ (p. 12) to be found in (predominantly elite) literature. For Weiss it means, above all, throwing off the yoke of linear narrative and opening our historical selves to language. The ostensible novelty of the latter exercise needs to be understood as emerging from the perspective of one who regards Rosenberg’s Cholera years (1962)—deeply linear-tainted—as having ‘effectively invented contemporary medical historiography’ (p. 92).

The effect of such discursive didacticism when pitched so hard against the medical historian’s alleged ‘craving for linearity’ (p. 108) is to make the whole Rousseavian enterprise look desperate and deeply insecure.

And so it probably is, the fondness for ‘framing’ among cultural and literary theorists having had its day. These essays—mere ‘trial-runs executed for the generation of a discursive frame’ (p. 21)—beckon us to a recent and slightly misguided methodological past more so than to any genuinely new agenda for the future.

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For over a century, immigration has been regarded as a touchstone of the ‘American experience’; Ellis, Galveston, and Angel Islands, and today, southern and northern border towns have come to epitomize the ordeal of migration, and the abiding fear of exclusion. In her volume, Science at the borders, Amy Fairchild demonstrates that those sites were, too, the first loci of assimilation into industrial America for its working-class newcomers. In this rich and detailed examination of immigrant medical inspection in the Progressive Era, Fairchild argues that inspection was part of a continuing, inclusive process of population surveillance and control, akin to the scientific management upon which many of its practices were based. As such, it was intended to prompt an internalization of industrial and hygienic norms (which would in turn promote good health and availability for work) among these prospective ‘industrial citizens’ (p. 15).

Fairchild has organized her study in two parts; the first and slightly shorter examines what she calls ‘large numbers’: the experience and impact of medical examination on those who were admitted into the United States. The longer second section addresses ‘small numbers’: those who were excluded, ostensibly or actually on medical grounds. Different themes and locales dominate the two sections; Fairchild’s attention to regionalism in the Public Health Service, and to previously under-examined entry points on the northern and southern US borders makes this volume a substantial and valuable contribution to the growing literature on medicine and immigration.

Fairchild uses the Foucauldian notion of disciplining the body, as well as the broad categories of class and race as her primary tools of analysis in telling a story of science and power (p. 15). In several particularly revealing sections, she addresses the interactions between those two categories, and between each category.