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composed. They often consist of notes and insights. This made the editors' task even more difficult, yet it was acquitted brilliantly. Each piece is fitted into the puzzle and we can actually understand the often gnomic comments by both men. Peter Hoffer's translation is always clear and readable.

This is the first volume of the Freud-Ferenczi letters. Later volume(s) will mark the decay of their relationship as Ferenczi's health fails. It was Ernest Jones in his biography who made Ferenczi the great villain, the "mad man" who made Freud's life so difficult and who was so very contentious. The subsequent volume(s) will map this or contradict it. The publication of Ferenczi's journals from this period, showed a brilliant mind at work almost to the very end of his life. I would not be surprised if the letters ran against the Jones portrait of his rival. That is why having both of these texts provides a rather extraordinary insight into all three men. "Father Freud" (to use Arnold Zweig's appellation) between the "good" son and the "prodigal". But it is the critic and the historian who can now examine how these relationships evolved, at least in the realm of their letters. One is very grateful to have these two volumes and one is now looking forward to the re-editing of the Abraham letters and the publication of an entire series of suppressed documents, such as Fritz Wittel's autobiography. We are seeing the first stage in the establishment of Freud Studies as a serious arena of scholarship in the history of medicine and the history of culture.

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BYRON J. GOOD, *Medicine, rationality, and experience: an anthropological perspective*, Lewis Henry Morgan Lecture Series, Cambridge University Press, 1993, pp. xvii, 242, £35.00, \$54.95 (hardback 0-521-41558-6), £12.95, \$17.95 (paperback 0-521-42576-X).

Byron Good believes that medical anthropology has come of age, his proof lying in the discipline's mature ability today to engage advanced philosophical and literary theory. Stated otherwise, in the author's own language, "I am developing a theory of culture and illness from the perspective of aesthetics, examining how illness is formulated-as an 'aesthetic object'" (p. 166). This is the conscious, iterated goal construed in the terms of such categories as body, illness, reason and realism.

Well enough, but the book itself is abundant proof of the affirmation, being an encounter with some advanced theoretical positions about the nature of medical representation especially in narrative (Iser, Ricoeur, Rorty, *et al*). In this sense Good's treatment comes as a useful barometer of medical anthropology's maturity, not least its capability to engage contemporary theory, and it is also a testament to Good's own command over several fields: medical anthropology, recent philosophical and literary theory, and then their yoking. A useful working bibliography further adumbrates the building blocks in Good's broad interdisciplinary workshop and suggests the type of mind presiding over it.

The larger purpose suggests various anthropological contexts for modern medicine, especially through a grid of representations of illness that include narrative, semiotic, and aesthetic emplotments (although visual and iconographic forms receive scant treatment). The importance of "story" is always elevated by Good in the belief that "it would be a grave error to conceive illness narratives as the product of an individual subject, a story told by an individual simply to make sense of his or her life" (p. 158).

I found the chapter on the narrative representation of illness particularly persuasive, not merely because the topic is timely or because Good is able to build on the work of his mentor Arthur Kleinman—his teacher and predecessor in this line of inquiry whose book *The illness narratives* received considerable attention in 1988—but also because Good describes his field work (especially his interviews) so well. The cases recounting Turkish illnesses as told by the patient as well as by members of the family are extremely germane, especially the view that reader-response theory is pertinent to illuminate these accounts. Good's divisions in chapter six into sections on 'narrativity, illness stories, and experience', 'emplotment and illness experience'; 'the narrative positioning of suffering', and 'the narrative shaping of illness' suggest why.

The conclusions drawn are less secure, as are their historical contexts. While I found myself persuaded that medical anthropology had come of age and that theory had been well dealt with, I was

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much less certain precisely how the aesthetic codification occurs, or what theoretical encounters of this variety would have done for narratives already encoded in existing literary forms. For example, what would Good make of the narrative encodement of Emma Bovary's illness or the stories of the famous ailing figures in Proust and Mann? Did they not also have significant anthropological contexts, or do literary critics have nothing to learn from medical anthropologists?

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ANNE HARDY, *The epidemic streets: infectious disease and the rise of preventive medicine, 1856–1900*, Oxford, Clarendon Press, 1993, pp. xiii, 325, £40.00 (019–820377–2).

Anne Hardy re-examines Thomas McKeown's account of why mortality fell in the nineteenth century. McKeown claimed that the decline in nine major infectious diseases caused the diminution in general mortality and that improvements in the standard of living, particularly nutrition, rather than conscious human intervention must have been responsible. Hardy considers in turn eight of these nine diseases: whooping cough, measles, scarlet fever, diphtheria, smallpox, typhoid fever, typhus, and tuberculosis. The ninth, Asiatic cholera, a disease she discussed in a separate article, has unfortunately been omitted from this book because of the economic constraints in academic publishing. In place of McKeown's largely ahistorical approach, Hardy provides a close historical analysis of these diseases in London, focusing her attention on mortality patterns, on social and economic change, and on the activities of medical and public health authorities. In making her assessment she employs current biomedical knowledge of these diseases and recent historical scholarship.

Hardy follows Simon Szreter's lead in arguing that McKeown naively read the national mortality figures for pulmonary tuberculosis, and that as a result he erroneously placed the beginning of this key disease's decline before 1840. Szreter places the beginning of tuberculosis's decline in the 1860s. Hardy would place it even later, as late as 1880. The date when tuberculosis, the major contributor to the nineteenth-century mortality decline, began to recede is critical to this argument. While McKeown was willing to grant that better water supplies and improved disposal of human waste probably contributed to the decline of waterborne diseases such as typhoid fever and cholera, he argued that only improved nutrition could account for the fall in tuberculosis. By placing the decline of tuberculosis much later in the century, Hardy and Szreter open the possibility that the activities of public authorities may have had a more profound effect than McKeown realized.

By carefully considering the ecology and history of these diseases Hardy concludes that the work by public authorities was critical. "The epidemiological record clearly suggests . . . that it was not better nutrition that broke the spiral of deaths from infectious disease after 1870, but intervention by the preventive authorities, together with natural modifications in disease virulence" (p. 292). In reaching this conclusion she draws attention to factors which historians are used to considering: better public sanitation, purer water supplies, routine household inspection, smallpox vaccination, hospital isolation. More novel is the attention she pays to changes which took place in the domestic sphere: in technology, especially in plumbing practices, in household management and hygiene, in the handling and preparation of food, in the domestic nursing of the sick, in family size, in crowding, and in customs such as visiting the sick and laying out the dead. She argues that changes in social behaviour may have been more important than poverty, *per se*, and believes that the greatest contribution that local health departments may have made in the nineteenth century was encouraging private hygiene. This last set of factors opens new areas for historical research, areas in which women will figure much larger than they have in past historical discussions of public health.

The issues this book addresses are very complex. As the differences of opinion about when tuberculosis began to decline show, the mortality record is uncertain and difficult to interpret. Evidence for changes in private behaviour is spotty. Demonstrating the effect of public policy or personal behaviour on mortality and morbidity is even more difficult. To her credit, Hardy does not spare the reader discussion of these uncertainties. One need not accept all her suggestions to find this a highly informative and stimulating book. Its importance lies in the breadth of its perspective and the good sense with which the author evaluates the wide array of possible influences. Hardy wisely