

Book Reviews

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)-

related. While originally the concept of sin does not seem to have been indigenous in China, it spread with Buddhism and later forms of popular derivatives. Examples are found in popular literature like the *Liaozhia zhiyi* which also reports on cases of possession by demons, resulting in madness. A rather curious case shows the metamorphosis of a crazy peasant woman into her real and original appearance, an immortal. Moral: Before you make fun of people who appear to be crazy, consider the possibility that they might be immortals.

While before the seventeenth century lunatics were not stigmatized and governments did not make attempts to quarantine them, the situation changed after the Qing had established their rule over China. The new, non-Han dynasty was naturally concerned to restore law and order after the fall of the Ming. They instituted a sophisticated supervision system which included several law enforcement methods. A mandatory registration and confinement programme was introduced by which families had to report the illness of their insane relatives to the authorities and accept the measures taken by the officials. Thus gradually an illness was turned into deviance—insanity was criminalized. Now the legal experts had to try to define madness and mete out sentences to the “offenders”. In order not to change the time-honoured statutes of the Chinese law code, the Qing used the system of sub-statutes (*li*) as devised by Ming jurists. These were amendments which left the rule untouched but in case of doubt had precedence over the statute itself. We are in the lucky position of being able to follow the evaluation of madness in the Qing code by means of Xue Yunsheng’s *Duli cunyi* (Commentary on Qing law) and Nakamura Shigeo’s *Shindai keihô kenkyû* (Studies on Qing law). Both works indicate changes within the code and try to determine their exact dates. Why did the Qing authorities take madness so seriously and insist on using juridical means to deal with it? One reason may have been that dissidents might easily pretend to be insane to escape punishment. And as the dynasty was not Chinese, it faced resistance. On the whole, dealing with insanity was just one mosaic stone within the Qing law and order system. Cases show, however, that Qing laws were not callous, and jurists worked to improve the laws and to prevent injustice.

Since Karl Bûnger discussed the subject in *Studia Serica* (1950, 9: no. 2, pp. 1–16; ‘The punishment of lunatics and negligents according to classical Chinese law’), it has been debated whether the basic Chinese principle of not punishing lunatics for what they did was changed or just modified in its interpretation during Qing times. Erhard Rosner agrees with Ms Ng in a recent study (*Oriens extremus*, 1991, 34: 37–56) and gives additional evidence for the view that, in spite of the declared goal of the administration to deter dissimulation and guarantee security, the basic principle regarding insanity was maintained; the methods of evaluation and diagnosis became much more sophisticated, however. Ms Ng provides a detailed study of the subject, discusses many cases to support her views and gives a convincing interpretation of the conflicting views of medical and legal experts during the Qing dynasty. A pioneering work in social history.

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F. K. PROCHASKA, *Philanthropy and the hospitals of London: The King’s Fund 1897–1990*, Oxford, Clarendon Press, 1992, pp. xii, 308, illus., £35.00 (019–820266–0).

The author of a commissioned history has a difficult task of reconciling the understandable desire of the patron for an account which is celebratory and internal with a professional desire to develop some wider theme. The author may succeed in making general points which are of little interest to the institution, yet fail to reach a wider audience because of the apparently narrow focus of the book. The virtue of Prochaska’s book is that he has managed a reconciliation, providing a well-written and lucid account of the work of the King’s Fund and at the same time making original and provocative points about modern British society which should be widely debated.

The first of his general themes concerns the nature of the monarchy. There has recently been an attempt to explain the survival of the British monarchy by a conscious “invention of tradition” and the expansion of a ceremonial role to fill the vacuum of political decline. Prochaska’s argument is that the monarchy was more active, reaffirming its role through the voluntary movement. The creation of the Prince of Wales’s Hospital Fund for London marked the Diamond Jubilee of Victoria, and its change of name to the King’s Fund in 1902 was part of a “coronation gift” to the new