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considerable time. The book is lucidly written, but is not easy to read, for the immense amount of information eventually numbs the mind. It is a pity, therefore, that the publishers have chosen inadequately to support the author's scholarship and the reader's participation. The book's structure is unhelpful, offering the reader little in the way of guidance, and little pause for evaluation and reflection. There are six chapters, of which three run to over a hundred pages, and one to an immense 169. These are, indeed, broken up into sections, but since these are not identified in the contents page, they are of little assistance in keeping hold of the thread of argument or permitting the reader a sense of direction. There is no bibliography—an increasingly commonplace and regrettable economy—and the index is rudimentary, to the extent that it does not even contain an entry for the crucial concept “geoepidemiology”.

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Suzanne E Hatty and James Hatty, *The disordered body: epidemic disease and cultural transformation*, SUNY series in Medical Anthropology, Albany, State University of New York Press, 1999, pp. v, 362, \$18.95 (paperback 0-7914-4366-3).

Historians are normally warned by their teachers to avoid overt present-mindedness, and with good reason. It brings bias and distortion and hampers critical engagement with historical evidence. This book, however, seems to be at least as much about the present as it is about the past, and many readers may find it most revealing about states of mind at the end of the twentieth century—particularly perhaps in certain sectors of academia. The authors make their purpose clear in their

conclusion. They argue that we are presently living through an “age of the epidemic” and “a crisis of contagion”, partly thanks to AIDS and HIV, and that this epidemic crisis is precisely comparable to one which occurred between the thirteenth and the sixteenth centuries, brought by leprosy, plague and syphilis. Both crises have been accompanied by fears of ecological, social and other kinds of disaster, by a revival of apocalyptic expectations, and by a “flight from the feminine” and a “rising tide of masculinist thought”; and the first crisis created cultural responses—especially towards gender and the body—which have been influential from the sixteenth century to the twentieth.

The exposition of that ambitious historical thesis occupies the main body of the book. It is obviously not an easy case to substantiate to the satisfaction of critical historians, and it should be said at once that the authors are not conventional historians, critical or otherwise. Their primary interests appear to lie in various kinds of “discourse” and cultural theory. Hence they rely heavily on secondary authorities and on some printed primary sources, and while they manipulate these intelligently enough, some of the usual historical disciplines seem to be absent. The chronological boundaries of the book are wholly unclear, for example, and there is no coherent explanation of what the authors take to be a cause and what an effect. Historians who already know something about the history of epidemics may find this an irritating book, and they will certainly find some of it predictable: the appearance of the flagellants, for instance, who naturally bring new notions of the body with them, and the stress placed on new sumptuary laws against women (when those against men are largely ignored).

This is not to say that the case being made is wholly unpersuasive, far from it. Parts of it make a good deal of sense with regard to syphilis, which did influence attitudes towards the body, towards

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contamination and perhaps towards women. Plague and leprosy also increased fears of contamination and contagion, and encouraged the association of bodily affliction with moral corruption, although the link between leprosy and “sexual depravity” was not as “inextricable” as the authors assert. But there were many other reasons for changing attitudes towards deviance, sin and the body, and for new public and private efforts to control them, in the later Middle Ages and the sixteenth century. Popular disorder might be influential, as the authors admit in the particular case of Florence, and urbanization and economic developments need more space than they are given here. Above all, much more needs to be said about Christianity as it evolved in its various forms across the period, determining perceptions of gender, corruption and much else besides.

To hold epidemic disease responsible for wholesale cultural transformation, as the authors largely do, is to fail to discriminate between multiple causes, some large, some small, in complex historical situations. No amount of cultural theory will make up for that lack of understanding of historical context.

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Irvine Loudon, *The tragedy of childbed fever*, Oxford University Press, 2000, pp. ix, 236, £40.00 (0-19-820499-X).

The compactness of Irvine Loudon’s latest book might tempt the casual observer to think the story of puerperal fever is short or simple or both. He shows it is not, stressing throughout the theme of multifaceted complexity. Authority is added to this work by the fact that Loudon has spent years researching and explaining maternal mortality more generally (in

numerous articles and, most especially, in *Death in childbirth*, 1992). He is also adept at translating scientific and statistical information, without condescension, for the medical historians most likely to pick up this useful volume.

Although the book jacket’s wistful portrait of Mary Wollstonecraft Shelley’s mother—who died after giving birth to Mary—and the “vivid, memorable, and tragic” (p. 2) account of that death with which Loudon begins seem to promise a book of high drama, most of the text moves at a more stately pace. The book is characterized by a thoroughness and patience well worth emulating. (A rare exception: Loudon tells us mortality might have been lower if vaginal douching had been omitted (p. 135) without saying why; later, when he says the practice was “dangerous” (p. 144), he still does not explain.)

The book has many strengths. Loudon is willing to insert himself (“My own feeling is . . .” (p. 132)). At times he acknowledges speculating (“I suspect there are two reasons . . .” (p. 28)); elsewhere he corrects (“Thus the notion that Pasteur had settled the argument once and for all is wrong” (p. 122)). If he is over-fond of graphs and tables for some readers’ tastes, he is nevertheless right that this is the most efficient means of presenting some of the crucial information. He does more justice to Alexander Gordon’s contribution than other writers have, devoting a chapter to him (ch. 3).

In another chapter (ch. 7), twice as long, he also acknowledges the singular importance of Ignaz Semmelweis—without becoming a tombstone polisher. (Quite correctly, he states that “the real story of Semmelweis is much more interesting than the traditional hagiographic version” (p. 88).) Some may even think Loudon unsympathetic to Semmelweis. He writes of the great man’s “ability to ignore inconvenient facts” (p. 99), of his “sensitivity to real or imagined criticism and