In several senses, Hall cuts a better figure here than in Charlotte Hall's *Memoirs*. Nevertheless, the remnants of the earlier "spouseography" are often still visible, despite Manuel's apparent awareness of the historiographic implications of using Charlotte's work as a primary source (p. 23). Some instances are trivial. For example, Hall's trip to the Scottish Highlands is alluded to by Manuel as if it had already been described (p. 14), but this is done only in the *Memoirs*, not in her account. Other showings have more serious implications for not only the accuracy of Manuel's details but also the analyses of Hall's early intellectual allegiances which she builds upon them.

The Halls did not marry until 1829, and Charlotte had no first-hand knowledge of her husband's Edinburgh days. However, it will strike most readers as odd to find Andrew Fyfe is still described by Manuel as "the son of the Professor of Anatomy at Edinburgh" (p. 7). A bit more basic research into Hall's early teachers, the medical institutions of Edinburgh, and the University matriculation records, would have eliminated a number of other confusions perpetuated in Manuel's work. These include those between James Hamilton the elder, the hospital physician who wrote on purgative medicines, and James Hamilton Jnr, son and successor of Alexander Hamilton, Professor of Midwifery; between the Royal Infirmary of Edinburgh, where midwifery was not practised in Hall's time, and the Edinburgh Lying-In Hospital, where it was under the Hamiltons; and between misinterpretations of courses such as "medico-chirurgical obstetrics" for the separate, "Clin[ical] Medicine, [and] Obst[etrics]" he actually took in 1811 (along with the "Pr[actice of Medicine]"). So by all means view Hall in his new dress, but it might also be wise to have the spouseographer standing by in case a quick change of swimwear is required—not to mention Hall's drowning manual if it all proves too much!

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Linda Hutcheon and **Michael Hutcheon,** *Opera: desire, disease, death*, Lincoln and London, University of Nebraska Press, 1996, pp. xvi, 294, illus., £38.00 (0–8032–2367–6).

Belatedly we are realizing that there is much more to opera than "just" the music. Published correspondence, for example, has already shown how profound the influence of the composer can be on the all-important libretto: how Verdi coerced Piave, and even Boito, into sharpening a libretto, or how the more emollient Richard Strauss coaxed his prickly aristocratic collaborator Hugo von Hofmannsthal into eliminating some of his more complex symbols.

Such an analysis has now been extended to disease as portrayed in opera from the mid-nineteenth century to today. The Canadian husband and wife authors (he a physician, she a literary theorist) concentrate on three medical obsessions of the period: tuberculosis, cholera, and syphilis. Portrayals of the first, they show, have varied from the beginning of their period (*The tales of Hoffmann* and *La Traviata*), when the nature of consumption was unexplained, to later, when the meaning of Mimi's symptoms in *La Bohème* was all too evident, given Koch's discovery of mycobacteria. The fulminations of Victorian clergymen that cholera was a divine punishment of the lower classes for debauchery typified the traditional conjunction of pestilence with immorality and were to be echoed in two twentieth-century operas, one with a bisexual protagonist, Alban Berg's *Lulu*, the other with a homosexual one, Britten's Aschenbach in *Death in Venice*.

Nevertheless, the most valuable section of the book is devoted to syphilis. Though this is mentioned as afflicting Lulu and her lover and in the final scene of Stravinsky's *Rake's Progress* has caused Tom Rakewell's general paresis, the authors concentrate on Amfortas in Wagner's *Parsifal*. For in an era when syphilis was a dominant social concern—and in a year when both the opera and Ibsen's *Ghosts* where first produced—audiences were hardly likely to misinterpret the nature of Amfortas's symptoms. His spear wound (which Wagner

originally sited in the genitals, but then altered to the side) refuses to heal and he has excruciating night pains, relieved only by baths and balsams. And the authors peel off layer after layer of Wagner's subtleties to support their case—his verbal puns, for instance, and the association between syphilis and flowers (no reader of Baudelaire or Huysmans would see the flower maidens who try to seduce Parsifal as anything but prostitutes).

To ask for more exploration might seem carping, yet it would make the book even more authoritative. The authors fail to mention one opera at all—Richard Rodney Bennett's neglected masterpiece *The mines of sulphur*—whose denouement is bubonic plague. They could have examined the influence of Wagner's own skin condition (then called chronic erysipelas but probably psoriasis). And in relegating Benjamin Britten's homosexuality to just a footnote they underplay another side to its importance in *Death in Venice*. Thomas Mann, we know, had toyed with making Aschenbach a composer, not unlike Gustav Mahler. Mahler, one of Britten's exemplars, died from endocarditis, from which Britten also suffered but delayed radical treatment until he could complete what was his final opera. In this he finally came to terms with his own homosexuality, which until then he had codified as pacifism or marginalization within the community.

Where it seems to me, this book is less successful is in its two other chapters, one on smoking in opera, the other on AIDS. Both topics sit uneasily with the rest: smoking has sexual overtones, to be sure, but no opera has yet featured its other effects—lung cancer or Buerger's disease. Nor has a major work centred on AIDS, and hence we get a vapid discussion about what it might be like—and, even worse, to use the authors' favourite image, here the Dionysian criticospeak that has so far been held in check by the Apollonian clinical descriptions finally breaks through. Alas, medical historians are a broad church, too often separated by different languages for one to understand the other without difficulty or irritation. But this blemish should not deter those unversed in the jargon from reading the rest of the book, which is an intelligent and novel approach to one of man's most enjoyable artistic creations.

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John F Hutchinson, *Champions of charity: war and the rise of the Red Cross*, Boulder, Colorado, Westview Press, 1996, pp. xxii, 448, illus., £25.95 (0–8133–2526–9).

In spite of its familiar insignia, international stature, popular support, and longevity, the Red Cross has never been subjected to the scrutiny of professional historians. As *Champions of charity* goes far to prove, the neglect hinges on the fact that the Red Cross has a history that it would rather keep hidden. More precisely, it has an image of its past and present that it actively seeks to protect through, on the one hand, the publication of self-serving celebratory histories, and, on the other, the practice of denying professional historians full access to its archives in Geneva. But as John Hutchinson's study illustrates, it is possible to write a scholarly history of the Red Cross movement from outside those archives. Indeed, such research is essential, for, as he reveals, the Genevan enterprise (known until the early 1880s as the International Committee for the Assistance to Sick and Wounded Soldiers) was never able fully to impose its will on the various societies that ultimately came to constitute the Red Cross movement. Although much of Hutchinson's study is concerned with the largely unsuccessful efforts of the Genevans to dominate the movement, the book is as much about the politics of the other autonomous societies, the plentiful records of which are deposited around the world. It is chiefly upon the latter material that Hutchinson draws for this pioneering volume on the rise and development of the movement from the Geneva Conference in 1863 to the Tenth Conference in 1921.

As in his previous publications on the American Red Cross, Hutchinson nicely contextualizes the conflicting and shifting