

Book Reviews

It is claimed that the same linguistic means of term-formation as those found in Celsus continued to be used by medical writers until the fifth century, with variation only in detail (pp. 184, 200–1; contrast p. 87). Given the level of generality of the description (borrowing; affixation; semantic extension; use of noun phrases), it would be amazing were other linguistic means found; still, no mention is made of the use of proper names in naming medicaments and instruments. The differences (developments?) in *details*—such as the status of Greek terms, the types of semantic extension, the lexical function of favoured suffixes, the use of nominalisation—are clear, interesting, surely the very stuff of *le latin médical*.

On the other hand, some studies of narrow scope yield interesting results on particular authors, notably on Celsus (the proposed focus of *Mémoires* XII, to appear in 1993); on Marcellus of Gaul; and on the possible link in terminology between fourth/fifth-century Roman Africa and the translators of eleventh-century Italy. The question of the continuity of development of medical Latin is one on which linguists may return a favour in providing evidence to historians of medicine whose research has made possible linguistic work in this field.

D. R. Langslow, Wolfson College, Oxford

DAVID ROSNER and GERALD MARKOWITZ, *Deadly dust: silicosis and the politics of occupational disease in twentieth-century America*, Princeton University Press, 1991, pp. xiii, 229, \$29.95 (0–691–04758–8).

What is silicosis? In medical dictionaries the answer looks straightforward. To paraphrase, it is a lung disease which increases susceptibility to tuberculosis. Contracted through inhalation of silica dust particles, it affects workers in mineral mining, quarrying, stone masonry, and sand blasting. Symptoms include pulmonary fibrosis and progressive breathlessness. There is, however, little certainty about the public health threat posed by the disease. Today, some US specialists see this as minimal, while others argue that occupational exposure to silica dust continues to damage the health and shorten the lifespan of millions of Americans.

In *Deadly dust* Rosner and Markowitz are concerned only incidentally with epidemiology and scientific discovery. Their primary interest is in social context and the way in which changes in that context can alter attitudes towards and perceptions of disease. What is it, they inquire, that makes a particular health threat a public issue at a particular time? By examining the twentieth-century American history of silicosis they elucidate how cultural, political, economic, and industrial considerations define disease. They document how, after 1900, developments such as the changing relative power of labour and capital put silicosis into and out of the public consciousness. During the depression years of the thirties silicosis became “an issue of national import” but, by the fifties, it had ceased to attract virtually any attention.

Rosner and Markowitz argue that the “rise and decline” of silicosis owed little to objective changes in morbidity and mortality rates. Of far greater importance were the struggles of conflicting interest groups. Thus, while poverty-stricken, unemployed workers of the depression years struggled to broaden medico-legal definitions of silicosis in order to facilitate lawsuits, insurers and industrialists fought for narrower definitions and a more circumscribed liability. In the 1930s the silicosis lawsuit became, for many workers “a legitimate alternative to charity”. But as the chances of a successful action diminished, the sick became reluctant to reveal symptoms of lung disease because of the risk of dismissal and a future with neither wages nor compensation.

Until the passage of the Occupational Safety and Health Act in 1970 there was not only little interest in the history of occupational health and safety in the US, but also a widely-held assumption that the field was a barren one. Since that time the position has changed completely. While Rosner and Markowitz's thesis is not entirely original, their book, richly documented and cogently argued as it is, represents an important addition to what has now become a substantial corpus of US occupational health history.

Peter Bartrip, Wolfson College, Oxford