Berridge makes a good case for each phase, deftly arraying evidence in point. Throughout she makes good use of the research and analysis of other scholars, crediting them thoroughly in both text and notes.

Many readers will disagree with particular emphases and interpretations. This reviewer remains sceptical about the extent to which policy (as opposed to political talk) was influenced by interest groups of gays in the mid-1980s. I was also surprised to read (pages 4–5 and 183) that I had promoted a chronic disease model of HIV/AIDS that was useful to some political groups and that I had endorsed a different model several years earlier. In both instances I was observing, not preaching; a crime reporter, as it were, rather than a criminal. Moreover, during the first few years that my colleagues and I argued that policy for AIDS was increasingly resembling policy for chronic disease management, we were more often attacked than applauded in both the UK and the U.S.

Hannaway and her colleagues commissioned fifteen papers. Nine of them are informative and engaging autobiographical accounts by distinguished participants in policy making, research, clinical medicine, and journalism (some in several of these roles) during the epidemic. Particularly insightful and moving are the essays by C Everett Koop, former U.S. Surgeon General, James Curran, an official of the Centers for Disease Control and Prevention, Anthony Fauci, director of the National Institute of Allergy and Infectious Disease, and Mark Smith, an internist who is now President of the California Health Care Foundation.

Most of the other papers, by professional historians and a physician-anthropologist, are informative. Noteworthy are Victoria Harden's review of the response of the National Institutes of Health to the epidemic, Anne Marie Moulin's study of blood transfusion and the transmission of AIDS in France and Maryinez Lyons' paper on AIDS among women in Uganda.

Berridge makes an analogy between British mobilization for World War II and AIDS policy in the late 1980s in both her book and her paper in the volume edited by Hannaway *et al.* Historians had a good war both times.

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Stephen R Kandall, with the assistance of Jennifer Petrillo, *Substance and shadow: women and addiction in the United States*, Cambridge, Mass., and London, Harvard University Press, 1996, pp. xiii, 353, illus., £19.95 (hardback 0-674-85360-1).

In July 1989, Stephen R Kandall, the author of this book, found himself in a Central Florida courtroom testifying on behalf of Jennifer Johnson. Johnson, a young African American woman, had been charged with delivery of a controlled substance (cocaine) to a minor. The prosecution alleged that the delivery had been made in the short time between the birth of her baby and the clamping of the umbilical cord. Johnson was convicted, but, in 1992, the judgement was overturned by the Florida Supreme Court. "The Court declines the State's invitation to walk down a path that the law, public policy, and common sense forbid it to tread."

Kandall, with long experience through the Beth Israel medical centre in New York in caring for drug-exposed babies and with extensive publications on the effects of maternal drug use in pregnancy, realized that he knew little of the history of womens' involvement in drug use, and consequent stigmatization. This book is the result. Exclusively American focused, it traces the involvement of women with drugs since the nineteenth century and the ways in which the issue has been publicly presented. Women, he argues, have always formed a large proportion of those who use drugs, but only at certain stages has their use emerged as a matter of concern. The easy availability of opiates in the nineteenth century, physician prescription, opiate-based patent medicines, the use of women oriented diagnoses such as neurasthenia, created a widespread female user clientele.

As U.S. drug control policy hardened to a prohibitionist stance in the wake of international control legislation and the 1914 Harrison Narcotics Act, the female drug user remained a barely visible part of the drug scene. The hard line on drugs extended into the 1950s; it was only after the modification of national policy towards drug use during the 1960s, with an acceptance of the disease view of addiction and the consequent rise of methadone maintenance, that women started to emerge in their own right. In perhaps the most original part of the book, Kandall traces the emergence of women focused research and other programmes after the establishment of the National Institute of Drug Abuse in 1974. NIDA's use of epidemiological national surveys made the role of women in drug use clearer; and the womens' movement also took this up as an issue. But the Reagan administration saw a harsher line imposed. Concern about drug use in pregnancy was revived, fuelled by the role of drug use in the transmission of HIV/AIDS, and leading to cases such as the Johnson one.

This is an interesting book, packed with historical "fact". Kandall and his research assistant have worked hard, as he acknowledges. I would have preferred a little more standing back from the material. It would have been useful to have some general themes outlined and contextualized. How problems emerge and who defines them are not part of the book's agenda. Women and drug use have emerged both as a "risk group" for policy makers and as a variously defined feminist issue since the 1970s. Both epidemiology and psychology have been involved as explanatory frameworks. The focus on women as mothers mirrors the turn of the century concern for womens' role in the "future of the race". The tension between the objective ongoing "realities" and dimensions of female drug use and its policy and public definition is not explicitly addressed. Kandall's final chapter, which might have pulled together some of these themes, is directly focused on possible modifications in current U.S. policy. But in general this is a valuable first step in analysis of an important historical and contemporary dimension of drug use.

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B G Firkin and **J A Whitworth**, *Dictionary of medical eponyms*, New York and London, Parthenon Publishing, 1996, pp. viii, 443, illus., £35.00, $59.00 (1-85070-477-5).

This dictionary presents some 2,185 personal names, biographies and descriptions of the diseases and similar medical items which go by these names. It is clearly a labour of love, and includes unexpected and surprising information, such as the cause of Guillotin's death. It is, however, not the only source of its kind, and intending users should note how it defines its field and whether it promises what they seek.

Its Introductions supply the field: "eponyms used in the practice of *internal medicine* [my italics] in Australia and probably in most of the English-speaking countries in the world". The unwary reader of the title *Dictionary of medical eponyms* might expect that people would be included after whom any item in medicine had been named: medicine to include surgery, midwifery, and sciences closely associated with medicine, and the items to include syndromes, diseases, tumours, surgical instruments, drugs, tests, organisms, units, reactions, and so forth. The present book's field is much narrower, although it extends beyond real people; a few fictitious people are included, such as Job and Ondine and Pickwick, and so are some places, such as Bornholm, Oroya, and the Rocky Mountains. Some items, for instance the Gigli saw and the Smith-Petersen nail, are in Australia apparently within the adventurous scope of internal medicine, yet might be regarded elsewhere as beyond it. But nothing is offered here about, for example, Ramstedt, Syme, Spencer Wells, Mayo, Gamgee, Esmarch, and such idols of surgery.