

Essay Reviews

The New Zealand essays are less focused and assured than those in the MacLeod-Denoon collection. They are centred on the development of the health professions, hospitals, public health policies and womens' health. There is, unfortunately, no introductory overview of New Zealand as "a healthy country" which might set the various contributions in context. The strongest papers are those by Derek Dow and Linda Bryder. Dr Dow analyses the impact on the charity hospitals of antiseptics and the new procedures and facilities it entailed. One major change was the incursion of middle-class patients to pay-bed wards attracted by the new curative possibilities. Their arrival coincided with the hospital boards' needs to raise extra money for the additional nurses and capital works, not least separate wards for middle-class patients. The old charity-based hospital system was doomed. This complicated process in New Zealand matches developments in the United Kingdom and elsewhere, but Dr Dow's account is a notably clear case study.

Dr Bryder's chapter on tuberculosis is authoritative and wide-ranging. Her discussion of sanatoria is particularly informative. But she has been constrained for space: occasionally she mentions issues, such as the Maori interest in 1938 in BCG vaccination and medical opposition to its introduction, without providing the necessary detail or explaining the outcome.

Other essays in the volume are under-researched and a couple belong to that wasteful class which list problems for research with no indication that any work is being done. Pertinent issues are casually raised and casually dropped. The author of the essay on the school medical service notes that parents were suspicious of doctors but does not tell us why and in what circumstances. More importantly, given the title of the collection, we are not told about the general condition of the children's health over time, by region, or by race. The paper on women's health provides better information on male ill-health than on the health of females and is generally muddled. The author says that admission rates for mental hospitals were higher for males than for females, echoing the differential rates for general hospitals. This disparity could shed much light on "a healthy country", but the essay has been narrowly conceived and the opportunity missed.

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CHARLES E. ROSENBERG and JANET GOLDEN, *Framing disease: studies in cultural history*, Health and Medicine in American Society series, Brunswick, N.J., Rutgers University Press, 1992, pp. xxvi, 326, \$48.00 (hardback, 0-8135-1756-7), \$16.00 (paperback, 0-8135-1757-5).

As birds to ornithologists, so are diseases to doctors—independent entities, out there waiting to be discovered, described and counted. Some are extinct, a few are new, but the majority have always existed. Ornithologists record and classify birds into families, genera and species, and it is only in this remote sense that one could think of birds as social constructions rather than real entities. In much the same way, doctors recognize, classify, and often rearrange disease nomenclature in the light of growing knowledge. But doctors do not invent diseases; diseases are something you "catch", like 'flu.

This simple view has come under sustained historical attack since the concept of diseases as social constructions (and the related concept of social control) came into vogue. It was a useful notion for such disorders as onanism, nymphomania, neurasthenia, hysteria, and homosexuality, in which "a biopathological mechanism is either unproven or unprovable". As Rosenberg points out in his splendid introduction, the social-constructionist argument has provided new insights for a handful of "culturally-resonant diagnoses", but its usefulness as a concept is limited. Rosenberg prefers "the less problematically charged metaphor 'frame' rather than 'construct' to describe the fashioning of explanatory and classificatory schemes of particular diseases" (p. xv). "Fashioning" and "framing" are key words, and one of Rosenberg's key sentences is: "In some ways disease does not exist until we have agreed that it does, by naming it, and responding to it" (p. xiii).

The metaphor of “framing” diseases is particularly apt. It demonstrates, for instance, how often diseases are defined as the result of complex and continually changing negotiations between medical practitioners and non-medical individuals and institutions. Whether a disorder or complaint “earns” the right to be called a disease often hinges on the question of disease-specificity. As Rosenberg says, “In our culture, the existence of a disease as *specific* entity is a fundamental aspect of its intellectual and moral legitimacy. If it is not specific, it is not a disease, and a sufferer is not entitled to . . . sympathy . . . or insurance reimbursement” (p. xvi). A particularly vivid example is provided by Aronowitz’s essay on one of the most disputed of all modern disorders, variously named “Yuppie Flu”, “Chronic Fatigue Syndrome”, or ME which stands for Benign (because no one dies of it) Myalgic (because the muscles ache) Encephalitis (because it is postulated that the central nervous system is infected, affected or in some way damaged). On the one side, medical investigators have failed to identify any consistent evidence of organic disease and deny its authenticity. On the other, the sufferers, united into lay advocacy groups (one has adopted the telling name “the Chronic Fatigue and Immune Dysfunction Syndrome Association” or CFIDS) dispute the right of the medical profession to a monopoly of nosology. They insist their sufferings are real, emphasize the cruelty and harm caused by medical scepticism, insist there is a “real cause” yet to be discovered, and demand that the disorder is legitimated in conventional medical terms. Similarly, in an essay on silicosis, Markowitz and Rosner explore the complexity of a disease where the process of “framing” was extremely complex when it was subject to negotiation and renegotiation by unions, industry, public health officials and government. The issue, of course, was compensation. “At what point in the progress of a disease should compensation be paid? Is diagnosis sufficient for compensation claims or is inability to work the criterion?” (p. 187).

In another essay, Brumberg traces the rise of anorexia nervosa and bulimia from an occasional disorder of solitary girls to a disorder of epidemic proportions and “contagiosity”. In schools and colleges, where binge and vomiting parties are held, it has become a “me-too” disease with a fatality rate that must never be forgotten. Because it is a tenet of liberal belief that the more the public knows about diseases and the more it can share that knowledge with experts, the greater the opportunities for prevention or cure, universities provide counselling facilities, group-therapy sessions, workshops on “Women, Food and Self-Esteem”, and lay-advocacy groups such as the AA/BA (American Anorexia and Bulimia Association) have been established. The irony is that these very organizations have almost certainly increased the incidence of the disorder they were supposed to diminish.

Changes in terminology and the difficulty of fixing consistent labels to a series of related phenomena, are illustrated by Peitzman’s essay ‘From Bright’s Disease to End-Stage Renal Disease’ (ESRD). The latter, a frightening label if ever there was one, became the new “frame” for a collection of pathological conditions known in the past as dropsy, Bright’s disease, and chronic nephritis. The new name arose from legislation in the USA in 1972 which provided federal financial support “to essentially all Americans with a particular chronic disease, kidney failure” (p. 5). It is, in effect, a legislative frame, not a precise medical definition in the usual sense.

“Rheumatism” has always been one of the most slippery diagnoses, which English explores in an illuminating essay on the ‘Emergence of rheumatic fever’. One of the mysteries is the way that rheumatic fever and rheumatic carditis rose to a high nineteenth-century peak and then virtually disappeared from the western world in or around the 1950s (no, it was not the antibiotics) only to reappear, as yet on a small scale, very recently. English suggests that “rheumatic fever arose in the late eighteenth century as the result of distinct biological changes (organism and host) that led to cardiac damage” (p. 30). I suspect his hunch (and it is only a hunch) is wrong, but it is an interesting and challenging idea.

In an essay of outstanding clarity and elegance, MacDonald shows that the medicalization of suicide in England from 1500–1870, which transformed suicide from a culpably moral offence to a state of sickness of the mind, owed little or nothing to the influence of doctors and almost everything to the humanity of “Coroners’ juries [who] slowly adopted the medical explanation and excused suicides as innocent lunatics” (p. 97). Rebelling against the manifest unfairness of

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the law, these juries brought in the *non compos mentis* verdict which “spared the families of suicides the loss of property and lessening the stigma of a *felo de se* verdict” (p. 92).

Dwyer’s ‘Stories of epilepsy’ is a horrifying account of the consequences of changing the “frame” for epilepsy from an epileptic tendency to an epileptic personality, by which epilepsy became associated with madness, criminality, degeneracy and defectiveness, and epileptics were isolated in special colonies where many horrible things were done to them in the name of science. Treatment with huge doses of bromides produced side-effects such as apathy, memory failure, lustreless eyes, staggering gait and an acne-like rash—features which were used as confirmation of the degenerate epileptic personality.

There are fourteen essays altogether, including memorable contributions by Farley on parasites and the germ theory of disease, Lawrence on ‘Coronary thrombosis and the cardiologists’, Hansen on the “discovery” of homosexuals in America, Tighe on ‘The legal art of psychiatric diagnosis’, and Eyler on ‘The sick poor and the state: Arthur Newsholme on poverty, disease, and responsibility’. The range is wide, the standard excellent, and the book exceptionally well edited. The essays are (by historians’ standards) short, and each has a brief introduction by Charles Rosenberg tying together the book as a whole. Conference reports (of which this is one) often make bad books, containing one or two gems when the rest is sheer dross. This is a magnificent exception. It is, I think, the most enthralling and illuminating series of essays on the history of medicine I have ever read. It cannot be recommended too highly and it deserves the widest circulation.

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