

practices. The pronouncement by Boards of Health that the bodies of cholera victims be buried quickly conflicted with the lengthy practice of the Irish wake. Although the Catholic Church tried to calm public fear (as the Anglican Church did in England), rioting often ensued.

Cholera and conflict provides us with a picture of the local response to the cholera outbreak of 1831–2. We are left with little information of subsequent outbreaks, however, and the title, then, misinforms the reader. The main problem of the volume is lack of a consistent framework from chapter to chapter, with basic information too often repeated. The final result is a collection of disparate, locally driven narratives without a frame. The consolidated bibliography is inadequate and incomplete, and demonstrates an unwillingness to engage with more recent historiography. Classic information about John Snow, William Budd, and William Farr is oddly thrown in at times, and the authors superficially accept an Ackerknechtian framework placing contagionism and anticontagionism directly opposed to one another. Typographical errors are all too frequent, and several of the illustrations are so poorly reproduced as to be distracting. *Cholera and conflict* might lead to new research questions, but overall I think we are better served by other recent works.

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Andrew Scull, *Hysteria: the biography*,
Biographies of Disease Series, Oxford
University Press, 2009, pp. 223, £12.99, \$24.95
(hardback 978-0-19-956096-7).

The would-be historian of hysteria faces formidable methodological obstacles, issues that are, for the most part, of little concern to

chroniclers of more concrete and tangible physical, and even mental diseases, conditions and syndromes. These obstacles go right to the core of the matter: should hysteria even be characterized as a disease? As a real phenomenon? And if so, how is the historian to account for its various outbreaks and epidemics, its mysterious appearances and equally mysterious disappearances over the last two centuries? Is a continuous history of hysteria even possible? How, finally, can we explain the malady's mid-twentieth-century disappearance? Altered social conditions and gender roles? Changes in medical diagnoses? The increased self-awareness of post-Freudian subjects? No wonder no historian has attempted a comprehensive survey of hysteria in over four decades.

In the 1980s and 1990s, the study of hysteria became contested historical terrain for competing feminist, psychoanalytic, sociological and cultural-constructivist approaches. These debates seeped into the mainstream media following a series of highly publicized controversies about trauma and repressed memory, and in the aftermath of the first Gulf War, shell shock and traumatic hysteria became hot topics in academia and in the general public, especially after a noted scholar argued that Gulf War Syndrome represented a modern hysterical outbreak.

Andrew Scull, in his concise and highly readable "biography" of hysteria, judiciously avoids getting entangled in these thorny problems, and instead of trying to sort out hysteria's true essence or definitively solve its mysteries, he "revels" in his subject's ambiguities and uncertainties. This then is a history of what medical commentators interpreted or labelled as hysterical from the early modern period through the early twentieth century, enlivened by a sprinkling of vivid case histories, and which also provides memorable portrayals of larger-than-life medical personalities, from the obese and temperamental

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George Cheyne, author of the influential *English malady* (1733), to the Napoleon of the neuroses, Jean-Martin Charcot, the towering French neurologist of the nineteenth century, whose Salpêtrière clinic became a virtual hysterical circus, undermining his ambitions of conquering hysteria through science.

In nine brisk yet comprehensive chapters, Scull sketches the history of hysteria and nervous illness, covering the major (and familiar) highlights. He justifiably pays considerable attention to gender and follows the identification of hysteria with women's bodies and their allegedly fragile constitution, even after respectable science had abandoned belief in the pathological wandering of the uterus. Other chapters are devoted to the rise of neurasthenia in late-nineteenth-century America, the place of hysteria in Freud's elaboration of psychoanalysis and the crisis of shell shock, or male hysteria, during and after the First World War.

Scull's survey provides a welcome addition to the sizable historical literature on hysteria and nervous illness, and this slim volume manages to cover its topic well, placing outbreaks of hysteria in their social, cultural and medical-historical contexts, and highlighting major trends and turning points in the history of psychiatry, all in fewer than 200 pages. To be sure, most of the material presented will be familiar to historians of psychiatry or medicine, and specialists will recognize that Scull leans, at times quite heavily, on the approaches and findings of other scholars, such as Roy Porter, Elaine Showalter and even Edward Shorter. It would have been interesting if Scull had pushed this account beyond the familiar doctors and the famous hysterics, and perhaps ventured further out from the centres of London, Paris, Vienna and New York. But this book was not written for the specialist. Indeed, it offers an excellent introduction to the subject for a general audience, and its bibliography usefully guides interested readers on to more in-depth

exploration of particular subjects. Finally, this work will provide a great service to teachers of undergraduate courses in the history of medicine and psychiatry, and students will appreciate that Scull writes with lucidity, grace and wit.

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Mariola Espinosa, *Epidemic invasions: yellow fever and the limits of Cuban independence, 1878–1930*, University of Chicago Press, 2009, pp. x, 189, \$22.50, £15.50 (paperback 978-0-226-21812-0).

For centuries yellow fever was the most dreaded disease in the Americas. Its mysterious origin, rapid course (death in a week), terrifying symptoms (black vomit), and high mortality rate (10 to 75 per cent) created mass panic and paralysed commerce. From 1702 to 1879, North America experienced more than 110 yellow fever epidemics, the most notorious of which decimated Philadelphia (1793), New Orleans (1853), and Memphis (1878). The Tennessee outbreak was part of a larger calamity, which started in New Orleans and spread by riverboats and railways to more than 200 towns throughout the Mississippi and Ohio Valleys. The enormous loss of life (20,000 fatalities) and sheer cost (\$200 million) proved so unnerving to people that a Memphis newspaper dubbed yellow fever "The King of Terrors".

What set yellow fever apart from other diseases was its staggering social impact—most noticeably in the subtropical climate of the US South. Once the disease became rooted in a community, people shunned one another and seemed driven only by the instinct of self-preservation. Those who could afford it, fled to safer locations. As corpses piled up, local governments and businesses came to a standstill, and acres of farmland lay fallow.