

subverts its own subject-matter and asks fundamental questions about connections and disruptions between past and present. Hamlin's study appears in a series designed to be read by the widest possible audience. Medical historians cannot afford to ignore so excellently written a provocative account of what needs to be done next.

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Michael Holland, Geoffrey Gill and Sean Burrell (eds), *Cholera and conflict: 19th century cholera in Britain and its social consequences*, Leeds, Medical Museum Publishing, 2009, pp. viii, 377, £10.00 (hardback 978-1-897849-09-5).

From the mid-twentieth century, studies on nineteenth-century cholera filled a niche in the arsenal of the social historian. Championed as the pre-eminent disease of the nineteenth century, cholera was used as a lens from which one could uniquely see cultural meanings, social changes, and hidden economic forces—a view solidified by Charles Rosenberg's *Cholera years* (1962). New cholera studies have begun to push this historiographical boundary, including Pamela Gilbert's *Cholera and nation* (2008) and Christopher Hamlin's *Cholera: the biography* (2009). Also new is a project edited by Michael Holland, Geoffrey Gill, and Sean Burrell, titled *Cholera and conflict*.

Funded by the Thackray Medical Research Trust, *Cholera and conflict* grew out of research initiated by the Family and Community Historical Research Society. The collection is organized into twelve chapters, each exploring how local communities constructed the initial cholera outbreaks. Gill and Holland jointly provide brief introductory and concluding

remarks, and two useful appendices end the volume.

We have long known that from the initial outbreak in Britain in 1831–2, cholera was inexorably linked to the contemporary themes of progress, providentialism, and citizenship. Cholera was spread by the material preconditions of an urban industrialized world, and in turn exacerbated those social and economic changes. The latter caused several social crises, from Luddism to the Corn Laws, and often the poorer classes responded by intense social disturbance, even rioting.

Cholera and conflict aims to situate the cholera riots of 1832 in the context of such social disturbances. Mike Zeelie, in chapter 1, shows how quarantine was contentious in Sunderland because cholera was equated with the victim's uselessness to local industry, and John Brooke's chapter about cholera in Leeds confirms how social fears of local doctors led to protest against the establishment of a cholera hospital. But why did local communities fear cholera? We learn that fear was largely directed towards doctors; working-class Leeds thought cholera to be a Malthusian plot aimed at population control (John Brooke, Chapter 2), and Bristolians feared that doctors were out to poison them (Sue Hardiman, Chapter 3). In general, local communities feared that doctors would use cholera to obtain bodies for anatomical dissection; fear of grave robbing, or "Burking" dominated the cultural landscape. The best example is Holland's chapter on resurrectionists and child farming, which provides a compelling narrative of the Tooting Scandal of 1849, where several children of the Holborn Poor Law Union died of cholera while in residence at a local pauper asylum.

Chapters 4 and 10, by Laura McDuff and Sean Burrell, respectively, fill a needed historical gap by exploring how Ireland and Liverpool constructed cholera. There was, not surprisingly, fear of Burking, but the main concern revolved around traditional Irish burial

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