

to understand what is truly new in today's medicine.

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Jonathan M Metzl and Suzanne Poirier (eds), *Difference and identity*, a special issue of *Literature and Medicine*, Baltimore, Johns Hopkins University Press, 2005, pp. xiii, 207, £13.50 (paperback 0-8018-8205-2).

This special edition of the journal *Literature and Medicine* focuses on a wide-ranging cross-section of subjects focusing on difference and identity through the context of disability and disease. The volume highlights the role of medical humanities as a way to understand the cross-cultural aspects of medicine both in the historical and the contemporary construct.

In the first section on 'Dis-ability', the question of identity, cultural constructions of the body and the self are raised. Tobin Siebers examines disability as a masquerade, using queer theory to illustrate the ways in which the "passing" of disabled people as non-disabled is both similar and different to "passing" in homosexuality. Susan Squier discusses the role of meditation in the lives of disabled people. The paper focuses on the identity of the depressed person, and questions whether or not they should have distinction as disabled, or remain behind a façade, or "pass" as a non-disabled person. Sander L Gilman explores whether or not obesity is a disability, and considers the cultural construction of different bodies, including what is healthy and what is sick over time, using the association of Jewishness and fat as an example. The trenchant response by Thomas W Laqueur highlights some of the difficulties for researchers in disability studies.

In the second section entitled 'Dis-sexuality', the subjects range from venereal disease to AIDS and traumatic remembering. Sue Sun Yom's discussion of the management of venereal disease by the US Forces in Vietnam, points out that despite its educative agenda, the film *Where the girls are—VD in Southeast Asia*, stigmatizes

different cultural sites as those of contagion and disease. In his article on "bare backing" and "bug chasing", Gregory Tomso discusses the ways that science and popular discourse represent this "dangerous" sexual behaviour, and the ways in which the gay community view this medicalized version. In the third paper, Lisa Diedrich focuses on witnessing narratives to discuss the works of Paul Monette, his observation of the death of both his partner and himself from AIDS. In the response paper that follows, Sidonie Smith provides a very good précis and discussion of the papers and then goes on to present the difficulty that "trauma stories" can present in differing cultural constructs.

In the third section on 'Dis-embodiment', the historical time span ranges from the early nineteenth to the latter stages of the twentieth century. The primary focus of this section is the image of the body, whether it is the diseased Chinese body portrayed in oil paintings, the disabled veteran's body captured in time and space by the new technology of photography, or the genetically modified body as depicted in film. Stephen Rachman provides an account of the artistic work of Lam Qua and the medical work of Dr Peter Parker. The paintings of the diseased bodies that Lam Qua produced for Parker, provided an important example of a "cross-cultural collaboration". In a thoughtful essay, drawing on and identifying sources rarely used, and using many interpretations, Robert I Goler presents the fictional case of Civil War quadruple amputee George Dedlow. Created by physician S Weir Mitchell, Dedlow represents the exposed, measured and categorized disabled war veteran. Finally, David Kirby's interesting exploration of the film *Gattaca* juxtaposes the notions of a society where the genetically modified are the dominant power, with current ideas of other types of inequality, including race. Kirby goes on to discuss the acceptability of the "new" eugenics in contemporary discourse and in reproductive technologies. In his response, Joel Howell suggests that despite the medicalized display of the body in a multitude of forms, it can hide as much it reveals.

In this ambitious work, the editors provide a forum where the authors can explore their subject

in a myriad of ways. The result is an eclectic collection that informs, raises issues and creates discussion in the medical humanities and across a range of sub-disciplines.

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Randall M Packard, Peter J Brown, Ruth L Berkelman and Howard Frumkin (eds),
Emerging illnesses and society: negotiating the public health agenda, Baltimore and London, Johns Hopkins University Press, 2004, pp. ix, 420, £35.50 (hardback 0-8018-7942-6).

Given the West's preoccupation with biomedical approaches to health, it is refreshing to read a book where the overarching premise examines health issues through a socio-political lens. *Emerging illness and society: negotiating the public health agenda* skilfully explores how diseases and illnesses become public health priorities and trigger responses by public health institutions. This ambitious volume merges a collection of thirteen case studies—predominantly born out of a series of seminars between 1998 and 2000 at Emory University—into a unified picture of the overlapping processes that researchers, activists, courts, politicians, and communities of suffering employ to gain disease recognition and public health action.

The editors Randall Packard, Peter Brown, Ruth Berkelman, and Howard Frumkin set the stage by proposing two loose models through which health conditions garner legitimization and a place on public health agendas. The models, as recognized by the editors, are too simplistic to be applied to all diseases and illnesses. As such, they highlight the fact that the socio-political processes surrounding different health problems are not universal and, therefore, a strict roadmap to public health acceptance/action cannot be fashioned. The utility of the models, therefore, rests only in their enumeration of the broad categories of factors that push emerging illnesses and diseases into the limelight and onto public health agendas.

The first half of this two-part book focuses on the discourse of 'Making illnesses visible'. The editors effectively organize seven case studies to illustrate how different combinations of their models' elements—advocacy, media attention, epidemiology, and social class—can produce medical recognition of a wide assortment of unrelated ailments. Strong activism is the common thread that binds these studies. Media attention and epidemiological variables proved important in the papers by Colin Talley and Howard Kushner, where activists successfully used media coverage to raise awareness for multiple sclerosis and Tourette syndrome, despite unclear aetiologies, case definitions, and diagnostic tests. Additionally, social composition established its import in numerous case studies. Steven Epstein and Diane Goldstein show how affluence empowered AIDS treatment activists and menopause Internet communities. Similarly, Ellen Griffith Spears documents how poverty among Newtown inhabitants hindered their ability to gain public recognition of environmental illnesses. A theme I would have liked to see integrated into the introductory models, which emerged from the chapters, is the contrast between soliciting versus rejecting biomedicine for increasing disease visibility. Talley, Kushner, Epstein, and Deborah Barrett (fibromyalgia) all highlight cases where activists sought to gain recognition by working in tandem with the medical community, or by becoming biomedical experts themselves. Conversely, Goldstein and Griffith Spears, Barrett (chronic fatigue syndrome), and Michelle Murphy (sick building syndrome) all give primacy to lived experiences in lieu of more traditional biomedical substantiation.

The crux of the tome's second half, 'Institutional Response to Emerging Illnesses', concentrates on the political, economic, and cultural factors that shape public health institutional response to disease. The influence of political factors is felt throughout the case studies, exemplified in Christian Warren's demonstration of how changes in national political agendas decreased support for childhood lead poisoning and in Lydia Ogden's commentary on political tensions between the