

Book Reviews

minorities and health dynamic, unpredictable, and fascinating.

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Peter Godwin (ed.), *The looming epidemic: the impact of HIV and AIDS in India*, London, C Hurst, 1998, pp. xvii, 190, £25.00 (1-85065-424-7).

For cultural as much as administrative reasons, India has been slow to acknowledge the extent of its “looming” HIV/AIDS epidemic. Between 1986 and 1998 only 73,481 HIV positive and 5,181 AIDS cases were officially reported, but, as the essays in this timely and illuminating volume demonstrate, this grossly understates the numbers involved. It has, conversely, been estimated that by 1996 India had 1.5 million people who were HIV positive, and it has been claimed that India is now the HIV pandemic’s global epicentre. Such claims, in their turn, have been vigorously contested, and precise information has been lacking. One of the tasks of this volume is to try to provide more reliable data and to assess India’s imminent needs in facing a major HIV/AIDS epidemic. Not surprisingly, given the paucity of Indian studies and statistics, many of the authors draw upon data from Africa and Thailand, where more accurate information is available, but it is also acknowledged that Indian conditions may be very different (a point well made by Tony Barnett in comparing the epidemic’s impact on rural communities in India with the African experience). It is elsewhere argued by Peter Godwin and Lalit M Nath that the epidemic itself is likely to assume a different character in India than in the

West, with, for example, more individuals dying at a relatively early stage of infection, without the expensive drugs and intensive health care to enable them to survive longer. It is also clear from several essays that the epidemic is no longer confined to one region of India or to those formerly identified as “high-risk” groups (prostitutes and drug users), or even the urban poor, but has begun substantially to infect industrial workers, the rural population and the middle class. The stigma attached to AIDS none the less remains an obstacle to accurate reporting, and to the willingness of employers and the state constructively to address the problems involved.

The volume as a whole is less concerned with past mistakes, however, or with the origins of the Indian epidemic, than with trying to assess its present extent and future impact. This is done through case-studies as well as policy-orientated overviews. Emmanuel Eliot investigates changes in mortality in Bombay, the “AIDS capital” of India, over the period 1986–94 in order to gain a more reliable insight into the extent of the epidemic: the data indicate a significant increase in the number of deaths in teenagers and young adults and from causes (tuberculosis, diarrhoea and hepatitis) that reflect the underlying spread of HIV. Indrani Gupta examines the socio-economic impact of the epidemic and the need to plan appropriate measures, not just for those infected by HIV/AIDS but also for their families and communities. She significantly points out that in India not only are treatment costs very high compared to low income levels but also that at present health insurance is “virtually non-existent” and even if more widely introduced would be unlikely to cover HIV/AIDS. Despite the resolute search for substantial data and the urging of practical responses, the tone of the volume remains understandably gloomy. As Nath (a former head of the All-India Institute of Medical Sciences) remarks, India is now entering a period “of steadily increasing death rates”.

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This, he adds sombrely, is “a step back into the past”.

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Elisabeth Bronfen, *The knotted subject: hysteria and its discontents*, Princeton University Press, 1998, pp. xviii, 469, illus., £15.95 (paperback 0-691-01230-X).

Bronfen’s menacing “knot” is the perennial paradox of mind and body, health and illness, the corporal body and its representations, all of whose antinomies have been annexed to hysteria in our century. ‘Hysteria and its discontents’, as her Freudian subtitle suggests: the medical malady, human condition, and cultural discourse for which all categories established have been adjudged inadequate. More specifically for Bronfen, as it had been for the most astute heirs of Charcot and Freud, the “knot” is also the often indescribable gap between theory and practice, being and seeming, image and reflection, even the corporal body and the body of language.

A “knot” construed in this grid is also an intellectual riddle, intellectual paradox, or set of incommensurabilities; and not all “knots” unravel (my word) or can be unravelled. Bronfen knows this and sensitively listens to these riddles while being attuned to our era’s Theory Revolution, especially versions of its Franco–American Deconstruction. In this well-researched solid book she seeks to demonstrate that only by penetrating to the heart of the matter—the “knot”—will the “hysterical” text, body, language, representation, performance, unravel. She problematizes her “knots” by elevating their threshold of explanation and aiming to include the whole fabric of culture. She claims, in effect, that unless you capture

hysteria in the *fullness* of its cultural constructions—historical, medical, biographical, performative—the “knot” will not unravel. Even more astutely, she proposes hysteria as the language of death, a dialect most of us cannot speak or read. In view of this ambitious agenda it is no surprise that she opposes monodisciplinary descriptions of any of hysteria’s “histories” or “herstories”.

It is a tall order and produces an expansive argument amounting to a new totalizing discourse for hysteria because of the author’s insistence on cultural synthesis through holism. Totalizing discourses are by definition inter- or trans-disciplinary. Bronfen’s method of cultural exhaustiveness provides a new epistemology of hysteria that grants the moment of Freudian transformation a century ago while explicating performative “case histories” in poet Anne Sexton’s “business of writing suicide”, Alfred Hitchcock’s hysterical case history in *Marnie*, Canadian author and film-maker David Cronenberg’s womb-obsessed films, and photographer Cindy Sherman’s “private theatre of horror”—these because what “hysterics broadcast” is as important as anything doctors write about them. Yet we never learn why these films are selected rather than the broad class, for example, of vulgar Freudian 1940s B movies and their method-influenced 1950s epigoni: *Belle de jour*, Polanski’s *Repulsion*, the many versions of *The devils of Loudon* such as Kawalerowicz’s *Mother Joanna of the Angels* and the fiercely hysterical “Elisabet” in *Persona*; or Tarkovsky’s *The sacrifice*, Ingmar Bergman’s hysterical female characters, Vivien Leigh in Tennessee Williams’ *Streetcar named Desire*, or (if male hysteria counts) James Dean in his diverse post-pubescent roles and Fassbinder as himself in *Germany in autumn*.

Nevertheless, Bronfen’s four examples indicate her *longue durée*: the necessary glance back to the world of c. 1800, as well as hysteria’s performative component in our