

publicising one's own private life (pp. 73–5). In this section, Hodgkin also looks at Fitzherbert's extant manuscripts in terms of the significance of their locations and recorded readers (pp. 75–80); amendments and corrections, from minor ones, such as orthography, grammar and wording (pp. 80–2), to corrections pertaining specifically to spiritual issues (pp. 82–7); and exclusions of what could have been construed during the period as dangerous or inappropriate words and ideas (pp. 87–8). Lastly, Hodgkin discusses her editorial strategies and summarises her editorial practices (pp. 88–92).

The transcript itself is a very welcome presentation of Fitzherbert's autobiographical writings in a readable format. Where the original text is obscure, the editor prefers exegesis to emendation. Footnoting could have been richer and more thorough. It is thus likely to be more helpful to the general reader, though there are moments of originality in the notes which may well interest future editors. Until then, *Women, Madness and Sin* is very likely to be, for many years, the standard edition of Fitzherbert's autobiographical writings and introduction to her life, work and culture.

**Charis Charalampous**

University of Cambridge, UK

doi:10.1017/mdh.2016.40

**Mark Honigsbaum**, *A History of the Great Influenza Pandemics: Death, Panic and Hysteria, 1830–1920* (London & New York: I. B. Tauris, 2014), pp. x + 313, £62.00/\$95.00, ISBN: 9781780764788.

Epidemics of infectious disease are indeed wondrous objects of historical analysis. From their first appearance on the horizon to the choking gasp of their final victim, epidemics are practically ready-made as mass events, with their unpredictability punctuated by expressions of state and class power, and their horror leavened by incredulity, foolhardiness, cowardice, heroism, and any number of other limiting expressions of the human spirit.

But flu? It's just not like that. Not, at least, according to Mark Honigsbaum's most recent book on the topic. Eschewing the more predictable approaches of social history or historical epistemology for cultural analysis, this *History of the Great Influenza Pandemics* uses a century's worth of flu outbreaks to develop an 'emotionological' account of influenza's symbolic fortunes. The results are ambivalent, and expressly so. In the end, Honigsbaum's intriguing collections of adverts, headlines, cartoons, celebrity rumours, literary anecdotes and Ministry circulars offer no evidence for a definitive emotional response to influenza. 'Flu appears deadly, yet prosaic. Its waves first emerge on foreign shores, yet it remains endemic and domesticised. It is democratic, striking all groups equally, even as celebrity victims are readily sensationalised. Men are emasculated for falling victim to it, but male sufferers are equally chastised for 'carrying on' in spite of it. Women (actually just one: Virginia Woolf) publicly celebrate a long convalescence from such illnesses as a potentially valuable literary trope, while in private, she makes precisely nothing of her own extended and repeated bouts of flu.

Honigsbaum's understanding of these symbolic representations emerges out of the logic of his historicist approach: ambivalence merely reflects the biomedical knowledge of the day. After all, influenza was not the viral disease then that we know it to be today: *that* story begins with researchers developing viable animal models and cross-immunity

assays during the 1920s and 1930s. The earlier epoch, in contrast, is dominated by a medical dedication to influenza's 'protean' symptomology and its 'sphinx-like' aetiology. These articles of faith are hardly shaken by Richard Pfeiffer's 1892 announcement that he had isolated the bacillus responsible for flu. As Honigsbaum demonstrates (pp. 64–75), Pfeiffer's bacillus was initially just one of several contenders for the role, and none of these had much effect on popular culture's preoccupation with sensationalising the rapid spread of the 'Russian influenza' of 1890 *via* the telegraph and plentiful, cheap, heavily illustrated, and well-organised print media.

Such 'mediatisation' (p. 233) of flu is the author's real interest. In Honigsbaum's hands, influenza proves an exemplary case study for such a project precisely because its 'modernity' is defined less by its specificity than by its emerging celebrity status. This latter begins, innocently enough, with William Farr's attempt to fit the 1847–8 influenza outbreaks into a concept of shifting 'epidemic constitutions' that could be inferred from the significant deviations in the death rate known as 'excess deaths' (pp. 23–6). But this was a bit of a false start. To Farr's chagrin, medics rarely diagnosed flu as a cause of death, and instead persisted in seeing only 'local' diseases at work. It was really telegraphy that launched influenza's public career, primarily because it allowed newspapers to chart the course of the epidemics, in both space and time (pp. 32–81). Not just flu, but flu *epidemics*, had suddenly become visible objects of public discourse.

Readers might expect a Habermasian *segué* at this point, but Honigsbaum gestures instead towards various Foucauldian vistas along his emotionological path. The argument is innovative: Honigsbaum claims at several points throughout the book that influenza's new public life 'destabilized biopolitical discourses by reinforcing dread of the epidemic form...without offering an obvious public health solution' (p. 23). This same dread and anxiety (less panic) fill the middle chapters of the book, replete with wonderful images lambasting the effete thousand-or-so coppers laid out in 1895 by a 'homoerotic' influenza demon (p. 132), lampooning the self-confident 'sceptics' that the same might ever strike them down (p. 131), and promoting consumerist salvation in the form of a 'carbolic smoke ball' (pp. 157–69) or the 'liquid life' supposedly contained in a hot cup of Bovril beef extract (pp. 170–7).

But is biopower so readily equated with state-driven public health? It seems to me that much of the ambivalence and anxiety so well described by Honigsbaum depicts a fairly standard-issue 'governmentality' that incites subjects to assiduously weigh the relative risks of their behaviour, be it hygienic (sneezing on a streetcar), existential (pondering taking one's own life – a noted sequela of the 1890 epidemics), or consumerist. Such an interpretation would (I speculate) fit remarkably well as the 'subject's side' of the new pact the state offered in the form of increasing and expanding health provision for British citizens in the early twentieth century (which is little discussed in this book).

But this quibble over Foucauldian orthodoxy cannot detract from the importance of Honigsbaum's *History* for offering a novel approach to understanding epidemics. And despite the diverse and engaging examples that the author puts forward, the significance of the book is not merely empirical; it is also historiographic. His periodisation matters. By *ending* the story with the most devastating pandemic since the Black Death, Honigsbaum successfully drives home his deflationary point; namely, that despite the millions of deaths and hundreds of millions sickened, the 1918 flu pandemic and all its subsequent hyperbolic spectres are, in the end, 'only flu' (p. 236). The systems of surveillance, communication, and symbolism that promote it for dread and panic are the very same ones that bring such pandemics to heel in the first place. Our ambivalence evades memorialisation of the 1918

pandemic not because it's been 'forgotten' or somehow 'repressed' (though cf. p. 226), but because its epidemic nature emerged as a function of the very system designed to protect us from it.

**Kenton Kroker**  
York University, Canada

doi:10.1017/mdh.2016.41

**Emm Barnes Johnstone** with **Joanna Baines**, *The Changing Faces of Childhood Cancer: Clinical and Cultural Visions since 1940* (Basingstoke: Palgrave Macmillan, 2015), pp. ix, 236, £60, hardback, ISBN: 978-1-4039-8801-0

*The Changing Faces of Childhood Cancer* makes several fascinating and important contributions to the fields of medical history, modern British studies, the history of childhood, and medical ethics, among others. The book emerged from a Wellcome Trust grant about the history of cancer research and services in Britain since 1945 and is published within the Science, Technology and Medicine in Modern History series.

In many ways, the cultural and clinical histories of childhood cancer are stories of progress, success, and triumph. From the 1930s until the present day, childhood cancer has moved from a 'hidden disease of which a few doctors had little knowledge, to a research hotspot, generously funded by governments and charities' (11). Survival rates have greatly improved from around 30% forty years ago to over 70% today (182). The book illuminates and explores many interlocking factors underlying the improved treatment of childhood cancer. On the medical side, there were transnational collaborations between small teams of researchers; the centralisation of resources; the coming together of a new discipline, paediatric oncology; and the development of clinical trials. The authors underline the potential and significance of individual and disparate medical 'pioneers', and the 'enormous transformative effects that even small research groups may have' on clinical research (185). More broadly, progress in this area was also contingent on the raising of funds by government bodies, media, and charities both big and small (from the Teesside Leukaemia Fund to the British Empire Cancer Campaign). The book argues that this British story is unique, in terms of medical systems, specialisation, and the interaction between disciplines, but the authors also describe great regional and local variations in the 'British story', and situate their analysis internationally, in relation to ideas imported from America and continental Europe and, notably, the 'tumour safari' of the surgeon Denis Burkitt across Uganda.

The authors tease out moments of professional, clinical, and ethical tension which complicate a narrative of improvement in the identification, diagnosis, and treatment of childhood cancer. Whilst acknowledging that the development of co-operative clinical groups and their first clinical trials, for example, may in retrospect appear to have 'an impressive orderliness', Barnes Johnstone and Baines highlight the 'frustration and exhaustion' of clinicians involved (54). The book also assesses disagreement between clinicians, families, charities, and government agencies about how childhood cancer should best be managed and treated. In just one strand of this analysis, the authors show how clinical authority was challenged by the families of children with cancer, who sought out experimental and alternative treatments beyond the remit of NHS provision. Clinicians dealing with childhood cancer also faced numerous ethical dilemmas which continue to be pertinent today: around whether, when, and how to tell parents their child was dying;