

# BOOK REVIEWS

## AIDS in a New Mode

**AIDS. The Making of a Chronic Disease.** ELIZABETH FEE and DANIEL M. FOX, Eds. University of California Press, Berkeley, 1992. vi, 430 pp., illus. \$45; paper, \$15.

Professional historians have long fretted over the relations between the past and the present. Seeing the development of medicine through the eyes of the present, critics have alleged, has led to heroes-and-villains accounts that distort history to confer legitimacy on present practice through myths of ancestors and progress. Repudiating such "Whiggism," the best scholars have urged study of the past on its own terms and for its own sake.

The advent of AIDS made these dogmas and debates seem academic in the pejorative sense of the word. In the face of an apparently devastating threat to society, it suddenly became imperative to look again to the past for guidance, wisdom, and strategies. In what ways had the epidemics of former centuries—the Black Death, syphilis, smallpox, cholera—devastated past societies? Had economies collapsed, law and order broken down? Had there been scapegoating, persecution, moral warfare? What public health measures had been implemented? How effective had they been? What lessons could be learned? The upshot was a crop of case studies, drawing in part upon the pioneering pre-AIDS *Plagues and Peoples* by W. H. McNeill (Doubleday, 1976). Scholars went back and reexamined bubonic plague in Renaissance Florence or 20th-century San Francisco, venereal disease and anti-syphilis legislation, yellow fever, and compulsory quarantine. Clear historical morals seemed to emerge. In previous epidemics, greater suffering had often been caused by fear and repression than by the microbes themselves. Face the crisis, but avoid punitive panic measures, was the message of *AIDS: The Burdens of History* (University of California Press, 1988), a previous compilation by Fee and Fox and the best attempt to date to situate AIDS in context of the history of diseases.

In their welcome follow-up collection, Fee and Fox reiterate their commitment to history as a window onto AIDS but adopt a new perspective. When AIDS was new and catastrophic, it seemed crucial to concentrate on the impact of pandemics. Since

then, there have been notable developments. The spread of AIDS is, in some respects, less rapid, less universal than once predicted, partly thanks to the counteracting spread of knowledge; it seems less speedily lethal than once feared; and, in any case, palliative treatments are proving moderately effective. Under such circumstances, AIDS, as health workers have recognized, is changing its profile and turning into a chronic disease. And as times change, history must change with them. *AIDS: The Making of a Chronic Disease* is conspicuous for containing no chapters on typhoid, Spanish flu, or other such afflictions—the editors argue that the idiom of pestilence ("gay plague" and the like), so often inflammatory and irresponsible, is now historically inapplicable as well. Furthermore, they have wisely avoided commissioning surveys of chronic malaises in former epochs: whatever analogues AIDS may have, they certainly aren't gout or dropsy. Rather, viewing AIDS as a modern disease whose perceived nature seems to be mutating all the time, they have rightly deemed it the historian's duty to chronicle the condition's transformations in the light of all relevant factors. In some 15 essays commissioned for or republished in the volume, historians, activists, scientists, and policymakers do just that. Together the essays offer a coherent conspectus on emerging scientific notions of AIDS (the shift during the past decade from epidemiological to virological frameworks is illuminated in Gerald M. Oppenheimer's "Causes, cases, and cohorts"); on its impact on communities; on political responses, educational campaigns, and media coverage (in which regard AIDS is characterized by Timothy E. Cook and David C. Dolby as the "living-room epidemic"); on the interplay of activist groups and public health services; and so forth. Surprising though it might seem, a historical approach of this kind has the virtue of requiring politicians and policymakers to confront the changing face of AIDS rather than rehash out-of-date images. By highlighting change, history points to the future.

In the United States, the prognosis may not look auspicious. If the forecasts of 1985 presented nightmare visions of mass mortality, millions dead before 2000, today's more hopeful scenario is, paradoxically, even gloomier. A future is unfolding for the great cities in which the problems of the disad-

vantaged and deprived are compounded, as far forward as the eye can see, by crippling disease. A society with a mushrooming population of the aging and a grotesquely misorganized and wasteful health-care system seems destined to have to shoulder the burden of a huge and permanent population of chronic sufferers. The implications of the lifelong stigmatization of chronic AIDS sufferers almost defy conjecture.

This volume is a much-needed in-filling of the historical record. Previous narratives such as Randy Shilts's *And the Band Played On: Politics, People, and the AIDS Epidemic* (1987) were journalistic rather than analytical and are now out of date. This collection contains genuinely pioneering analyses: a careful survey, by Robert A. Padgug and Gerald M. Oppenheimer, of the successive positions of the gay community with respect to AIDS; Ronald Bayer's examination of political neglect of the problem; a sympathetic consideration by James W. Dearing of Japanese responses to it; and, not least, a sensitive account of AIDS policies in the United Kingdom by Virginia Berridge and Philip Strong, which demonstrates, by contrasting Thatcher and Reagan administrations, that political conservatism does not automatically spell antediluvian or reactionary health policies.

In one major respect, however, this book disappoints. An intelligent AIDS observer would surely judge that we urgently need truly global historical perspectives: assessments of intercontinental pathogen migrations, the economics of world health, the politics of development. But the great bulk of this book is about San Francisco, New York, and Washington. There is silence on Continental Europe and Latin America. And though the two papers on Africa are excellent, one of those (by Paula Treichler) is in fact principally about First World stereotypes regarding the continent (African promiscuity and the like). If this volume urges greater sensitivity to shifts in time, it remains oddly neglectful of the wider and fluid geographies of the disease. Is AIDS to be viewed now as chronic in the First World but still acute in the Third? Or is that yet another stereotype, one this volume fails to demolish?

An expanded second edition could put this to rights. In the meantime, *AIDS: The Making of a Chronic Disease* deserves to go on everyone's shelf as the most considered and authoritative history we yet have of the medical and social evolution of AIDS in the '80s.

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