

## Book Reviews

This is a truly interesting and well written book. While many historical works on venereal disease focus on one particular kind of disease, in this volume public debates on the subject play a central role, and therefore we learn not only about syphilis, but also, for instance, about herpes genitalis and AIDS. This is not surprising, because the author's aim was to write a sociological study in which not only the diseases themselves but also the public responses to them and their symbolic dimension are understood in the specific Dutch historical context. In this she has succeeded very well. With the help of theatrical metaphors, the public debate is reconstructed as a changing stage on which new narrators as well as characters come and go, on which new definitions of the problem are introduced, and new solutions proposed.

While in the early debates the professional prostitute was seen as the source of infection, in the period between 1920 and 1955 the modern, promiscuous working girl—the amateur—was a central target of the campaigns to fight syphilis. While the main characters were condemned to silence and anonymity, medical practitioners and moralists—feeling superior to them—controlled the public debate. However, this relation between narrators and characters changed. In the sixties it was the life-style of well-educated, left-wing and sexually liberated heterosexuals which became associated with a new venereal disease, herpes genitalis. Now the main characters of public debate stopped being just the objects of controversy and became major participants in the debate. A new literary genre developed in which these patients testified to the meaning of this disease for their lives and relationships, and this genre played a major role in regulating sexual practices at a time when the pill as well as penicillin were available to prevent babies as well as syphilis.

Although, on the one hand, medical science and statistics became more and more

important in the debate on venereal disease, the erosion of the opposition between narrators and characters continued in the eighties when AIDS was put high on the agenda. In fact, the influence of medical experts on the debate grew in parallel with that of laymen, and the national government now also became an important actor. This changing relationship between narrators and characters marked the content of the discussion as well. The public debate on AIDS articulated a great awareness of the complexity of the spread of this disease and the interdependency of individuals. The older epidemiological models of the wheel and the chain now became replaced by the notion of network, which made it difficult to relate AIDS to some particular social groups. So, the fact that homosexuality in the Netherlands never became the successor to prostitution or promiscuity can be largely explained by this changing relationship between narrators and characters.

Mooij owes quite a lot to Allan Brandt's *No magic bullet*, but her study is conceptually more refined in several aspects. The relation between science and morals especially—treated by Brandt as simple and antagonistic—is handled in a more subtle way. Moreover, her book makes clear that a broad theoretical perspective on changing power- and status-relations between characters and narrators involved in debates on health and disease does not necessarily stand in the way of historical details and nuances. To conclude, this study is a fine piece of sociological historical scholarship and deserves a broad audience.

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**Susan Scott and Christopher J Duncan,**  
*Human demography and disease*, Cambridge University Press, 1998, pp. xvi, 354, illus., £50.00, \$74.95 (0-521-62052-X).

This statistically and theoretically sophisticated, but flawed study is organized

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around a family-reconstitution-based analysis of the demography and historical epidemiology of Penrith in present-day Cumbria between the mid-sixteenth and the mid-nineteenth centuries. Complex but clearly presented material is interspersed with methodological chapters on such issues as density-dependent control and feedback, the modelling of endogenous oscillations, chaos theory and the concept of the “metapopulation”. A cluster of infections—smallpox, measles, diphtheria and scarlet fever—are then used as a bridging device to introduce an interpretation of the ebb and flow of climatically- and malnutrition-driven childhood diseases in London between approximately 1650 and 1850 and in England and Wales between the mid-nineteenth and early twentieth century. The case-study of Penrith is innovative and points to a number of ways in which statistical techniques can be used to evaluate the roles played by endogenous and exogenous factors in influencing the tempo of demographic change and the historical dynamics of infection. This opening section of the book also makes a significant contribution to the testing of mathematically-based epidemiological models which are relevant both to the developed and developing worlds.

However, the non-Penrith sections are poorly documented and organized, over-preoccupied with explicit and unhelpful comparisons between Britain during the long eighteenth and nineteenth centuries and Afro-Asia in the late twentieth century, and marred by over-dogmatic assumptions about dominant relationships between nutritional change and shifting levels of mortality from specific conditions. As a result, *Human demography and disease* reads more like an uneven collection of linked essays than an integrated contribution to an excitingly interdisciplinary field.

Scott and Duncan devote less than a paragraph to evaluating the strengths and weaknesses of the Bills of Mortality—a

source which is central to four out of fourteen of their chapters (p. 171). Failing to draw on the complementary insights of John Landers and Leonard Schwarz, they rely instead on summary material in Charles Creighton’s classic but now massively dated *History of epidemics in Britain*, which was first published in 1894. Even more damagingly, Creighton’s outline account of cause-specific mortality between the 1850s and the early twentieth century is preferred to readily available mortality data contained in the annual and decennial *Reports* of the Registrar General. No reference is made to Anne Hardy’s *The epidemic streets: infectious disease and the rise of preventive medicine 1856–1900* (Oxford, 1993), an indispensable guide to current historical thinking about the diseases of childhood, or to William McNeill’s highly suggestive research into the “domestication” of infection in the urban environment.

These omissions are less damaging than the failure to provide a systematic account of what is currently known—or not known—about dominant relationships between changes in nutrition and movements in the virulence or mortality attributable to individual infections. It is asserted that “rising standards of living” during the late nineteenth century may have played as important a role as autonomous change to the causative haemolytic streptococcus in relation to the decline in the death-toll attributable to scarlet fever (p. 316). Conversely, it is also unconvincingly claimed that mid-nineteenth century “malnutrition” “[produced] susceptible children” who later fell victim to diphtheria (p. 318). In each of these instances Scott and Duncan, following the underlying logic of over-simplified arguments associated with the name of Thomas McKeown, have made unwarrantable assumptions about movements in *per capita* income and the manner in which nutritional resources were translated into physiological forms capable of reducing vulnerability to mortality from

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specific conditions. In this respect, economic and social data on the consumption function, both in relation to Penrith and to London, is exceptionally weak.

Despite its undoubted originality, this is a disappointing study. The further south it moves from the early modern north-west, the less impressive it becomes.

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**Chris White** (ed.), *Nineteenth-century writings on homosexuality: a sourcebook*, London and New York, Routledge, 1999, pp. xi, 374, £50 (0-415-15305-0).

Same-sex studies are now so advanced that “source books” retrieving their record, like this one, are a boom-industry. The development parallels studies of gender arrangements in the pre-AIDS aftermath of the Wolfenden Act of 1967 which legalized consenting homosexual intercourse in private. Both are nuanced and trustworthy, but White’s is the first compilation in English to document the nineteenth-century heritage, and my use of it for a few months shows it to be a handy vade mecum for which readers should be grateful, despite a few organizational miscalculations and odd choices. Not even its chronological arrangement and pithy headnotes can compensate for these gaps, and its two sets of endnotes—textual endnotes to the primary works and annotative notes to the editor’s sections—distract the reader who tries to use them.

As in all anthologies, the contexts are crucial inasmuch as they determine the state of the art. The word *homosexuality* was first coined in 1869 by Karl Maria Benkert, a medically trained Finnish campaigner for the civic rights of same-sex male relations who also disguised himself in the exotic Hungarian alias Kertbeny. Dozens of

synonyms for what we would call “homosexual” or “gay” or “queer” were coined in English over the next thirty years (1870–1900)—third-sex, urning, uranian, Grecian, invert, pervert—in an attempt to capture the essence of homosexual difference; explicitly, same-sex genital contact as distinct from what postmoderns now call homoerotic desire, which was then not legally culpable. European military and educational institutions had basked in the latter variety for generations, as any reader of pre-1900 novels knows. The former, genital contact and fluid emission, was the offender. Men were safe provided that sperm had not been spilled or the folds of the anus disturbed. As one post-Nietzschean jester quipped, uranism was the Gay Science of the Anus.

Benkert’s “third sex” was male and—paradoxically—not male, although strangely androgynous, routinely visualized and linguistically constructed as male. The androgynous third sex emerged almost straight out of Darwin’s theories and the new Victorian anthropology, and for almost thirty years afterwards—1869–1896—middle-European doctors, sexologists, and forensic experts debated the names of same-sex actions they were trying to understand in relation to the anatomic bodies before them. But all was too fuzzy and soon dwindled into the same positivistic medical and moral reductionism then sweeping civilized Europe. After the passing of a century (1890–1990) it now seems clear enough that the medicalization of homosexuality was basically a Germanic development, implemented in the repressive militaristic Bismarckian state against whose adamant legal grain visionary reformers like Krafft-Ebing and Karl Ulrichs unsuccessfully struggled—until the British psychologist Havelock Ellis confirmed, in 1895–96 across the North Sea, that he had treated “homosexuals” in his practice and introduced his new nomenclature to the English-speaking world. As the clock ticked forward from 1899 to 1900 many