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that). But in earlier times, castration made a man essentially null and void in terms of the economy of genders. That is, he was no longer a man, no longer a citizen, and no longer able to participate in some religious practices. This contrast between ancient and modern gender relations and their signifiers is captured in the opening anecdote where 48-year-old Taylor's 29-year-old girlfriend boasted about his vasectomy at a party (and, incidentally, there are many other personal allusions to sons and ex-wives throughout the work in case you think I am being quaint by drawing attention to this story). It would not be possible to consider the "cut" Taylor a real man for most of the history of the west, although such a notion is possible in the modern, secular age.

Taylor is at his most erudite when he is discussing Augustine, Jesus (as found in the Gospel of Matthew, and reinterpreted by Taylor from the Greek rather than relying on later English translations, where the word "eunuch" is translated as "chaste"), and Middleton's (unheard of outside seventeenth-century literature studies) *A game at chess* (1624). One might expect this of such an eminent Renaissance scholar, expert on Middleton, and general editor of the Oxford Shakespeare. In other sections, Taylor refutes Michel Foucault's theory that, rather than being repressive about sexuality, the eighteenth and nineteenth centuries were times of proliferation of discourse about sexuality. His criticism, relying on simple publication statistics, does not hold water as it fails to investigate the new fields of science focusing on sexuality rather than reproduction. Furthermore, gender was being recast outside reproduction in these very texts which Taylor argues indicate nothing. His discussions of Freud are sometimes strange, as he seems put out that Freud had never heard of Middleton, and that he reinterpreted castration to pertain to the penis rather than the testicles, although Taylor rectifies this in the later sections where he relies heavily on Sander Gilman's

interpretation of Freud and Judaism.

Beyond these academic quibbles, Taylor has a strong tendency to write in journalistic (replete with boxed in asides, magazine-style), although his arguments are on the whole strong, and are presented in a very "non-stuffy" way.

Does Taylor's book offer us anything new? Yes, if we wish to consider the testicular economy as it might be found in the seventeenth century and earlier. Yes, if we want to make post-modern arguments about representing gender and the body. No, if we want to address contextually Freud's ideas about childhood sexual development, or if we want to understand the change in women's attitude towards sexuality. These last two points are both parts of bigger stories, unfortunately not addressed here.

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Jennifer Terry, *An American obsession: science, medicine, and homosexuality in modern society*, Chicago and London, University of Chicago Press, 1999, pp. xiv, 537, \$75.00 (hardback 0-226-79366-4), \$20.00 (paperback 0-226-79367-2).

There is no doubt that Jennifer Terry has read practically every scientific and medical document associated with homosexuality in America since the 1880s. Her research is indeed wide-ranging, having explored archival as well as published material, and her impassioned comments about the subject are obviously spurred on by her political commitments. This does not mean that *An American obsession* is a particularly good book. Rather, there are some fundamental problems with her analysis of the sciences that have dealt with homosexuality—sex psychology, psychoanalysis, demography, biology,

sociology, gynaecology, etc.—that need to be rethought if an argument of interest to historians of sexuality and of medicine, who are after more than an excellent bibliography, is to be made. These problems are historiographical in nature, and partly explain why the bulk of the book is merely an exegesis of different medical discussions, always written to the end of showing how doctors were “mised” in some way when they wrote about same sex desires. There are some benefits to be gained from that kind of book (especially when it is being used for teaching purposes), but the 400 pages plus notes do not offer a distinctive historical thesis.

I am not suggesting that Terry has not addressed historiographical issues. Indeed, at every available occasion she allies herself with Michel Foucault, especially with regard to his discussion of power. But rather than following Foucault and others (such as Georges Canguilhem, Ian Hacking and Arnold Davidson) in writing an historical epistemology of the emergences of different categories of homosexuality by tracing the literary practices necessary to produce a discourse in the different fields of sexology, Terry describes what doctors wrote without really understanding the differences between types of discourse and styles of reasoning. This situation is clearest at the beginning of the book, when Terry jumps into her discussions of the early American sexological discourses without adequately situating these discourses in relation to the law, without explaining the wider issues of *why* doctors might have had an interest in discussing homosexuality, previously a legal rather than a medical issue (apart from forensic evidence, a discussion of which is omitted from the book). Terry’s work is at best acontextual when it addresses (briefly) the writing of James Kiernan, for instance. What Terry omits is that Kiernan’s major interest in the 1880s and after was to define criminal responsibility with special attention to sex crimes (including sexual perversions and homosexuality), as well as to develop a

model for the sexual impulse. Kiernan’s work was particularly influential, not only as it was taken up by Frank Lydston, Harold Moyer and others in America, and Havelock Ellis and Richard von Krafft-Ebing in Europe, but because he spent a good deal of his career importing European sexological work into America, both by editing works of Dmitry Stefanowski and Richard Krafft-Ebing as they appeared in the premier anglophone sexological forum of the 1890s, the *Alienist and Neurologist*, and later by reviewing world sexological literature in the *Urologic and Cutaneous Review* until his death in 1923. If one of the major early American sexologists found it important to address the law as a reason for writing about homosexuality, it seems more than a little odd that a historian should overlook this important professional stimulant driving the production of discourses on homosexuality. A similar argument could be made about the complete lack of discussion of scientific naturalism, the rise of secularism, and the professionalization of medicine, which all impacted upon sexology in the nineteenth century, as other historians have shown.

Although *An American obsession* is marred by its lack of critical historiography, relying rather on an ahistorical critique of scientific discourses about homosexuality, I should add that there are significantly more relevant discussions of contextual issues as the book progresses beyond the 1930s to the present. But the fact remains that all medical and scientific discourses are treated as similar; there is no hint of any jostling for position amongst different authors writing about sex until the criticisms of Alfred Kinsey’s work are addressed (something that would also need to address different boundary working between fields of discourse). Terry offers us no notion of how medical texts are written, how doctors negotiate a position for their work in relation to other works, or how texts are received. Furthermore, the history of such scientific sexology unfolds completely

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unproblematically, continuing on a trajectory set out in the 1880s, as if there were a giant conspiracy to chastise homosexuality through discussions of the homosexual body, then to more psychological markers, and finally back to the body in terms of the genetic arguments about homosexuality that are current today. I am not suggesting that homosexuality was not often spurned by scientists, but for a book purportedly about the construction of medical ideas about homosexuality, focusing solely upon this issue is not good enough. While it is clear that the author is herself obsessed with homosexuality, there is no defined historical motor driving her work except the insistence that medical and scientific discussions of the topic are in some way invalid because they do not sit with the author's own political commitments. The point that would have been interesting to settle is how the medical discourses upon which Terry relies were constructed. The veiled conspiracy theory that she offers misses this mark.

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Thomas M Daniel, *Pioneers in medicine and their impact on tuberculosis*, University of Rochester Press, 2000, pp. xv, 255, illus., £40.00, \$65.00 (hardback 1-58046-067-4).

John Burnham's 1998 analysis of medical history writing traced a changing historiography from the seventeenth century to the present (*Medical History*, Supplement No. 18, 1998). He found that the focus before the mid-twentieth century was largely iatrocenic, emphasizing individual physicians, and positivistic or progressive, with a framework of the "onward and upward" march of medical science. Medical sociology and social history impacted on the writing of medical history only in the

second half of the twentieth century. This book by Thomas M Daniel, Professor Emeritus of Medicine and International Health at Case Western Reserve University, Cleveland, Ohio, is unashamedly in the older tradition of medical history writing. Daniel provides short biographical accounts of six "pioneers", "great men" or "unrestrainable geniuses" (p. 209) in the history of tuberculosis—René Laënnec, Robert Koch, Hermann Biggs, Clemens von Pirquet, Wade Hampton Frost and Selman Waksman. He discusses the ways in which they helped to "conquer" tuberculosis through their respective contributions to pathology, bacteriology, public health, immunology, epidemiology and antibiotics. During the two centuries spanning the lives of these men, he writes, "the medicine we know today emerged from the chrysalis of mysticism and metamorphosed into an evidence-based discipline" (p. xi). His selection of "heroes" shows an American focus; a British historian might have included Robert Philip in place of Biggs, Bradford Hill in place of Frost, and others might have included Albert Calmette and Camille Guérin, who discovered BCG vaccination, arguably just as important as Waksman's discovery of the anti-tuberculosis drug streptomycin.

Daniel shows no sign of being influenced by, or convinced of the significance of, writings on the social construction of knowledge. He does not attempt to contextualize, deconstruct or unravel the scientific discourses he describes, a process which has so exercised the minds of many modern medical historians. Indeed, he creates a metaphor of tapestry weaving to conceptualize his narrative, with each successive scientist filling in another section, still in his view an ongoing process. Burnham wrote that much "traditional" medical history was about using the past to establish an identity, with doctors addressing fellow doctors. Daniel was inspired to write this history after almost four decades of personal involvement in