

that culture, ethnicity, class and education make not a jot of difference to the way in which individuals experience or deal with illness, nor to ways in which interactions with friends, family and health care providers are played out. By and large, health professionals do not emerge smelling of roses. Even medical professionals, floored by illness, write of “going over to the other (i.e. patient) side” as if defection is a treasonable offence. A physician, diagnosed with MS as a medical student, has chosen to remain anonymous, which the editors read as speaking “to the professional pressure that health care providers feel to be well and define themselves as other than their patients”.

The selection of narratives is extremely diverse so that it will be difficult for any reader not to engage as an “empathetic witness” or, sometimes against the intellectual will, to be drawn in to a judgemental role. It is difficult, for example, to remain objective about Molly—the blind, premature, severely brain damaged and physically fragile child, whose mother fights to have her continually resuscitated; or Flora—twenty-five-weeks pregnant, drug addict, ex-con, whose waters broke a week past due to a uterine infection, unsure whether her baby is still moving. The point about a book like this and, indeed, about “Writing the Medical Experience” courses is that they challenge our prejudices and preconceptions, invite us to cross the health/sickness/moral divide, and ultimately to acknowledge—even if it is impossible to imagine—the unbearably ominous text-disrupting language of suffering.

This is an important and accessible book. Historians, particularly those interested in oral testimony, will gain valuable insight into how people deal, not just with illness but with the cultural, social and medical baggage that we inherit as part of the history of the human condition.

**Carole Reeves,**

The Wellcome Trust Centre for the  
History of Medicine at UCL

**Angus McLaren,** *Impotence: a cultural history*, Chicago and London, University of Chicago Press, 2007, pp. xvii, 332, £19.00, \$30.00 (hardback 978-0-226-50076-8).

Angus McLaren’s many contributions to the history of sexuality are known for their rigour and their attention to historiographical trends. From studies of contraception, sexually-motivated murder, cross-dressing, and even an overview of twentieth-century sexuality, his work has given us nuanced readings of complex archival and published sources. In *Impotence*, McLaren extends his historical gaze beyond his usual period of the nineteenth and twentieth centuries, giving an overview of western sexuality since the Greeks by focusing upon male sexual dysfunction. Many of the same problems that are found in similar works (for example, those by Thomas Laqueur) are present in McLaren’s book.

Starting with the ancients, McLaren shows us how convoluted social and medical concerns with male sexual performance were. This situation is complicated further by representations of impotence in drama and poetry. Many of the same themes are found in the chapter on Christian writings through the middle ages, with a religious spin placed on impotence, and with witchcraft blamed for causing sexual failure. Evidence for changes in the (often humorous) perceptions of impotence are found also in medieval drama and literature. Conceptions of impotence from the seventeenth century onwards shifted towards a reliance on science, bolstered by changes in theories of generation promulgated by doctors such as Hieronymus Fabricius, William Harvey, and Regnier de Graaf. In these chapters, McLaren owes a considerable debt to the historians and literary scholars who have combed through an extensive array of material to do with (male) sexuality. This work is synthesized into a readable narrative that showcases McLaren’s vast erudition in the history of sexuality.

The bulk of McLaren’s book concentrates on the nineteenth and especially the twentieth century. This is entirely reasonable, as the

modern period has problematized sexuality in innovative ways, in part as a result of a scientific interest in sex, but also as western society increasingly broke away from the shackles of Christianity and began to speak confidently about sex from a wider variety of perspectives than possible within the Christian canon. This task began with attention to sexually transmitted diseases and masturbation, although it included many related syndromes associated with the “crisis in masculinity”, of which impotence is a part. Important in this respect is neurasthenia. Given that McLaren relies heavily on certain Victorian doctors who gave sex advice, and later focuses closely upon the works of the sexologists Alfred Kinsey and (especially) William Masters and Virginia Johnson, it is surprising that more attention was not given to other nineteenth-century sexologists. Havelock Ellis, Richard von Krafft-Ebing, Alfred Binet, and Albert Moll are mentioned only in passing, despite the fact that they contributed much of the groundwork to understanding impotence psychologically that was later picked up by the psychoanalysts. The work of organotherapists and other surgeons dealing with male sexual dysfunction (Eugen Steinach, Norman Haire, etc.) is rightly prominent. Likewise, American post-Second World War sexologists are allocated much space, as are recent developments like Viagra and other pharmaceuticals designed to treat impotence. It is laudable that throughout his book McLaren does not focus on impotence in isolation, but places the condition in relation to other writing about sexuality (male and female), reproduction, and broader conceptions of masculinity.

Given McLaren’s vast historical scope, it is unsurprising that the book’s historiographical apparatus is underdeveloped (a typical problem of cultural histories of this type, jumping from epoch to epoch and field to field, all contained in a slick narrative). While it is clear from this book that changes in conceptions of impotence took place, the mechanisms for such changes are not fully addressed. The medical sources relied upon

are broadly removed from their intellectual contexts and practices, with only quotations pertaining to impotence cited. The “surfaces” of these discourses are read, not their “formation” (to refer to Foucault). The material herein offers the possibility for a much more developed statement about the interrelation of discursive fields and the historical dynamics of knowledge, the production(s) of impotent subjects, points of resistance that such power makes possible for these subjects, a detailed analysis of the ways science and medicine have variously defined norms and pathologies of masculinity, etc. Much too could have been said about the everyday experience of impotence—especially in this Viagra age which often draws upon the experiences of users, showing more how sexual subjectivities are formed in relation to medical discourses. McLaren is aware of these historiographical issues: he calls this a “constructionist history”, written as a Foucauldian genealogy (pp. xii-xiii). But the issues needing to be addressed in order to produce such a history are subsumed in the text, which results in a fairly limp genealogy of modern sexual dysfunction. What we do have, however, is a good introduction to an important problem in the history of sexuality, examined against a rich backdrop of other sexual problems. It will be a useful book for teaching, but it does not offer the satisfactory theoretical meta-narrative that such cultural histories need.

Ivan Crozier,  
University of Edinburgh

**Peter J Atkins, Peter Lummel and Derek J Oddy** (eds), *Food and the city in Europe since 1800*, Aldershot and Burlington, VT, Ashgate, 2007, pp. xvi, 260, £55.00, \$99.95 (hardback 978-0-7546-4989-2)

This volume results from a symposium organized under the auspices of the International Commission for Research into European Food History. It brings together