

Book Reviews

Roger Davidson, *Dangerous liaisons: a social history of venereal disease in twentieth-century Scotland*, *Clio Medica* 57, Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, Rodopi, 2000, pp. vii, 383, €91.00, £60.00, \$85.00 (hardback 90-420-0628-5), €30.00, £19.50, \$28.00 (paperback 90-420-0618-8).

Scotland has a reputation for not being wholly at ease with its sexuality. Hence the delight with which, some years ago, a panellist on the BBC's News Quiz read out a cutting from the *Inverness Courier*: "Perhaps the most worrying feature of the AIDS virus is that it can be transmitted during normal sexual intercourse between a man and a woman. Fortunately this is still very rare in Scotland". In fact, Scottish VD rates have traditionally been relatively high, particularly in economically deprived areas. AIDS, alas, now displays a similar social geography. We are fortunate that the challenge of shedding light on Scottish attitudes and responses to the darker consequences of sexual behaviour has been taken up by an author who shows himself to be an exponent of meticulous research and dispassionate commentary. *Dangerous liaisons* is a careful and sensitive exploration of both the social and the medical history of venereal disease in the twentieth century. Roger Davidson's conclusions are also very pertinent to public health policy issues in the twenty-first.

While providing a useful survey of the secondary literature on venereal diseases, the introduction, with its allusions to Foucault and social constructionism, might be said to raise expectations that the later text does not wholly fulfil. It is odd, moreover, that Davidson identifies the affliction known in the Highlands as "Sibbens" with venereal syphilis in the face of both contemporary and modern opinion that it was a different, albeit related,

disease, with a non-venereal aetiology. But these are trivial matters. Once into the twentieth century, Davidson's touch is sure and his agenda is firmly that of the social historian rather than the social theorist. In Chapter 2, he skilfully outlines the admixture of moral censure and medical neglect that characterized attitudes to VD in the early decades of the twentieth century. Morality neatly reinforced civic economy, both town councillors and the governors of voluntary hospitals being unwilling to finance treatment for diseases that were generally regarded as the consequences of individual misconduct. Scotland participated, moreover, in the British patriotic anxiety about the health and fitness of the armed forces, especially during the First World War, and in national concerns with racial degeneration, within which fears of congenital syphilis played a significant part.

Much painstaking work in many archives has gone into Davidson's authoritative account of the setting-up and development of the Scottish VD service in the inter-war period. All the major Scottish centres are covered and a genuinely comparative perspective emerges. I enjoyed the story that Colonel Harrison's panopticon design for VD clinics, in which individual consultations were conducted in private but where the senior consultant could survey the whole clinic, was based upon his experience, as an impecunious student, of the layout of the pawn shop. Davidson expertly dissects the intimate interweaving of medical and moral concerns. Treatment had a punitive as well as a curative function; thus the unpleasant irrigation treatment of gonorrhoea was persisted with despite the availability of new chemotherapy and growing evidence of its damaging effects on the urethra. Transmission was routinely blamed on particular stigmatized groups. Feminist

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commentators indicted male irresponsibility and “lasciviousness”. Nearly everyone condemned prostitutes, especially “amateur” ones, a category that could include virtually any sexually active unmarried woman. Stigma was structured not only by gender anxieties but also by those surrounding race and, especially, class. The virtue of young Scottish womanhood was threatened, so it was feared, by the ice-cream parlours of Italian immigrants. “Coloured” men were deemed to lack the “moral and social training which would enable them to live as decent members of a civilised society”. Throughout the period, efforts to control “dangerous sexualities” were directed with greatest force against working-class patients.

Throughout his book, Davidson is, quite rightly, much more concerned with medical and social attitudes than epidemiological questions. Nevertheless, in Chapter 7, he ventures an assessment of the effectiveness of the anti-VD campaign during the inter-war period. This is, as he acknowledges, a very problematic matter. Considerable weight is placed upon the fact that the death rate from GPI fell steadily from 1920 onwards. But given that the time-lag between infection and the development of tertiary neurosyphilis may run into decades, it seems unlikely that this decline can be reasonably attributed to the impact of clinics set up progressively only after 1916. Much of this discussion is marred by the author’s failure consistently to make the crucial (from an epidemiological point of view) distinction between incidence (the number of new cases per year per population) and prevalence (the number of cases present in the population at any given time). Curiously, both the fall in the number of new cases of syphilis and the rise in new cases of gonorrhoea are interpreted as evidence in support of the effectiveness of the campaign. Nonetheless, Davidson’s contention that the inter-war campaign did make a significant difference to Scottish levels of morbidity and mortality from VD

has sufficient force to merit further attention.

In his discussion of the post-war period, Davidson returns productively to his earlier themes. The social history of VD in late-twentieth-century Scotland is as much a story of moral regulation as of clinical or public health medicine. Distinctively interventionist, compulsionist and legislative tendencies within Scottish social administration, coupled with the enduring influence of a puritanical religion, have made the development of VD policy a contentious business. But yet, overwhelmingly, the history of venereal disease in Scotland is a vindication of a voluntarist, non-judgemental, approach to its control. Therein lies the relevance of this book to AIDS policy.

A noteworthy feature of *Dangerous liaisons* is its illustrations, about which the author writes perceptively. The prose is admirably considered and precise, although on one occasion (p. 225) Davidson inadvertently implies that 72 per cent of nurse almoners suffered from syphilis and/or gonorrhoea. Surely not! The index confuses the venerologists David and Robert Lees. Overall, however, Davidson’s balanced and judicious, yet frank and committed, scrutiny of the social impact of venereal infection significantly raises the standard of Scotland’s historical discourse about sexuality.

Malcolm Nicolson,
University of Glasgow

Mark Jackson, *The borderland of imbecility: medicine, society and the fabrication of the feeble mind in late Victorian and Edwardian England,* Manchester and New York, Manchester University Press, 2000, pp. 273, illus., £45.00 (hardback 0-7190-5456-7).

During the past ten years or so, historians in Australia, Canada, England,