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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

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chest diseases; his target audience, he tells us, is: "physicians, biomedical scientists, and other health professionals who are my present and future colleagues in the crusade to conquer tuberculosis [and who] will likely find that knowledge of their intellectual origins enriches their present science and art" (p. xii). Firmly equating knowledge with control, Daniel expresses his belief that thinking about those origins "will help us achieve the new insights needed for further conquests" (p. 33). When he admits he is not a historian but "an interpreter of medical history" (p. xiii), one is left to wonder what he thinks historians do. The strength he brings to this discipline, he explains, is an ability to approach scientific writings as a fellow scientist and

practitioner of medicine and not as a biographer. There is a hint here of the professional boundaries or rivalries between MDs and PhDs in the writing of medical history that Burnham discussed. In his first overview chapter, Daniel makes no reference to the numerous other tuberculosis histories written during the past decade or so, apart from his own 1997 history. However, within his own conceptual framework, Daniel's book is a contribution to the history of medicine and tuberculosis. He clearly brings to his work a passionate appreciation of the value of history to modern medical practice and research.

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