

Book Reviews

of the popular press, and the laconic voice of Reitman.

While the study is in many respects thorough and detailed, it also leaves us with unanswered questions. The Chicago programme was part of a national initiative; yet, although we might be expected to know something of Parran's five-point plan, we are given no clear analysis of the relationship of the local programme to federal aims. The story of the Chicago programme begins at its launch; we are not told of its planning stages, nor of its initial specific goals—although these are referred to incidentally later in the book. A more coherent analysis of these goals and their context (including a more succinct history of the town's earlier anti-syphilis campaigns) would have clarified what was perhaps the most important tension within the story—that between the claims of the programme, and what it achieved in practice. It might also have clarified why Poirier chose to concentrate upon only selected facets of the programme: although the dragnet was evidently the centre-piece of Chicago's project, one would have liked to hear more about the relation of the testing initiative to treatment protocols and contact tracing—both of which were major parts of Parran's plan.

Poirier is clear about the difficulties inherent in trying to evaluate the success of such an enterprise; nevertheless she points largely to the failure of officials to grapple with unavoidable racial and sexual issues in their eagerness to espouse scientific objectivity. At several points in her analysis one suspects that she applies too easily to the past the mores, terminology, and attempted solutions of the 1990s. Again, she might have assessed Chicago's achievements more fully if she had briefly compared the strategies of other states, and if she had placed them within wider contemporary attitudes to race, syphilophobia, and prophylaxis. The final (perhaps unnecessary) chapter compares responses to syphilis with those to AIDS, and offers us, as it is bound to do, as many contrasts as similarities. We are left wondering whether constant responses to venereal disease are more

or less powerful than the social and political changes that the last forty years have brought.

A fuller contextualization of the Chicago strategy (and perhaps therefore a longer book!) would have been welcome. Nevertheless, this is a thoughtful, detailed, and immensely readable account of an important syphilis control programme, and of a refreshingly unorthodox doctor.

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Johannes Fabricius, *Syphilis in Shakespeare's England*, London and Bristol, PA, Jessica Kingsley, 1994, pp. xvi, 296, illus., £22.50 (paperback 1-85302-270-5).

Historians want, indeed they need, two kinds of books about "syphilis in Shakespeare's England", some of which already exist: thoroughly researched bibliographical and historical monographs, brimming with facts and overflowing with footnotes; and short synthetic treatments *à la* Sontag on cancer or tuberculosis, exquisitely written epitomes that may be historically shallow but that change one's entire preconceived notion by the turn of a choice phrase or through the deft use of metaphor and analogy. Claude Quélet's *Syphilis* is a masterful hybrid of both types. Ideally the second variety sifts the contents of the first (in practice this rarely occurs); chops through its dense mazes and forests to penetrate to the few rays shining through these woods of fact. Johannes Fabricius' book, permeated with charts and illustrations, is unequivocally of the former type and very useful it is. I doubt anyone would write about syphilis in the early modern period again without having it on the shelf, added to the three or four other works dealing with syphilis in the world from the reign of Elizabeth I to that of Charles II.

'Shakespeare's England' provides a convenient title but Fabricius' book actually covers a "long Renaissance" from 1530 to approximately 1700, wisely beginning with Fracastoro's famous poem giving rise to the myth about syphilis in the Western world, and

reconstructs a significant background from the Middle Ages forward, despite its culmination in the monumental figure of Shakespeare: his biographical circle, plays, stage, imagery, conscious and unconscious reality, and—what may be more controversial—his alleged “mid-life crisis”. This “crisis” apparently indicates, to Fabricius, that Shakespeare contracted syphilis, consequently became depressed and obsessed with its implications for health, illness, love, sex, misogyny in men and purity in women, and eventually released these anxieties in his late plays and the erotic sonnets, especially in *Troilus and Cressida*, *Hamlet*, *Lear*, *Timon of Athens*, *Coriolanus*, *Macbeth*, and *Othello*. This is heady stuff. It may engage the attention of psychoanalytic and psychohistorical critics interested in Shakespeare’s motives, but I doubt it will persuade many experts that it remains anything but conjecture.

Nevertheless, the book is richer than its thirteen chapters suggest: a diverse treasure house for medical historians for all sorts of facts, particularly dealing with the relations of disease and epidemic to norms and practices of sexuality and prostitution. In an internetted critical milieu such as ours, obsessed with global AIDS and other life-threatening plagues, and one that thrives on mindsets practically addicted to post-colonial historical reconstructions, a subject like syphilis in Shakespeare’s world is primal. The entire geographical compass of the Renaissance world—Iberia, Britain, the Netherlands, eastern and western colonies—intersects in inter-traffic through the migrations of syphilis, one of the reasons Fabricius’s chapters on the “chroniclers of syphilis and prostitution” intrigued me, especially the information that the chroniclers decried, almost daily, the urban spread of prostitution and whoredom. Their cities were not so different from our own crime-riddled postmodern conurbations weighed down by impoverished diet, AIDS, and the new rampant tuberculosis.

Fabricius reaches a dozen conclusions. He vigorously repudiates Lawrence Stone’s work on sex in the early modern world through Stone’s failure to distinguish syphilis and

gonorrhoea. Next, Fabricius claims, it is statistically impossible to guess how prevalent syphilis actually was in relation to other sexually transmitted diseases, but he believes we advance the history of syphilis if the growth of prostitution is considered, especially in the provinces; an interesting position in the light of recent work on the history of prostitution (Stone, Trumbach, the new feminist historians). The politics of, and laws governing, prostitution provide yet another guide, Fabricius notes, to these early modern cities of sin, although this yardstick of measure can be misleading depending upon the socio-religious ethics of the epoch (e.g., Elizabethan and Puritan attitudes to prostitution radically differed). But syphilis also had profound consequences, Fabricius believes, for the practical and therapeutic development of medicine in the early modern period; for its professionalization and scientification; and, more specifically, for its revolts against alchemy and iatrochemistry. After the English civil wars, these effects extended to morals and manners, especially among the extreme ends of the class scale and as a libertine upper-class seventeenth century evolved into a puritanical eighteenth. Fabricius’ last conclusion—that “Shakespeare himself may have fallen a victim to syphilis” (p. 273)—is controversial as the evidence can be used either way. Whether or not Shakespeare ever contracted syphilis, the idea that “syphilis contributed to his deep understanding of human suffering and despair” (p. 273) is worth seriously considering. The conventional explanation derived from a residually Romantic genius theory is that Shakespeare understood *everything*; so he must have fathomed the greatest human sufferings without needing to suffer malady himself. It is a sentimental notion and may be false.

Now that Fabricius has provided some of the foundation, the second kind of book needs to be written, one enlarging syphilis and other sexual disease so deftly as to compel everyone to reconsider their preconceived notions of the Renaissance.

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