

Book Reviews

foxes appear to be decreasing; the arguments continue. One scientist involved calls the Texas programme “an experiment, not a control program. [There were no] empirical data to suggest that it would work”. The book is a journalist’s interpretation of the spread of one outbreak of rabies, and of localized efforts to control it. It is none the worse for that.

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Vernon A Rosario (ed.), *Science and homosexualities*, London and New York, Routledge, 1997, pp. ix, 308, illus., £12.99 (paperback 0-415-91502-3).

Science and homosexualities, edited by Vernon Rosario, contains thirteen essays from participants in two ‘Science and (Homo)sexualities’ panels held at the 1994 History of Science Society Annual Meeting. The text is of particular interest to historians of sexual medicine as it examines the development of sexological discourses about homosexuality from 1850 to the present, reviewing the positions of many figures who belonged to the non-psychoanalytic tradition of research into homosexuality. Such an exercise is a welcome addition, for not only are the essays—on the whole—of an excellent standard, the bibliographies are very thorough, making *Science and homosexualities* an essential reference work.

Attention should be drawn to the superior essays by Harry Oosterhuis (on Richard von Krafft-Ebing), James Steakley (on Magnus Hirschfeld), Hubert Kennedy (on Karl Heinrich Ulrichs), Alice Dreger (on French and British medical discourses on hermaphroditism), and Garland Allen (on modern biological research); all five of these contributions demonstrate the state of the art in the history of sexuality. On the other hand, articles by Margaret Gibson (on metaphor and the construction of lesbianism in America) and especially Julian Carter (on the ethnocentricity of sexology) suffer from their polemical nature and

occasional historical inaccuracies, especially in regard to Havelock Ellis, to whom Carter incorrectly attributes the notion that homosexuals are “racially immature peoples” (p. 164), while Gibson subtly misreads connections between criminality, prostitution and lesbianism which Ellis made in an 1895 essay. Furthermore, Anne Fausto-Sterling’s brief contribution (which examines John Money’s role in American sexology) is out of place in this collection, both in terms of style and quality.

One of the points for which the authors should be congratulated is their commitment to showing the discursive construction of homosexuality from mid-nineteenth-century Germany (Kennedy) to the molecular biology debates of recent times (Richard Pillard, ‘The search for genetic influence on sexual orientation’, pp. 226–41). Other important historiographical issues are developed by Oosterhuis, who examines the use of patients’ autobiographies by Krafft-Ebing, and by Rosario himself, who utilizes literary sources in order to contextualize his work on French *fin de siècle* conceptions of homosexuality.

A few notable absences from the book need to be addressed: although nine of the articles, including the introduction, draw upon Havelock Ellis’s contributions, there is no single study of Ellis’s medical work. Also, only Erin Carlston refers to Albert Moll, the German physician who was the single most cited author in Ellis’s *Studies in the psychology of sex* (Philadelphia, 1936), and who had the most important pre-Freudian position in sexology after Krafft-Ebing. Furthermore, no attention is paid to hypnotism, championed by Albert von Schrenck-Notzing, Albert Moll and Krafft-Ebing in Germany, Alfred Binet and Charles Féré in France, and Lloyd Tuckey in England. And finally, the role of forensic medicine in establishing “homosexual” identity, particularly in England, is ignored (reference to Alfred Taylor’s or Charles Mercier’s writings would have been appropriate here). But these points are not to detract from Rosario’s laudable achievement. They should be seen as encouragement for him

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to edit another fine volume of *Science and homosexualities*.

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Benedict F Massell, *Rheumatic fever and streptococcal infection: unravelling the mysteries of a dread disease*, Boston, Francis A Countway Library of Medicine, 1997, distributed by Harvard University Press, pp. xi, 394, \$25.00 (0-674-76877-9).

Ten years after Benedict Massell entered medicine in 1931, rheumatic fever was the leading cause of death for policyholders, from the ages of five to thirteen, at the Metropolitan Life Insurance Company. He recalls that Arnold Bennett, in *The old wives' tale*, describes it as "this dread disease". This is just one of the notes and references which occupy one quarter of the text of this remarkable review of the literature on rheumatic fever and its responsible streptococcus. The classic descriptions of the nineteenth century led up to the Harveian lectures given by Walter Cheadle in 1888, which Massell believes to be as complete and accurate a clinical description as anything published since then. He traces the history of investigations into the disease and its mechanisms, its streptococcus and its prevention, and brings a mastery of the literature and a love of his subject to this important book. He reminds us that new ideas about old diseases may be difficult for the profession to take on board. It may be no surprise that the American Rheumatism Association, in its rheumatism reviews, did not accept the role of the streptococcus until 1962, despite the clear evidence presented independently by Coburn and Collis in 1931–32.

Chapters are devoted to cause, pathogenesis, treatment and prevention, and reflect the march of medical science from disciplined observation at the bedside, through to the molecular understanding of the mechanisms responsible for damage to the heart. As a

master of his subject, whose mind is inquisitive and alert, Massell challenges the reader to think about the unknown problems of the disease, just as lucidly as he presents the evidence which has led to the solving of some of the former problems.

Massell was in charge of the House of the Good Samaritan in Boston and that is where his work was based, but it was closed in the 1970s because the disease had ceased to be a problem: tragically, a very large collection of sera was destroyed. The decline of the disease, which began before penicillin was available, depended on the poor being better housed and less crowded at home, so that easy transmission of the responsible types of streptococcus became rare. But the decline in the richer countries has not been matched in the poorest. The book would convince the most dismissive sceptic about inequalities in health that rheumatic heart disease is socially determined: it accurately reflects poverty and poor housing. It is a pity, therefore, that, while the author mentions the burden of rheumatic heart disease and of streptococcal infection in developing countries, he nowhere addresses this appalling burden. It is bewildering for the thoughtful physician to consider only one of its demands—how can secondary prophylaxis, which is very well discussed in the text, be made available where health care is rudimentary? This contemporary challenge is just as daunting as the problems which confronted the Armed Forces medical services when there were epidemics of the responsible streptococci among vast camps of recruits during the Second World War.

Massell has not written this absorbingly clear review as a spectator or as a mere retriever from *Medline*, but from his own daily contact with the disease and its perplexities since he set out in 1931. It is to be hoped that the decline and fall of such a dread disease in the rich world will, before long, be matched by a similar decline in the poorest countries of the world. That is an even bigger task which offers even greater rewards than the challenges, already met and overcome, by the many investigators to whom the author has so