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parallel non-Task Force initiatives such as The Gambia Hepatitis Group are neglected). Only at ground level do the files fail. The women's movement in Indonesia or village health workers in Thailand are seen from above, from memos and reports by outsiders. Thus a reference to an Indonesian village split by unbridged ravines, creating difficulties for vaccinators (p. 104) appears as a rare, refreshing, insight bringing the local picture to life.

Because of the author's closeness to his sources, at times there is a feel of reportage rather than reflection. Muraskin may be conscious of this tendency as he refers—albeit fleetingly—to debates against which this history should be situated. Thomas McKeown's critics are mainly dealt with in a footnote, where unfortunately Simon Szreter's article is mis-cited as appearing in *Social History* without the *Medicine* (n. 37, p. 75). McKeown's contribution is presented in relation to a burning issue in current health politics—vertical versus horizontal interventions—with extreme critics portraying vertical programmes as new imperialism. Muraskin argues that the Task Force saw hepatitis B vaccination (an archetypically vertical policy) as the means of saving many lives: empowerment of the poor, though a laudable goal, would not rapidly deliver the vaccine (pp. 64–5). June Goodfield's history of global vaccination programmes (cited here), and Muraskin's own contribution, open up a wider territory for familiar historiographical debates.

Flawed by its immediacy and partisanship, this book is also inspired by these same qualities. It is a unique contribution in an area of recent history of importance in its own right, but also as an instance of more general policy history. The book will be of use to health policy and health promotion scholars as well as medical historians interested in third world issues.

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Suzanne Poirier, *Chicago's war on syphilis, 1937–40: the times, the Trib, and the clap doctor*, Urbana and Chicago, University of Illinois Press, 1995, pp. x, 271, illus., \$42.50 (0–252–02147–9).

Recent historians have understandably been fascinated by the complex interplay of medical, moral, and social arguments surrounding venereal disease—issues which have appeared particularly relevant in the light of AIDS. Suzanne Poirier provides a further analysis of these responses in her study of the Chicago Syphilis Control Programme, hailed in 1937 as the flagship of Surgeon General Thomas Parran's "New Deal" for syphilitics. Her account charts the fortunes of the programme from its jamboree-style launch, through its ambitious implementation of enforced and voluntary testing, to its decline and restructuring at the start of the Second World War. Poirier never attempts to simplify the contradictions inherent in efforts against venereal disease, but finds tensions everywhere: between federal, state, and local policy-makers; between public and private practitioners; between professed egalitarianism and apparent stigmatization; between compulsion and voluntarism. Her presentation of the programme's history through the voices of officials, journalists, and one eccentric employee is an attempt to capture these nuances. Dr Ben Reitman, the ex-hobo confidant of gangsters and prostitutes, combined a pragmatic view of sexuality and prophylaxis with a frequently judgemental attitude towards his low-life patients. The editors of the *Chicago Tribune*, eager to endorse an enlightened programme of syphilis control, were nevertheless embarrassed by their traditional antagonism towards the New Deal Government. Poirier's eclectic approach, and her willingness to draw out untidy issues, are two strengths of the study. Another is her detailed and very readable style; we are offered a vivid picture of the day-to-day work of street testing-stations, public lecturing and down-town Chicago—a picture sharpened by her use of the sensational voice

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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