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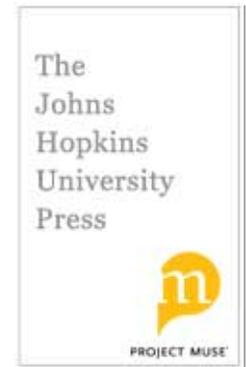
Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland. Vol. 57 of *Clio Medica* (review)

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trouble with aetiological factors of tuberculosis was that the truth was rarely clear-cut and almost never politically correct" (p. 242). The book also includes some striking errors, such as attributing directly observed therapy (which began in the 1950s) to the rise of drug-resistant tuberculosis in the 1980s. The footnotes, though extensive, are inconsistent and inadequate, with direct quotations often going unreferenced.

Beyond these strengths and flaws, two aspects of *The White Death* remain particularly puzzling. First, Dormandy's tone is inconsistent. He mocks the explanations of early physicians (e.g., "Childish hypotheses were often expounded at length" [p. 9]), but provides sympathetic discussions of their practices (e.g., bloodletting [p. 16]). While he reveals the misguided optimism of those who believed that tuberculosis would disappear, he remains a self-conscious victim of the "spes phthisica." Tuberculosis has always inspired hope that it will be overcome: "To the eyes of one astonished observer it still does" (p. 392). Second, his desired audience is unclear. Historians will find little insight in this book that cannot be found in Dubos's *White Plague*. Someone looking for analyses of the history and meaning of tuberculosis would be better served by Randall Packard, Katherine Ott, Sheila Rothman, or David Barnes. General readers will find much of interest in Dormandy's stories and anecdotes, but his narratives of shattered lives and medical struggles provide little sense of the meaning of it all.

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Roger Davidson. *Dangerous Liaisons: A Social History of Venereal Disease in Twentieth-Century Scotland*. Vol. 57 of *Clio Medica*. Wellcome Institute Series in the History of Medicine. Amsterdam: Editions Rodopi, 2000. vii + 383 pp. Ill. \$85.00 (cloth), \$28.00 (paperbound); Hfl. 200.00 (cloth), 65.00 (paperbound); £60.00 (cloth, 90-420-0628-5), £19.50 (paperbound, 90-420-0618-8).

The development of British policy and administration on the venereal diseases (VD), later termed the sexually transmitted diseases (STDs) in the nineteenth and twentieth centuries, has been the subject of a huge amount of recent historical attention. Much of this has derived from research initially stimulated by feminist concerns, or by interest in the construction of deviance. The historical examples of opposition to the Contagious Diseases Acts of the nineteenth century and the Royal Commission on Venereal Diseases' establishment of a state-funded system of confidential open-access clinics were also valuable precursors for those arguing for a similar liberal response to HIV/AIDS. All this work is set on the national stage: English experience stands as surrogate for the rest of the United Kingdom. Roger Davidson's *Dangerous Liaisons* corrects this balance and reminds us that there have been few local studies. The response to VD in

Scotland is, however, more than a local divergence: Scotland has its own distinctive traditions of medicine, derived from long association with continental Europe, and even today its own systems of health organization. On occasion, Scottish initiatives have fed through into English health policymaking. The history of health education for smoking, and of harm-reduction policy for HIV/AIDS and drug use, are two recent examples.

VD policy also had its own trajectory in Scotland. By contrast with the “liberal” English response, Davidson uncovers a tradition of “civic authoritarianism” in Scotland in the interwar years that manifested itself in proposals for more stringent control of VD, including compulsory notification. The Edinburgh Corporation (Venereal Disease) Bill of 1928 was the most far-reaching with its provisions for compulsory treatment, extending both to children and to defaulters. Such moves were unsuccessful, and Davidson argues that the opposition to them underlined continuing public opposition, demonstrated earlier in antivaccinationism, to the growing alliance between expertise and the potentially authoritarian state.

Despite the existence of substantial later pressure—mainly from Medical Officers of Health—for the continuance of World War II controls of notification and compulsion as long-term policy, these were not extended in the late 1940s. The English Ministry of Health was anxious not to make the National Health Service negotiations more difficult by implying that controlling physicians might be an outcome, and the advent of penicillin made scientific advisors feel that physical control would be unnecessary. Scotland in the postwar period was in some senses less restrictive than England: it did not follow the provisions of the 1968 National Health Service regulations that allowed more extensive contact tracing—in part because of sharp postwar declines in the incidence of gonorrhoea and syphilis, which were rising elsewhere in the United Kingdom. Edinburgh and Glasgow were, however, introducing local contact-tracing policies that shifted from the traditional preoccupation with defaulters to tracing the hidden pool of infection within the community.

The book covers much more than the trajectory of policymaking. Davidson studies the role and nature of treatment (irrigation for gonorrhoea seems to have been particularly damaging before the advent of M and B therapy), and discusses clinic architecture (based on the pawnshop). He is sensitive to the gender dimension of treatment and of health discourse, where it was the woman—either as mother or as “good time girl”—who was variously the innocent victim, the guardian of the future of the race, or the potential polluter and vector of infection. The low status of venereology as a medical specialty did not help matters.

Scottish VD policy did not influence the rest of the United Kingdom. In another respect, too, it was significantly different: the advent of HIV/AIDS was recognized there, not through the VD route (as in England), but through general practitioners treating drug users. The Scottish infectious disease specialty initially took specialist responsibility; it was not a genito-urinary medicine

issue (GUM), as in England. Davidson does not discuss this later history, or the different structures and specialties that sustained it.

This is a valuable and meticulously researched study using a wide range of sources and methodologies. The distinctiveness of Scottish VD policy is rightly recognized. *Dangerous Liaisons* should provide a model for further studies that recognize the Scottish dimension of British health policy.

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Christian Warren. *Brush with Death: A Social History of Lead Poisoning*. Baltimore: Johns Hopkins University Press, 2000. xiv + 362 pp. Ill. \$45.00 (0-8018-6289-2).

What will a history of public health look like when it departs from models forged on acute, infectious disease and takes on those conditions so prominent in post-World War II practice, when awareness of subclinical toxicity was combined with a sweeping sense of toxins' environmental spread? *Brush with Death*, our first book-length study of the health debates over lead in this country throughout the past century, lays open this new terrain. A well-written summary of the flurry of scholarship on controversies early in the century, Christian Warren's book follows these stories to their climax over the sixties and seventies. Rather suddenly, this age-old poison turned out to present a far greater health threat than most had assumed. Headlines about a "silent epidemic" blared, federal legislation and money for research and policy ensued, as did plummeting assessments of how much blood lead was safe. Why? Historians of medicine and public health are indebted to Chris Warren for the most thorough and convincing explanation yet.

His choice of topic serves Warren well. No single toxin offers a better window on this mid-century transformation of public health than does lead. The most widely recognized and studied of early-twentieth-century poisons, it provided the single most important template for a science and practice of "industrial hygiene" that shielded the lead industries from health concerns or regulation from the thirties through the fifties. Warren narrates the managerial awakening to the pervasiveness of occupational lead poisoning late in the Gilded Age, spurred by social and legal change as well as by the physician-reformer Alice Hamilton. The medicoscientific approach then crafted by industrial hygienists genuinely improved conditions in many factories, Warren judges, but it also supplied medical cover for a manyfold expansion of lead's uses—most dangerously, as a gasoline additive.

Brush with Death adds to these stories a parallel one about the slowly evolving awareness of childhood lead poisoning, as well as a new argument about what helped drive the *pax toxicologica* of compromises between health professionals