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practice. Considering the economic dimension provides a compelling explanation for the diversity of “medical occupations”. Indeed, taking into account the fact that the “careers” of medical providers moved between types of medical occupation (traditionally the tripartite division between physician, surgeon, and apothecary) and, simultaneously, between those and other trades and occupations, challenges and enlarges previously cherished notions of what constituted early modern medical “professionalism”.

The book is divided into three sections: Part I considers ‘The urban environment’, and, by examining contemporary literary sources, addresses the pressing health concerns of early modern Londoners, whose medical providers were (with difficulty) “regulated” by the College of Physicians. The relationship between the food supply and social policy is considered within the wider context of the place of diet in the early modern medical world-view, and the plight of the “sick poor” (as a significant sub-section of the poor) of Norwich is discussed with reference to the social, political and economic problems they encountered and engendered. Part II is concerned with ‘Age groups and gender’, and provides a range of studies which include the health of children as an important economic factor, but one that interestingly “exam[in]es the child outside the circumscribed context of the family and family relationships”; the strategies employed by the disabled elderly poor of Norwich which enabled them to survive on the margins of society; and the role of older women in the provision and consumption of “caring” in the late sixteenth-century town. Part III considers the ‘Occupations’ of early modern nurses and the associated problems of status, definition, and identification, and barber-surgeons are discussed with reference to the social and economic diversity of their activities. The role of poverty in increasing the supply and demand for medical provision and the concomitant effects upon

medicine as a profession, or trade, is addressed in the final chapter.

A diverse and lively medical landscape is explored by making comparisons between the early modern period, the nineteenth century, and the present day. Although occasionally disconcerting, this strategy is nevertheless justified because of the “intrigu[ing] parallels and contrast between the later and earlier periods”, and because it is Pelling’s intention to redress the “weighting [of interest] against the early modern period”. The latter is most welcome. Acknowledging the increasing interest among “generalists” in the history of medicine, Pelling also makes clear her objective to provide studies that “build bridges” not only between “specialists and generalists but also between areas of scholarship such as economic history, social history, historical demography, English literature, and gender studies”. The result is a thought-provoking, wide-ranging, and important group of essays that continue to both stimulate and challenge our approach to the study of early modern medical occupations.

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Angus McLaren, *The trials of masculinity: policing sexual boundaries 1870–1930*, Chicago Series on Sexuality, History and Society, Chicago and London, University of Chicago Press, 1997, pp. viii, 307, illus., £19.95, \$24.95 (hardback 0-226-50067-5).

The character of manliness has varied over time and place, and according to class and ethnicity, but while this developmental goal is inconstant, its attainment has always been regarded as a long and perilous struggle. Becoming manly was never meant to be easy. Since Freud, the process has appeared even more hazardous, or at least more easily diverted at an early stage, and

the socially desirable outcome, while still somewhat variable, now seems ever more fragile. As modernist—or perhaps post-modern?—historians, we have come to show prurient interest in the anxieties and vulnerability of those who indulge in what we now take to be meretricious displays of power: secretly tentative males; conflicted heterosexuals; paranoid whites; nervous colonizers; unhappy rich people.

Angus McLaren, who previously has written on eugenics in Canada and on the history of contraception, provides us with an entertaining and wide-ranging account of the medical and legal framing of challenges to authorized masculinity at the end of the nineteenth century and the beginning of the twentieth. As he puts it, his “central argument is that the boundaries of masculine comportment, normal sexual behaviour, and male gender identity were constructed and maintained by law, medicine, politics and popular ritual” (p. 7). The first part of the book deals with the law, examining the trial records of fraudulent marriage brokers, bigamists, abortionists, smug doctors and murderers. In the rest of the book, McLaren describes the “medicalisation” of unmanly behaviours, the “construction” of the masturbator, the sadist, the exhibitionist and the transvestite. (McLaren points out that the construction of the homosexual has already been studied sufficiently for him to set it aside.) There was, it seems, a remarkable amount of construction activity going on in law and medicine at the end of the nineteenth century. McLaren has us jumping from one building site to another, from Britain to France, to the United States, to Canada, and back again. Judges, criminologists, psychiatrists and sexologists took some of the available sexual practices and violent behaviours and used them to frame damaged, or damaging, identities: some of the males who did these things thus became marginalized as perverts or criminals, serving as object lessons in gender deportment.

Unfortunately, McLaren follows most of the late twentieth-century theorists who assume that each of the manifold “failures” of masculinity must inevitably be called a feminization, and given a passive coherence, despite providing plenty of examples of perverse masculinity and even a few sad cases of actual breakdown in identity. Is this perhaps the last remnant of structuralism: that everything not manly must be called woman?

McLaren vividly conveys the legal and medical framing of these damaged identities, but it is never quite clear what remains central to masculinity and how this hard core (if that is the correct term) changed over time. In the conclusion, McLaren seems to endorse the arguments of Gail Bederman and others, tracing a trajectory from early-Victorian moral and restrained manliness to late-Victorian aggressive and sexualized masculinity to twentieth-century “masculine domesticity”. But too often the reader is left to try to attach McLaren’s constructions of “not-manly” to the various forms of manliness that saunter off-stage. My own difficulty in making these links led me to suspect that masculinity, like whiteness, is not a category defined solely by its exclusions. Indeed, the scant attention paid here to the positive contributions of racial thought—or of imperialism for that matter—to the construction of European and North American masculinity during this period is rather surprising.

Although McLaren warns his readers that he “follows a trail blazed by Michel Foucault and is inspired by a modest measure of post-modernism” (p. 6), the text is refreshingly free of jargon. In fact, as I read on I came to interpret the reference to Foucault as a family romance, not as a true genealogy. Of course, Foucault has already described the major landmarks of this territory, but McLaren’s argument derives more from sociological studies of medicalization and social control. In this account, the new medical categories seem ultimately to repress humanity, not, as in

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the Foucauldian pro forma, to fabricate identities. Despite constructivist gestures, McLaren's main concern (as the title implies) is the policing of the boundaries of masculinity, not the production of "normal" or "abnormal" desire. But these are mere theoretical quibbles, and should not distract us from what may be, for some, the narcissistic pleasure of the text.

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Franz X Eder, Lesley A Hall and Gert Hekma (eds), *Sexual cultures in Europe: national histories*, Manchester and New York, Manchester University Press, 1999, pp. x, 270, £45.00 (hardback 0-7190-5313-7), £15.00 (paperback 0-7190-5314-5).

Franz X Eder, Lesley A Hall and Gert Hekma (eds), *Sexual cultures in Europe: themes in sexuality*, Manchester and New York, Manchester University Press, 1999, pp. x, 261, £45.00 (hardback 0-7190-5320-X), £15.00 (paperback 0-7190-5321-8).

The history of sexuality has undoubtedly been one of the booming areas in interdisciplinary historical studies in recent years. This two-volume collection of essays attempts to survey the state of the art with reference to different national contexts within Europe and also to explore new themes. The volume subtitled *National histories* offers eight essays on sexual cultures in Britain (by Lesley Hall), Ireland (by Tony Fahey), the Netherlands (by Harry Oosterhuis), France (by Robert Nye), Italy (by Bruno Wanrooij), Germany and Austria (by Franz Eder), Spain (by Richard Cleminson and Efigenio Amezúa) and Russia (by Igor Kon). These are, on the whole, excellent surveys and some, such as the contributions by Nye and Eder, are far more than mere overviews. Certain themes

recur in the essays, regardless of the national context: religion, morals and the frequent disjunction between theoretical prohibitions and practical latitude. By concentrating on matters related essentially to sexual *behaviour*, the essays, perhaps, miss an opportunity to explore different societies' ideas about the nature of masculinity and femininity and their diverse contexts. Nevertheless, these concise studies would be very useful as teaching texts (especially in courses on general cultural history, where more detailed works on the history of sexuality cannot easily be used) and as points of departure for scholars coming to the history of sexuality for the first time.

The volume is rounded off with a brief history of the World League for Sexual Reform by Ralf Dose and a perceptive essay by Harry Oosterhuis questioning the conventional historical assumption (which, actually, is not quite so common as Oosterhuis seems to imagine) that the medicalization of sexuality in the late nineteenth century signified a top-down imposition of medical ideas and norms. As Oosterhuis argues on the basis of his research on Richard von Krafft-Ebing and as other scholars on the history of homosexuality (such as Vernon Rosario) have demonstrated, ideas on sexuality were medicalized as a result of a complex interplay of medical and broader social and institutional forces: "medical knowledge of sexuality could be successful only because it was embedded in society" (p. 238).

The other volume, *Themes in sexuality*, presents eleven essays based on original research in different areas of the history of sexuality. They address three broad themes: dangerous sexualities, stigmatized sexualities, and the links between sexuality and reproduction. Lutz Sauerteig shows how the impetus toward educating children and youth in sexual matters came from different sources and affected different groups in eighteenth- and nineteenth-century Germany, although an emphasis on