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Knowledge has always been a central theme in the history of venereal diseases. Who should know about such diseases, to what extent, and in what circumstances, are questions that have long elicited strong opinion. In late Victorian Britain these debates were particularly marked, in part due to growing concerns about how to provide knowledge without destabilising morality. The need to tread delicately when sharing knowledge about disease, for example with modest women or innocent young children, was one factor that fuelled a gradual but marked shift in relation to who 'owned' this knowledge: sex became increasingly a medical issue. By the turn of the century, deviant sexual behaviour was being pathologised and sex education began to emerge as a public health issue. While disease had always fallen within the medical sphere, for diagnosis and treatment, this period was undoubtedly one of particular significance. Not only did medical practitioners have the power to disseminate knowledge about sex to the public, they were also producing it at an unprecedented rate due to advances in bacteriology.

Historians have produced important research on the implications of this so-called 'medicalisation' of sex, and the ways in which medical practitioners could provide or limit certain social groups with access to knowledge. However, we know less about how this knowledge was constructed and shared *within* the medical profession. In *Medicine, Knowledge and Venereal Diseases in England, 1886-1916*, Anne Hanley helps to address this gap. As Hanley notes, despite the historiographical interest in turn-of-the-century sex and disease, 'there is one area that has received little attention and it is this area with which *Medicine, Knowledge and Venereal Diseases* is concerned: the development and circulation of knowledge claims, clinical practices and technologies among different groups of medical professionals' [p. 2]. Her rigorous and detailed study of the construction and sharing of knowledge about venereal disease adds to scholarship that questions the bacteriological revolution, and highlights the uneven nature of medical knowledge.

This book makes a significant contribution to historiographies of medical knowledge and medical education, in addition to its specific subject of venereal diseases. Hanley does not just show that medical knowledge about venereal diseases lacked consistency, but also interrogates *why* by looking at medical education and publication practices. She examines a range of different types of practitioner over the course of the book's seven chapters – including nurses, midwives and Medical Officers of Health as well as doctors – to show that we cannot draw easy conclusions about knowledge along professional lines. 'The acquisition of new knowledge', Hanley argues, 'was heavily determined by the age, professional circumstances and personal motivations of individual medical professionals' [p. 7].

In addition to being a study of medical knowledge and education, this is a book about professional aspirations and identity. Hanley shows how and why medical practitioners' status and professional goals influenced their reception of new scientific theories and technologies. The book also shows how medical practitioners' social (as well as professional) status and background influenced the construction of knowledge around sex and disease. The chapters on female medical practitioners are particularly interesting in this regard, providing 'an important counterpoint to an otherwise predominantly male sphere of clinical research and practice' [p. 15].

The 'social' is not absent from this study, but nor is it the book's primary focus. Hanley acknowledges the importance of 'social, moral and ideological' factors in shaping medical knowledge, but is more interested here in rectifying the lack of historiographical attention to 'professional and scientific forces' [p. 3]. This focus enables a close study of exactly how such forces operated, at local levels and in different professional contexts, contributing greatly to our understandings of how medical knowledge about venereal diseases was constructed and disseminated. The book would, though, benefit in places from further drawing out how the professional/scientific linked with the social

aspects of knowledge construction and dissemination. As Hanley notes, *Medicine, Knowledge and Venereal Diseases* focuses on a period in the wake of the Contagious Diseases Act repeal, making it very difficult to separate medical ideas about disease transmission from high-profile contemporary debates around gender, blame and respectability.

Overall this book represents an important contribution to our understandings of how new knowledge about venereal diseases was produced and travelled, or – in many cases – did not travel. Its findings about the uneven nature of medical education and knowledge construction are crucial for historians of medicine more generally, and emerge from close, careful and convincing analysis. Hanley warns against historiography based on assumptions about medical knowledge of venereal diseases. She encourages us to think critically and with more nuance about the history of sex, disease and medicine. In this study there is no clear-cut story of the rise of medicine knowledge, or of simple ‘medicalisation’, and it is all the richer for it.