one another. While Brettell’s study yields a detailed picture of shifts in migration and the impact upon those shifts at home, Lucassen is able to sketch a broader range of geographical movement and to suggest the familial and demographic dimensions of migrant behavior. Together the studies do not answer the questions posed by the other, rather they hint at the shape those answers might assume, indicate sources that may be investigated, and inspire further questions about the movements of men and women in European history.

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In 1914 the Canadian Expeditionary Force boasted the highest level of venereal disease of any of the military units serving in western Europe. Of the thousand hospitalized men in 1915 of the First Canadian Contingent — which as a result of a typographical error is here happily christened the “First Continent” — 564 had VD. The impact of such diseases on the country’s armed forces, Jay Cassel reminds us in this interesting book, underlay the launching of the national campaign against VD in the 1920s.

Cassel begins his story almost a century earlier in plotting the growth of the scientific investigation of VD from Ricord’s separation of syphilis and gonorrhea into two distinct entities in the 1830s to Ehrlich’s transformation of the treatment of syphilis by his discovery of Salvarsan in 1910. Cassel’s sympathies lie very much with the doctors and he accordingly provides useful accounts of both the growth of scientific knowledge and medical methods of disease control. The first five chapters of the book do not, however, contain much new information on either the evolution of the Canadian medical profession or nineteenth century attitudes towards sexuality. The author only hits his stride when he turns to the question of the response of the army to VD in 1914 and then the reaction of the Canadian government to the threat of such diseases at home in the 1920s.

The question posed by syphilis and gonorrhea in the early twentieth century — as by AIDS today — was how “respectable” society could combat such diseases without appearing to sanction the deviant practices that were believed to produce them. Cassel argues that doctors’ success lay in advancing the argument that the well-being of the community depended on forceful government intervention to provide for inspection and treatment. He points out that the Department of Health was established in 1919 as a result of such lobbying and its campaign against VD was one of the first cost-sharing measures worked out between the federal and provincial governments.

Much of what Cassel reveals of the various efforts to both care for and control VD patients is fascinating. But one of the dangers of looking at the treatment of VD primarily from the authorities’ point of view is that it can lead to an overemphasizing of their scientific concerns and a downplaying of their moral and political preoccupations. The fact that doctors refused to supply patients with condoms on the grounds that the provision of such protective devices might be taken as a sanctioning of promiscuity suggests that it was not as easy to disentangle medical and non-medical concerns as Cassel seems at times to imply. Although he makes a point of expressing his dissatisfaction with A.M. Brandt’s excellent social history of VD in America and S. Buckley and J.P. Dicksen McGinnis’ pioneering study of VD and health reform in Canada, *The Secret Plague* would be a more satisfying account if Cassel followed these authors’ lead in saying something about the way in which the fear of VD was used even by the most progressive doctors to shore up sex and class power relationships.

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