

## Book Reviews

whippings. The South had the highest infant mortality rates in the country, and also the highest rates of hypertension, heart disease, and venereal disease. Even tuberculosis, often termed the disease of industrialization, was more prevalent in the southern states than in the North.

Disease rates thus provided considerable justification for northern views of the South as benighted and backward. Ill-health was clearly related to poverty, poor housing, and malnutrition in large sectors of the population. The South was distinctive in its heritage of slavery, its poverty, racism, and poor diets, as well as in providing a favourable environment for disease-transmitting mosquitoes.

Many southerners responded to accounts of southern diseases with denial. Northern accounts of the sickness of the South made them ashamed and defensive; they refused to notice any problem, and southern diseases such as pellagra were long rendered invisible. The diseases of poor white "crackers" were more readily seen by northern investigators than by the southern elite. These diseases became, in some cases at least, more a matter of ideological dissension than a reason for action. Nor did free Blacks have much voice in the debates over southern sickness. In general, the South exhibited a losing combination of chronically debilitating diseases plus a refusal to admit to the existence of real problems.

In the early twentieth century, public health problems in the South began to be addressed, and then often by northerners, by representatives of the Rockefeller Foundation and the United States Public Health Service. Only with the New Deal and World War II did the South become "Americanized" and integrated with the rest of the country, thus narrowing the differential disease rates between North and South.

The essays in this book are individually interesting and well integrated by the editors. Most build on previously published work: Elizabeth Etheridge, for example, writes about pellagra, John Duffy discusses the impact of malaria, and James Harvey Young explores the patent medicines of the South. Alan Marcus provides a helpful reflection on disease rates in relation to the standards being set by a newly self-conscious nation. The volume provides an excellent introduction to the history of disease in the southern states despite some inevitable gaps: one would like, for example, to know much more about childbirth and infant care, sanitation, and black health after slavery. It would also have been helpful to provide some comparative statistical data: just how much sicker was the South than the North? Did Blacks really enjoy a relative advantage over poor Whites in being less susceptible to malaria and yellow fever, or was their natural immunity offset by poorer environmental conditions?

Southern sympathizers will find no grounds for comfort in this volume—it seems that the South provided no advantages, except perhaps in the availability of opium and patent remedies guaranteed to turn black skin white. As James Harvey Young tells us, perhaps the best revenge of the South is to be found in the metamorphosis of its most successful patent medicine into that internationally ubiquitous beverage: Coca-Cola.

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WENDY MITCHINSON and JANICE DICKIN MCGINNIS (eds.), *Essays in the History of Canadian Medicine*, Canadian Social History Series, Toronto, McClelland and Stewart, 1988, 8vo, pp. 218, Can \$14.95, (paperback).

This collection of seven essays joins earlier efforts by S. E. D. Shortt (*Medicine in Canadian society*, 1981) and Charles Roland (*Health, disease and medicine*, 1984) in summoning Canadian historians to investigate the new social history of medicine. Already an accepted and highly-developed sub-field of the "new social history" in the United States, Great Britain, and Europe, Canadian practitioners of the genre are, per usual, playing catch-up. This presents both pitfalls and opportunities. For Canadian historians the field remains wide open and yet both the methodologies and general parameters of the new social history of medicine have been established abroad in other national contexts. For the most part the seven essays in this collection stick to the high (safe) ground, exploring terrain already well mapped-out by American, British, and European scholars. Jean-Claude Robert investigates urban mortality in

## Book Reviews

Montreal between 1821 and 1871. Ken Pryke details the relationship between poor relief and health care in Halifax between 1827 and 1849 while Heather MacDougall surveys the emergence of the "sanitary idea" in Toronto between 1866 and 1890. Wendy Mitchinson explores the reasons for committals to the Toronto Asylum in the mid-nineteenth century. Michael Bliss resurrects J. B. Collip, the "forgotten member" of the Canadian team that "discovered" insulin in 1921–22. Janice Dickin McGinnis traverses the path from Salvarsan to penicillin in VD control in Canada between the wars. And finally Suzann Buckley assesses the reasons for the decline of maternal mortality in two Ottawa hospitals, making the case for more extensive and sophisticated use of hospital records by medical historians.

Taken together, then, this is a useful collection of "soundings": eclectic, often insightful, but very much within the Anglo-American empiricist tradition of historical writing. What is missing perhaps is a deeper reflection on more fundamental theoretical issues facing the would-be historian of Canadian medicine. Only Buckley touches on the central issue of whether methodologies, and more importantly, theoretical paradigms and explanations developed abroad can, in any wholesale fashion, "be parachuted in to explain the Canadian situation". Is there anything unique in the Canadian medical experience? Is there indeed a "Canadian" medicine? Important and central questions! This collection serves only to whet the appetite not only for more empirical "case studies" but for those more critical theoretical pieces on which any national historiography must be built. One can only endorse the editors' view that "while medical history in Canada has come of age, there is still much more work to be done." A critical "Canadian" social history of medicine remains to be written.

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ELIZABETH ATWOOD LAWRENCE, *His very silence speaks. Comanche: the horse who survived Custer's last stand*, Detroit, Wayne State University Press, 1989, 8vo, pp. 358, illus., \$39.95, \$16.00 (paperback).

A biography of a horse and the chronicle of its posthumous existence hardly sounds enticing as a description of a book. Such a banal précis, however, does no justice to this excellent volume. On 25 June 1876, Colonel George Armstrong Custer and his cavalry engaged with Indians at Little Big Horn. Not one cavalryman was spared. The survivors numbered Indians, horses, and dogs. Custer's last stand very quickly became, and has remained, a significant symbolic event in American life. The meanings with which it has been charged, however, have been varied greatly according to who was doing the symbolizing. Besides the battle as a whole, the engagement also furnished a cluster of subsidiary but historically important symbols. One of these was Comanche, the mount of Captain Myles W. Keogh. Comanche became the horse who was inaccurately dubbed the "sole survivor" of Little Big Horn. In a fascinating historiographical and anthropological study of myth-making, Dr Lawrence peels layer on layer off the stuffed remains of this animal, now residing in Kansas.

Claiming knowledge of, or association with, the horse became a valuable commodity from very early after the battle. Not surprisingly, therefore, the horse's public character and qualities soon became a jumble. Those who declared they knew him well described him as a bay, others, however, knew him to be a buckskin. One authority described him as a colt, another as a gelding. Dr Lawrence in her recovery of the original does a very clever job of relating the horse's gradual accretion of attributes to changing American images of the frontier, pioneering, the land, and above all the Indians. For the medical historian there is some excellent material here on veterinary medicine. The reader may occasionally feel less than comfortable with Dr Lawrence's impassioned analysis and, at times perhaps, wonder whether some of the detective work might have been better left in the footnotes, but as a study of the historical making of such an apparently uncomplicated object as a horse, it is a book well worth reading.

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