to a blatant neglect of workers' well-being and to deteriorating health standards on the job, which were in turn obscured by a corrupt establishment medical profession which was predominantly in the pay of the bosses.

Thirdly, and most significantly, this account has firmly undermined the stereotypical myths of a fatalistic working class quietly and passively accepting monstrous risks to life and limb on the job and an economistic trade union movement unconcerned about workers' health. Derickson's miners are not just victims of capitalist hegemony but active players on this historical scene. The author critically evaluates the pivotal role played by the Western Federation of Miners and the trade union locals through a range of sickness, injury, funeral and other "insurance" benefits, legal aid, mutual help and advice, and, uniquely, through creating, financing and directing union hospitals, starting with the pioneering Coeur d'Alene in 1891. The experience of British cotton and coal workers, and their unions, would go some way to corroborate the Derickson thesis of a labour movement campaigning and struggling incessantly to minimize health risks, protect members, prevent excesses and raise health standards on the job.

Furthermore, by exploring health at the point of production, Derickson provides an additional perspective on the labour process debate informing the motivations behind struggles on the issue of work control, clearly indicating that health was an integral part of what R. Edwards has termed the "contested terrain" between capital and labour. Derickson is at his best in delineating the process of class confrontation and inevitable violence which accompanied such struggles in American metal mining over issues of health and welfare.

There are few omissions or inconsistencies in this book. The case study is, however, rarely placed within a wider comparative framework and hence we learn little about whether the hospital provision schemes, or political campaigning of the metal miners on health issues is typical or exceptional. The issue of industrial fatigue and overstrain is not explored in any meaningful way, nor the connections between the acceptance of the concept of fatigue by owners, other elements of "scientific management" and the so-called "new paternalism". Moreover, the occasional comparative comments on trade unionism in Britain are misleading, based as they are on a reading of somewhat dated literature. However, these minor caveats do not detract from an exemplary, pioneering piece of highly original scholarship, which is extremely well written and crisply constructed, balanced and well corroborated in argument, lucid and, mercifully, uncluttered with medical jargon. If the struggles so cogently evaluated in this text provide an inspiration to individuals currently working to extend democratic control over health provision, they also raise a whole plethora of searching questions and hypotheses for social and medical historians exploring the neglected interactions between occupation and health. For this invigorating shot in the arm we are deeply indebted to Dr Derickson.

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TODD L. SAVITT and JAMES HARVEY YOUNG, (eds.), *Disease and distinctiveness in the American South*, Knoxville, University of Tennessee Press, 1988, 8vo, pp. xvii, 211, illus., $24.95.

How has the experience of disease in the southern states of America been different from that of the North? Has the South always been more sickly or is this perception merely a Yankee prejudice? Have questions of health and disease been part of a particularly southern self-consciousness and identity? The question of distinctiveness has long been a central issue to historians of the American South; this collection of seven essays by historians of medicine now addresses it from the point of view of the history of disease.

Insofar as this book answers the question, the South was indeed distinct: it was considerably sicker. Southerners had the worst health in the nation. Insurance companies charged higher premiums to their southern subscribers. The Sickly South was characterized by the three endemic "diseases of laziness"—malaria, pellagra, and hookworm. Although yellow fever had retreated from the North, it continued to be the "scourge of the South" in the nineteenth century. Todd Savitt's chapter describes the special health hazards of slavery in the ante-bellum South, including deaths from dysentery, typhoid, measles, whooping cough, accidents, beatings, and

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 sickliness 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 élite. 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 sickliness. 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