

prolonged discharge from the womb; so singing is not a “remedy”, nor is the condition *furor uterinus*.

In an extended discussion of the images of Ashmole 399, Dixon argues that they form a single “saga of uterine woes” (p. 31) of eight pictures, in which a woman suffering from uterine suffocation eventually dies. She interprets the autopsy in the sixth picture as evidence that death was seen as due to the womb becoming detached from the vagina. There are many serious problems with this interpretation. Since the pictures occur on a loose bifolium which was a later addition to the manuscript, there may be no connection between them and the different gynaecological tracts included in the collection. Even from the black-and-white illustrations given by Dixon (pp. 27–30), it can be seen that she is conflating two separate sequences; only in the first four does a blank scroll unfurl from the hand of the physician, and the dress of the physician changes from the first four to the second four. Furthermore, there is no evidence that the womb was thought capable of detachment from the vagina. Dixon (p. 37, n. 83) claims to have found “detachment of vagina and womb” in Wellcome MS. 49, folio 38, but this famous “disease woman” only has her womb shown as a separate organ on her left side—and her intestines on her right—in order to label more clearly the parts of each organ. Indeed, Dixon herself later describes, in ancient and medieval sources, “the belief that the vulva, vagina, and uterus of women were not separate anatomical components but a single, self-contained organ” (p. 117).

This book will no doubt find a large audience, helped by the presence of over 100 plates and illustrations; however, the care which is given to meticulous dissection of the visual material is in no way associated with a similar sensitivity to medical materials, and the central historical argument linking the two therefore remains perilously open to challenge.

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Alan M Kraut, *Silent travelers: germs, genes, and the “immigrant menace”*, New York, BasicBooks, 1994 (distributed by HarperCollins in the UK), pp. xiv, 369, illus., £19.95 (hardback 0–465–07823–0), £13.00 (paperback 0–8018–5096–7).

Alan Kraut strives mightily for fairness to all parties in his study of immigration and health in America, and in that resides many of the strengths and weaknesses of this work. Less about germs and genes than about the responses of the native born and newcomers alike to a variety of health issues—particularly the putative connection between foreigner and disease—*Silent travelers* investigates the ways in which medicine was used both as an instrument of social control and nativist anxiety and as a means of contending with genuine public-health threats tied to the arrival of immigrant bodies on American shores. One of the strengths of Kraut’s analysis is that he maintains the tension between these elements throughout his narrative. Public health officials are portrayed not as villains attempting simply to “Americanize” newcomers, but as individuals often torn between their sympathy for the anxieties and traditions of immigrants and their duty to protect the public from disease or practices contradictory to the dictates of modern medicine. Similarly, immigrant communities themselves are represented as active fashioners of a complex response to the new conditions and health realities of America, neither completely abandoning traditional practices nor rejecting out of hand the methods and mores of the American approach to health. If Kraut is to be faulted, it is that at times he seems to favour balance over investigation into the deeper reasons why “stranger” and “disease” were so often associated within American culture.

Silent travelers concentrates on roughly the period 1830–1930 and analyses the responses first to Irish and Chinese immigration, and then to Southern and Eastern European, focusing particularly on Italians and Russian Jews. It tells three interrelated stories. First, it examines the immigrant groups themselves, how they

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became stigmatized by particular disease associations born more of cultural prejudice than epidemiological fact, and how they adapted to the prejudice and poverty of the new world often by creating their own health institutions, based on American models but imbued with elements native to their indigenous traditions. Second, it analyses the institutional responses of native-born Americans to immigration, and in particular the adoption of quarantine as the paradigmatic solution to foreign health threats, visible in the procedures at Ellis Island to identify and exclude “unhealthy” or “undesirable” immigrants and in the various immigration-restriction acts of the late-nineteenth and early-twentieth centuries. Third, *Silent travelers* describes how the demands for good health and sanitation, coming from both native-born and immigrants, helped further the process of “Americanization”, as visiting nurses, school health programmes, labour reforms, and the burgeoning interest in public health all combined to spread a particular gospel of good living, one based largely on American middle-class notions of cleanliness and health.

In addition to rejecting simple social-control arguments and to portraying newcomers as active participants in their acculturation, *Silent travelers* merits praise for linking issues of health and medicine to broader social and political themes. The story of germs and immigrants, as Kraut tells it, is one intimately related to Americanization, the nature of urban poverty, and the institutionalization of public health as a state concern, and provokes anew the question of how health became such a powerful social/political language throughout the west in the late-nineteenth century. Kraut’s strength, however, lies more in raising such issues than in providing a searching analysis of them. *Silent travelers* spends little time on the process of the medicalization of social discourse, and while a central concern of the book is the codification of “the connection between immigrant and illness”, the dynamics of the process of stigmatization are left curiously underexplored. Finally, Kraut’s own data raise a question about the significance of

the phenomenon he is investigating. Even at its height, exclusions of immigrants on medical grounds never exceeded 2 per cent per year. If virtually all immigrants were being admitted, however, then what does this say about the actual practical consequences of linking newcomers with disease? *Silent travelers* provides important insights into this question, but ultimately no thorough answer.

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David Rosner (ed.), *Hives of sickness: public health and epidemics in New York City*, New Brunswick, NJ, Rutgers University Press for the Museum of the City of New York, 1995, pp. vii, 223, illus., \$35.00 (0-8135-2158-0).

Epidemics have long been recognized by historians, journalists, playwrights, and novelists (to name but a few) as splendid living, social laboratories. As Charles Rosenberg recently wrote, an epidemic “elicits immediate and widespread response. It is highly visible and, unlike some aspects of humankind’s biological history, does not proceed with imperceptible effect until retrospectively ‘discovered’ by historians and demographers” (*Exploring epidemics*, Cambridge University Press, 1992, p. 279).

Hives of sickness, a loosely edited collection of essays on the history of public health and epidemics in New York City, provides yet another example of the medical historian’s fascination with social responses to contagious disease. As David Rosner, the volume’s editor, notes in his useful introduction, the epidemics covered in this book are essentially social phenomena that intertwine issues of housing, the workplace, public health, immigration, poverty, politics, culture, and class.

The book’s first section, ‘Breeding grounds for disease’, is devoted to the “disease environment of the nineteenth-century [New York] City and its relationship to broad changes in housing and population” (p. 18). Gretchen Condran provides a useful demographic synopsis of the changing patterns