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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

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of epidemic disease in New York City from 1800 to the present. Elizabeth Blackmar, in a summary of her broader study of New York housing, *Manhattan for rent, 1785–1850*, discusses the unique relationship between the urban housing market and public health. Alan Kraut reprises elements of his recent book, *Silent travelers: germs, genes and the immigrant menace*, in an essay on immigrants, nativism and public health in New York City during the late-nineteenth and early-twentieth centuries.

The book's second section, 'When epidemic strikes', focuses on three epidemic diseases of the twentieth century as experienced by New Yorkers, smallpox, poliomyelitis, and HIV/AIDS, with essays by Judith Walzer Leavitt, Naomi Rogers, and Ronald Bayer, respectively. The essays on polio and AIDS are drawn from book-length studies by Rogers (*Dirt and disease: polio before FDR*) and Bayer (*Private acts, social consequences: AIDS and the politics of public health*).

The final section, 'The city responds', discusses how New Yorkers of the nineteenth and twentieth centuries responded to the threat and reality of epidemic disease. Elizabeth Fee and Evelyn Hammonds remind us, once again, that a public health official of the turn of the century, such as Dr Hermann M Biggs, had to be as adept in politics and social discourse as he was in more scientific endeavours. Daniel Fox, in an essay on the politics of public health in New York City since 1920, describes how the domains of municipal and public health politics became separate entities over this period.

Hives of sickness succeeds in summarizing some of the current historical research on the social construction of epidemic disease within the context of New York City. It is an example of how public health crises may be studied in order to accomplish a more nuanced understanding of the cultural, religious, political, social, and economic histories of cities.

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William Muraskin, *The war against hepatitis B: a history of the International Task Force on Hepatitis B Immunization*, Philadelphia, University of Pennsylvania Press, 1995, pp. vi, 248, \$29.95 (0-8122-3267-4).

William Muraskin, who has written extensively on the history of hepatitis B in the US, here launches himself onto the international stage with a crusading zeal to equal that of his protagonists, a group of idealistic scientists who banded together in 1986 as the Task Force of the title, to persuade all the powers that be to use hepatitis B vaccine for the poor of the world. Since the vaccine was hideously expensive, and the effects of the disease long-term rather than impacting visibly on children, governments and international agencies were reluctant to act.

The opening chapters introduce the problem and characters; two central chapters describe pilot projects in Indonesia and Thailand; concluding chapters relate the Task Force's relationship with the World Health Organization (WHO), and WHO's endorsement of a policy of universal hepatitis B vaccination in 1992. Major strands of the story are: first, a drastic lowering of the vaccine price, to make it affordable for developing countries, partly by vaccine technology transfer; and second, overcoming resistance of governments and agencies to delivering vaccine to the masses, by diplomacy and demonstration through successful projects. The lowering of the vaccine price alone is an amazing story, the solution to a puzzle which had long troubled this reviewer.

Detailed archival material is usually unavailable to contemporary historians, but Muraskin was given access to the files of the Task Force, a rare stroke of fortune. He makes full use of this resource, supplemented by interviews with all the key actors, to produce a richly detailed account of the minutiae of networks and negotiations through which policy actually works and is altered, and research and pilot programmes are translated into more universal policies (though