

goals of population health, make this a stimulating collection.

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**Markel** (eds), *Formative years: children's health in the United States 1880–2000*, Ann Arbor, University of Michigan Press, 2002, pp. xvi, 304, £42.50, US\$60.00 (hardback 0-472-11268-6).

In his 1998 overview of the writing of medical history, John Burnham argued that recent decades have witnessed tensions between medically trained and non-medically trained historians, or what he called MDs and PhDs (John Burnham, *How the idea of profession changed the writing of medical history*, London, Wellcome Institute for the History of Medicine). There are no such tensions in *Formative years* in which six of the ten authors hold an MD and a PhD. The foreword, written by Leon Eisenberg (MD but no PhD), provides an impassioned plea for the teaching of medical history to medical students and the importance of contextualizing medicine. This volume is probably reflective of the peculiar breed of medical practitioners attracted to child health; as Alexandra Stern and Howard Markel remark in the introduction, “Whether revered or reviled, those who have provided medical care to children have always been involved in social, political, and cultural questions beyond the domain of the sickbed, clinic, and hospital” (p. 1).

The introduction provides a useful overview of the historiography of child health in America, while the essays themselves are based on primary research, breaking new ground. Part 1 discusses the rise of paediatrics as a specialty. This includes a chapter by Russell Viner, based on his 1997 Cambridge PhD thesis on Abraham Jacobi, appointed to the New York Medical College in 1860 as the world's “first dedicated professor of pediatrics” (p. 23). Howard Markel discusses the relationship between public health workers

and paediatricians in New York City in the Progressive era. In a fascinating chapter on incubators and ventilators for premature infants, Jeffrey Baker shows how a study of technology can reveal much about the culture of the people using it. For instance, in late-nineteenth-century France the incubator was designed as an extension of the mother, whereas in the United States it was a substitute, “a symbol of science and of a more direct challenge of the physician to the mother's authority” (p. 71).

Part 2, ‘Standardizing the child’, includes chapters by Jeffrey Brosco on the use of weight charts in diagnosis, Alexandra Stern on Better Baby contests and their social implications in interwar Indiana, and Heather Prescott on the social construction of “normal” adolescent growth since 1900. Again the social context is highlighted and explored. Brosco's chapter shows how an “epidemic” of malnutrition was constructed in the 1920s owing to the widespread use of weight and height charts. Ironically, the epidemic ended just as the economic depression began and one would expect an increase in malnutrition. The end of the epidemic coincided with the victory of paediatricians over public health workers; the diagnosis of malnutrition now required a more complex clinical judgement by the physician. Brosco effectively shows how the rise and fall of the epidemic had little to do with actual changes in community health.

The final section of the book, ‘“Discovering” new diseases in children’, includes chapters by Richard Meckel on the construction of school diseases in late-nineteenth-century America, Chris Feudtner on the history of juvenile diabetes, Hugh Evans on the discovery of child sexual abuse in America, and Janet Golden on foetal alcohol syndrome in the late twentieth century. Evans describes how gonorrhoea in children, now understood to be the result of sexual abuse, was explained away as non-sexual in origin before the 1970s. Discussing a subject often hidden from view, he uses the diagnosis of gonorrhoea to show that child sexual abuse was much more prevalent than formerly believed. In the final chapter, Golden explores the acceptance of foetal alcohol syndrome as a diagnosis from 1973, linking it to the thalidomide

tragedy and the discovery of teratogens, the legalization of abortion, and growing attention to the problems of women's alcoholism following the women's liberation movement.

This volume amply lives up to its aim of exploring the intertwined relations between child health and society from the late nineteenth century to the present. It forms a significant contribution to the history of medicine and child health, opening up fascinating areas of research that would benefit from similar analysis in other countries.

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**Caroline Jean Acker, *Creating the American junkie: addiction research in the classic era of narcotic control*, Baltimore and London, Johns Hopkins University Press, 2002, pp. x, 276, £31.00 (hardback 0-8018-6798-3).**

In 1899, when Bayer Pharmaceuticals first presented aspirin as an over-the-counter medicine, they were hoping for a follow-up success to the bestselling brand pharmaceutical they had launched the previous year: Heroin. Their advertising pitch—"Cough? The problem has been solved by Glyco-Heroin"—had positioned the new drug as a clean, scientific and safe substitute for opium. But within a generation, heroin would become the focus for a vast body of clinical research into the deviant pathology of those who chose to take it. This construction of the "junkie" as a manifestation of a new kind of urban vice, and the medico-scientific underpinnings of the "addict personality", is the subject of Caroline Jean Acker's thorough and compelling survey.

In many ways the story of heroin in the twentieth century recapitulates that of opium which, in the previous century, had made a similar social transition from medicine to menace. In 1800, opium was perhaps the single most important drug in the Western pharmacopoeia: cheap, widely available and used liberally for a range of everyday disorders ranging from gastric ailments to headaches and

nervous complaints. By 1900, it had been placed under unprecedentedly tight medical controls and largely substituted with more potent synthetic preparations such as hypodermically-injected morphine; those who persisted in using opium without medical supervision were reconceived as suffering from personality disorders such as degeneration, constitutional diathesis or moral insanity. The pathologizing of heroin use in the early twentieth century represents a similar process, but one buttressed with a new medical language of psychology and pharmacology and a new social agenda of vice reform.

As Acker demonstrates, this new medical language was far from unified. Its psychological strand focused on the elucidation of a particular "addict personality", stressing its kinship with other forms of vice, such as prostitution, and their shared roots in poor impulse control and moral weakness. By contrast, its pharmacological strand stressed the powerful metabolic drivers of craving, tolerance and withdrawal, carrying the implication that addiction was a function not so much of the addict as of the drug itself. This latter strand manifested itself in a persistent but largely fruitless search for a "magic bullet" analogous to the contemporary success story of penicillin: a "nonaddicting analgesic" which would have heroin's therapeutic benefits without its drawbacks of dependence. This search, memorably compared by Thomas Szasz to the "search for non-flammable liquids that are easy to ignite", persisted because, as Acker shows, it dovetailed neatly with a broader agenda of supply-side control by the profession at large.

What united these and other disparate approaches to the problem of addiction in the first half of the twentieth century was their implicit support of the political programme of narcotic controls and prohibitions. Acker's book ends with the emergence of social psychologists like Alfred Lindesmith and his University of Chicago colleagues, whose work began to assemble a critique of federal drug policy, demonstrating that "criminal justice sanctions on addictive drug use were cruel and ineffective". This combined from the 1960s onwards with a changing social profile of drug use that saw more