

straightforward set phrase: “the medicalization of intemperance”.

While her “story highlights the failure of the medical profession to discover a specific mechanism that caused alcoholism (other than excessive consumption of ethanol)” (p. xvi) and to undermine definitively the religious approach to drinking, it nevertheless aims to go beyond the mere depiction of the “incomplete medicalization” of inebriety that prevailed at the end of the Progressive Era. In this perspective, Tracy investigates a series of transformations in the attitude towards drinking in the United States, from the second half of the nineteenth century to the passing of the Volstead Act. Instead of focusing solely on the (partly) conflicting views and strategies of medical activists, on the one hand, and temperance organizations, on the other, she favours a comprehensive inquiry into the developments at work at different levels. The investigation starts by highlighting the cultural characteristics of the Gilded Age and the Progressive Era that help to explain the status of alcoholism as the most dreaded peril of the time; then proceeds with an analysis of the competing theories debated within the medical profession, as well as the various kinds of institutions set up to take care of inebriates; and closes with an exploration of the views expressed by the alcoholics themselves on their disease, and the treatment they were subjected to.

Three kinds of narratives are therefore intertwined in the fabric of the book. The first thread concentrates on the rising concerns about alcohol consumption, especially as regards the transmission of “inebriate diathesis” from one generation to the other. “The second narrative focuses on physicians’ foray into the arena of social reform” (p. 18) with three complementary aims: to convince the public that drinking was too serious a problem to be left to the care of Christian temperance associations; to persuade state legislatures that the money spent on the construction and the running of either “inebriate asylums” or farm colonies (described as the only effective responses to the disease) would be well used; to regulate the trade of the many proprietary drugs against alcoholism advertised all over the country. Finally, the third layer of the story

approaches patients’ experience of the disease, and institutionalization through the study of their correspondence with physicians, relatives, or the courts, as well as autobiographies published by “reformed alcoholics”. The originality of the book resides precisely in Tracy’s ability to build simultaneously on the contribution of the social history of medicine (great attention is paid to evolution in the very terms used by physicians with their underlying connotations), the history of state interventions in a contentious area, and cultural history of popular representations. Perhaps the most interesting aspect of the book is her analysis of the complex mix of medical and moral (i.e. overwhelmingly Christian) considerations that informed the approach to alcoholism over the period: notwithstanding their rationalist ethos, “physicians did not jettison their Judeo-Christian interpretations of behavior, free will, and appropriate social roles” (p. 19). To the point of taking it for granted that physicians’ role in helping patients out of alcoholism was, first and foremost, to set the institutional conditions for their “medico-moral recovery”.

**Luc Berlivet,**

Centre National de la Recherche Scientifique (CERMES), Paris

**David M Oshinsky, *Polio: an American story*, New York, Oxford University Press, 2005, pp. viii, 342, illus., £18.99, \$30.00 (hardback 0-19-515294-8).**

Born in 1934, my mother grew up afraid of rivers, lakes, and local swimming holes. Water was the conduit of polio, she was told by her own mother, and was to be avoided, especially in the hot summer months. Decades later, as a pre-schooler at my first swimming lesson, I still remember my mother reassuring me that I would not be a hydrophobe like herself, for we lived in a post-polio age.

How such a drastic change in attitude occurred in only one generation is explained in David M Oshinsky’s *Polio: an American story*. While the book is advertised as covering the entire twentieth century, Oshinsky focuses primarily on the middle decades, when the race to find

a vaccine was fierce. He begins with a somewhat superficial overview of the history of polio from Galen to Warm Springs, Georgia. This is a large swath of time, the later portion of which has already been covered in great detail by Naomi Rogers in *Dirt and disease: polio before FDR* (1992). The author hits his stride, however, a third of the way through the book, when he unpacks the complicated interrelationship between private fundraising campaigns (spearheaded, in the case of polio, by the National Foundation for Infantile Paralysis, or NFIP), the new post-war media machine, bi-partisan politics, and the science of virology. We learn why Jonas Salk became a household name in the United States, while Albert Sabin—a leading international figure in polio research—did not. Oshinsky takes us from the optimism of April 1955, when newspapers ran headlines proclaiming that “Polio is Conquered”, to the sudden wave of scepticism that hit the country later that same year after dozens of children who received vaccines from Cutter Laboratories of Berkeley, California, contracted the disease and were left paralysed. By ending his book with a discussion of the first bouts of Post-Polio Syndrome in the 1980s, Oshinsky indicates that the history of polio is not a simple story of medical triumph but one marked by numerous setbacks and complications.

There are many thematic threads to this book that will be of interest to medical historians. First, historians of medical ethics and human experimentation will find Oshinsky’s discussion of the moral quandary of using children (institutionalized and not) as research subjects in the early live-virus vaccine trials compelling and rich. And those who study the history of media and medicine will find Oshinsky’s story noteworthy, since he claims that the NFIP “created the concept of philanthropy as consumerism” (p. 5). For historians interested in women scientists, disability studies, or the patient perspective, Oshinsky has only a few brief sentences to offer. He leaves his reader wanting to know more about the women scientists who were essential to the development of the vaccine in the late 1940s and early 1950s,

such as Dorothy Horstmann—a Yale investigator who was the first to discover the “viremic phase” of polio, the very brief period of time when vaccination is effective—and Isabel Morgan—a Johns Hopkins researcher who, Oshinsky speculates, could “have beaten Salk to the polio vaccine” if she had been willing to use children as experimental subjects and avoided marriage at the age of thirty-eight (p. 132). Oshinsky rarely discusses polio victims themselves, except for a brief mention of teenager Bill Kirkpatrick, Salk’s “Subject No. 1”. In today’s literature, polio is a topic of both disease *and* disability history—one wonders why Oshinsky did not draw upon the work of Daniel J Wilson better to address the view of those on the ground who personally experienced what it meant to have polio.

Nevertheless, Oshinsky has written a highly readable history about the leaders behind America’s mid-century campaign to eradicate polio. Albert Sabin, Jonas Salk, Basil O’Connor (director of the NFIP) and FDR “represent[ed] the public face of polio—the courageous victim, the devoted foundation leader, [and] the brilliant researchers with their lifesaving vaccines” (p. 112). It is a top-heavy story, but one of extreme importance to understanding how laboratory science operates in a consumer-conscious, media-saturated, risk-adverse society.

**Beth Linker,**  
University of Pennsylvania

**John Russell Silver,** *History of the treatment of spinal injuries*, New York and Dordrecht, Kluwer Academic/Plenum Publishers, 2003, pp. xvii, 297, illus., £76.00, €110.00, \$121.00 (hardback 0-306-48032-8).

In an age of politically-correct disability consciousness, the Stoke Mandeville centre for spinal injuries is not just renowned, it’s iconic. Here, paraplegic sports replace basket-weaving and poetry as the pinnacles of human and medical achievement, and an endless succession of VIPs line up for photo-shots. The would-be normalizing of social intercourse with persons