

Book Reviews

What makes McMillen's work exceptional is extensive research in letters and diaries that brings the rich texture of real lives to the narrative. We hear the voices of antebellum southern women, who testify to the emotional and physical strains of motherhood as well as to the meaning they found in it. The words we hear, though, were almost all spoken by the most privileged women in southern society. The sources that survive in abundance are those of middle- and upper-middle class white women, and, as the author recognizes, the book tells only their story, a focus oddly out of keeping with the energetic exploration of the yeomanry so prominent in recent southern historiography. Motherhood as it was experienced by white women of the lower classes, still less by African-American slaves, is little explored. More than this, while the book dwells on the white male doctors who attended childbirth, it says little about the perceptions or practices of midwives, white or black, despite the fact that more often than not, they were the sole medical attendants even when middle- and upper-class white southern women were brought to bed.

This is a fine book that admirably exemplifies the programme to rewrite the history of health and healing from the sufferer's perspective. Yet, perhaps it equally displays one potential risk of that programme, to inform a new brand of élitism in our representations of the past.

John Harley Warner, Yale University

RICHARD A. MECKEL, *Save the babies: American public health reform and the prevention of infant mortality, 1850–1929*, Baltimore, The Johns Hopkins University Press, 1990, 8vo, pp. xi, 302, illus., £30.50, \$42.50.

Richard Meckel has written an excellent account of the American campaign against infant mortality in the critical period between 1850 and the Depression of 1929. Although reductions in infant mortality have been impressive, the United States' infant mortality rate is still one of the highest among developed nations. Meckel's historical analysis of the debates, policies, and programmes against infant mortality is therefore an examination of both success and failure. By examining the changing strategies used to reduce infant mortality and their limitations, he provides a narrative that is at once historiographically sophisticated, and highly relevant to contemporary policy debates.

Throughout the period of Meckel's study, child-health reformers perceived infant mortality as primarily a problem of the urban immigrant poor. Between 1850 and 1880, infant mortality was defined and addressed through efforts at general environmental reform. From about 1880 to 1910, concern narrowed to a concentration on infant feeding, focused particularly on the quantity and purity of the urban milk supply. Between 1910 and 1930, infant health reformers redefined infant mortality as a problem of untutored motherhood, and tried to educate immigrant women about better ways to care for their infants. This study details the shifts and transitions in policy from 1850 to 1929 and concludes with a fine but regrettably brief epilogue outlining the subsequent policies between 1930 and 1990.

Meckel is mainly concerned to analyse the "discourses" around infant mortality; in other words, he is interested in the way that social conditions, practices, and ideology have helped shape the definition and redefinition of the problem and hence the various attempts to address it. He offers, or tries to offer, an analysis that is sympathetic to the efforts of individual reformers, while remaining highly critical of the structural limitations of reform. He is thus sensitive to the various interests and contributions of paediatricians, obstetricians, and public health doctors, while deploring the increasing medicalization of the problem of infant mortality—the ways in which American policy efforts have tended to ignore the social and economic problems of motherhood, while emphasizing the need for access to medical and obstetrical care.

Meckel makes an important point about the racial and ethnic concerns of American social policy. He makes good use of comparative context to show, for example, that where the British saw class differentials, Americans perceived only ethnic and race differences. The latter view was culturally compatible with a behavioural analysis of infant mortality: babies died because their mothers did not provide proper care.

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In analysing the attitudes and activities of the reformers, Meckel makes little effort to measure the actual rates and trends of morbidity and mortality. He makes relatively little use of statistics, believing that the debates over the impact of specific reforms on infant mortality rates will necessarily be inconclusive. He tends to ignore the demographic and "child survival" literature concerned with the economic context of family planning, and the relationships between birth control and infant mortality, infant mortality and breast feeding, abortion and maternal mortality. Indeed, his complete lack of reference to either birth control or abortion is surprising. Did American reformers make no connection between birth control, infant mortality, abortion, and maternal mortality? And should this larger context not be part of a critical historical analysis?

Meckel certainly makes a strong case that the more the United States promoted medical care as an antidote for infant mortality, the more it lost sight of the social dimensions of maternal and child health. He is critical of the Sheppard-Towner Act, for example, for its relatively narrow focus on health services. Similarly, he argues that while Medicaid has done much to equalize access to maternal and child health care, it has been far from an adequate solution to the problem of infant mortality. His passionate conclusion argues for a systematic maternity-leave policy with wage compensation for working pregnant and new mothers and a national investment in day care. He would make maternal and child health services a uniform federal programme as a right of motherhood, rather than a concession to poverty. If, as he concludes, 150 years of battling infant mortality has taught us anything at all, it is that we need a more comprehensive approach to saving the babies.

Elizabeth Fee, The Johns Hopkins University

JAMES HARVEY YOUNG, *Pure food: securing the Federal Food and Drugs Act of 1906*, Princeton University Press, 1989, 8vo, pp. xiii, 312, \$29.95.

The final chapter of this book reviews the very substantial scholarly literature on the enactment of the federal pure food and drug laws in the United States in 1906. In the literature, the laws appeared chiefly as symbolic of changes in the political economy, not as important in and of themselves. Only in the past few years have the laws come into the historical literature as important public health measures as well as symptoms of the bureaucratization of society or the relative importance of business hegemony and the consumer movement.

In the end, their public health significance, like all of public health, involved political as well as social processes. Why did it take two generations for the American federal government to enact such laws? Young, the author of classic volumes on the powerful forces opposed to such laws (the proprietary medicine vendors), takes what he characterizes (p. 291) as a pluralistic approach to account both for the periods of apparent inaction as well as the circumstances in which laws actually made it through Congress. He has to follow several quite independent threads, for the events involved substantial complexity. It is his real achievement to synthesize the existing scholarship—of which a substantial part is his own—with the sources in devising an understandable and comprehensive account of the pure food and drug laws.

Young has the advantage of a thorough knowledge of more general medical history. The first federal law, the drug import law of 1848, grew out of concern for medical therapeutics in the nineteenth century. First, adulteration of drugs exacerbated heroic dosing. But then the attempts of physicians to regulate the human "system" with drugs emphasized exactitude in prescribing. The 1848 law, however, was not enforced effectively and anyway did not control the domestic producers.

Meantime, beginning in the 1820s, British agitation concerning poisonous adulterations of food moved across the Atlantic. In addition, legitimate producers and merchandisers in America joined in campaigns against their dishonest competitors. Beginning in 1879, every Congress considered one or more bills to regulate adulteration. All the while, a number of individual states legislated—mostly ineffectually—against the evils of ingested adulterations and poisons, sometimes in foods, sometimes in drugs, sometimes both. Over the years, reformers concerned