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working conditions made them more susceptible to many infectious and parasitic diseases). He describes the types of home and professional care provided to sick slaves by their masters and other slaves.

This book contains several outstanding and many valuable essays. It does not alter the support of this reviewer for Cassedy's explanation of the assertions of the distinctiveness of southern science and medicine.

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JAMES C. RILEY, *Sickness, recovery and death: a history and forecast of ill health*, Houndmills and London, Macmillan Press, 1989, 8vo, pp. xvi, 295, £37.50.

Professor Riley wants to overturn the widely-held assumption that the decline in European mortality rates through the nineteenth century was paralleled by a fall in the prevalence of morbidity. He proposes instead that the gain in life expectancy since the 1860s has allowed a greater amount of what he calls "insult accumulation", which issues in a rising incidence of episodes of incapacity to work and a prolongation of such episodes. His case is premised on the statistical finding that the likelihood of falling sick and being sick are functions of the age of the group at risk.

The evidence underpinning this argument is drawn from a range of mutual insurance society and sick funds records, starting with the Plantin Printery fund for 1654–89, to the sickness life tables for 1750–1821 and 1831–42 constructed from some Scottish friendly society surveys, through to The Guild of St George (Cheshire) for 1873–1946. These organizations normally covered only adult males who presumably were judged physically and mentally sound and in receipt of steady wages at entry. Only one set of records, the rather uninformative material remaining from the Ashford (Derbyshire) Female Friendly Society, 1789–1833, relates specifically to women. Riley shows that the data, limited though they are, are consistent in demonstrating that the regime of early average age at death in the seventeenth and eighteenth centuries incorporated single, acute episodes of illness from infectious diseases, typhoid, typhus, smallpox, accompanied by frequent sudden deaths. By the later nineteenth century these relatively short episodes were displaced by lengthier chronic degenerative illnesses accompanying a wider range of survival into older age groups and prolonged periods of disablement and incapacity to work before death from "old age". Riley uses recent American data to project these trends into the next century; his predictions are discomfiting, not least for the baby-boom generation who probably will comprise a main part of the readership of his book. Policy makers should take Riley's work very seriously.

Nonetheless, Riley's argument remains exploratory. His sources define his propositions: "incapacity to work" is necessarily an insured interlude among employed males until total incapacity arrives with senescence and death. Other materials, notably workhouse and almshouse records, would provide more information about women and children and particularly about men, women and children engaged in poorly paid, ill-protected occupations such as agriculture, common labouring, and domestic service, where the prevalence of malnutrition, overcrowding, and severe injuries, especially spinal ones and fractures, might strengthen the case for statistical links between acute illness bouts and sudden death in the earlier period; equally, the prevalence of mental handicap and illness, rheumatism, and chronic skin infections might modify the hypothesis. One helpful check on the representativeness of the friendly society membership would be a survey, if the information exists, of rejected applicants and dropouts. Doubtless the indefatigable Riley is looking for it.

There are also the people who never needed such insurance. As compared with the working classes and the destitute, the upper classes, during the nineteenth century at least, appear to have attained longer life expectancies, fewer but possibly lengthier bouts of incapacity and better chances of remission or recovery, from phthisis, for example, with much less exposure to the risks of severe physical injury. They might well have made the transition from high infant

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morbidity and mortality rates to aged morbidity and mortality and from the infectious illness regime to the chronic degenerative one, from illness as setback to illness as career, a generation earlier than among the lower classes. And as the *Black Report* and its recent supplements have shown, that gap persists. Riley's work, with its strong actuarial foundation, is an important aid to probing the evolution of these disparities.

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TERRA ZIPORYN, *Disease in the popular American press: the case of diphtheria, typhoid fever, and syphilis, 1870–1920*, Contributions in Medical Studies 24, New York, Westport, and London, Greenwood Press, 1988, 8vo, pp. xi, 192, £37.95.

In *Disease in the popular American press*, Terra Ziporyn addresses the critical question of how the public knows about scientific and medical issues. She focuses on public knowledge about three diseases: diphtheria, typhoid fever, and syphilis, exploring how information about these diseases was disseminated in the popular press from 1870 to 1920.

She begins with a brief social history of the popularization of science, observing the importance of the contemporary social context in shaping media coverage of scientific information. She highlights a fundamental and persistent problem in the popularization of scientific medicine—the inherent conflict in the philosophy of journalism and the norms of science.

In this context, she examines the coverage of each disease against a background of the technical information available at the time. The information conveyed to the public through popular magazines, she finds, is coloured by social stereotypes and cultural beliefs as well as medical details about the disease, its vectors of transmission, and therapeutic measures. The very quantity of coverage reflects social variables. In the case of diphtheria, the press showed little interest in this “disease of the innocent” until the discovery of the antitoxin that provided the possibility of a therapy. Typhoid, because of its epidemic proportions, was far more newsworthy. The popular coverage of syphilis was, of course, shaped by its definition as a moral as well as a medical problem. Social taboos limited its mention in polite society. Yet there was considerable awareness of the need for popular education. Many of the articles that did appear in the popular press had a moralistic tone emphasizing the importance of living chastely. Ziporyn traces the relative emphasis on moral, social, and medical perspectives in different periods to find that most magazines, concerned with righteousness, scrupulously avoided explicit medical detail.

Not surprisingly, Ziporyn finds that the public learned little about science or medicine from reading about disease. Concerned with relevance, certainty, and optimism, writers covered disease for its moral or socio-economic implications, and especially for its importance to the reader's daily life.

Contemporary science writing often suffers from a similar concern with relevance. But many journalists today take off from the public's considerable interest in health and disease to explain aspects of scientific medicine. Clearly the press coverage of AIDS has provided a great deal of scientific information, both about the nature of the virus and the technicalities of various therapeutic measures. But one must ask whether the popular press is in any case the appropriate vehicle for teaching about science. Is it not realistic for popular writers to focus on the relevance of particular diseases for their readers? Can one really expect much more?

This is an interesting history of medical popularization, but written, unfortunately, much in the style of a thesis. The rich and colourful material one finds in the media coverage of disease could have been conveyed far more readably, making her argument far more convincing.

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