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failure of the public health infrastructure to mount a consistent attack. In particular, the racism of the South kept African-Americans in rural poverty, which Humphreys suggests kept them near the mosquito breeding places and in dwellings hospitable to adult mosquitoes. She states that this segment of the South's population was the primary reservoir of sustained infection, and it was only the out-migration of African-Americans from these circumstances that finally broke the malaria chain in the region.

There is something disturbing about Humphreys' argument for malariologists and other public health advocates who, short of developing a vaccine, would like to think that malaria is subject to rational control strategies. But Humphreys is quite firm in her point of view, dismissing quinine, drainage schemes and DDT spraying as having significantly controlled the disease. In sum, while this case history may not shed particular light on global malaria issues, it is a readable, informed examination of malaria's recession in a large nation that deserves the attention of anyone studying this fascinating but deadly disease.

Darwin H Stapleton,
Rockefeller Archive Center

Peter C English, *Old paint: a medical history of childhood lead-paint poisoning in the United States to 1980*, New Brunswick and London, Rutgers University Press, 2001, pp. xv, 254, £57.95 (hardback 0-8135-2987-5).

Old paint is the second of three books on lead poisoning to appear in recent years. In *Brush with death* (Johns Hopkins University Press, 2000) Christian Warren wrote an impassioned account of the subject, critical of the producers and industrial users of lead, and of a complacent medical and

public health establishment only slowly roused to action. Not only, he claimed, did the lead industry deceive regulators into the belief that lead-paint posed little or no public health risk; not only were public health officials partially blind to the problem of lead poisoning; Warren also invoked a broad range of social, cultural and political factors to explain why the dangers of lead—at work, in the home and in the air—went unrecognized for so long and why so many people suffered and died, adults as well as children. By contrast, Peter C English's book is narrower in scope, has a more sympathetic attitude towards public health officials and the lead industry, and represents the story of *childhood* lead poisoning as a succession of technical and policy problems addressed conscientiously by lead producers, industrial users and health officials together. His account can be read as a conservative response to the earlier volume. A third book—David Rosner and Gerald Markowitz's *Deceit and denial* (University of California Press, 2002)—turns critical attention back to the lead industry. It examines how the industry sought to confuse knowledge about the impact of lead on health, and how it continued to promote its product despite considerable evidence of the harm it did to children.

English's book begins with the emergence of concerns about childhood lead poisoning in the late-nineteenth and early-twentieth centuries. The problem first came to notice as a public health issue when a series of sporadic cases, which physicians identified as caused by lead-paint on children's cribs and toys, began to gain epidemic proportions in the mid-1920s. The lead industry, English notes, initially doubted the link between lead-paint and childhood lead poisoning, but abandoned their misgivings following investigations in the 1920s and 1930s by Felix Wormser, secretary of the Lead Industries Association (LIA). The result, according to English, was that concerned manufacturers stopped using

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lead-paint in their products, though public health officials, notably in Boston and Baltimore, continued to identify cases in which lead-paint was implicated throughout the 1930s. The problem then largely disappeared from public view until the late 1940s and 1950s when hundreds of children started to appear in urban hospitals with acute plumbism. The trouble, it turned out, was lead-paint flaking off the walls and floors of former middle-class homes abandoned to slum landlords who allowed the houses to deteriorate while renting to poor families. It was the children of these families who were most severely affected by lead poisoning and, according to English, once again public health officials and the industry acted quickly to address the issue. They warned parents and physicians of the dangers of lead-paint. They began screening and abatement programmes. They also negotiated a voluntary standard that substantially lessened the use of lead in paints intended for indoor use. The result of these initiatives was a general reduction of lead in the environment; a reduction also promoted by preventive and environment regulations, and federal legislation to encourage screening. Acute childhood lead poisoning largely disappeared as a public health problem, and the definition of childhood plumbism also changed to focus more on sub-clinical lead poisoning. English concludes that the reduction of lead in children's surroundings can be seen as "a public health triumph" (p. 185).

But, English's "triumph" was surely as much about profit as it was about public health. It is true that the lead-paint industry was often a leader in lead poisoning research, but its motives were not without self-interest. Research on lead hazards provided the industry with ammunition with which to discredit critics who suggested that the real scope of the problem was bigger than the industry claimed. It also provided the industry with a scientific rationale for continuing to advertise lead as safe despite substantial evidence to the contrary. English

tends to downplay such contrary evidence by emphasizing uncertainties about the dangers of lead, and the "conscientious" efforts by the industry to improve knowledge of its hazards. He is less willing to explore how industry-sponsored research might promote uncertainty and ignorance, and he may also be too generous towards public health officials who for years blamed the poor for their children's ills, and sought instead to promote basic biomedical research into the action of lead on the body. Eventually, government funding moved the locus of research on lead toxicity from industry to the public sector, and the research questions changed, as did the interpretation of results. But this outcome was often uncertain, slow in coming, and was not achieved without struggle. One strength of this book is its account of the transformations in the epidemiology of the disease. It also provides a useful survey of the subtle shifts in clinical and scientific knowledge of childhood lead poisoning over the course of the twentieth century. It is less successful in explaining the social construction of this epidemic, its commercial, cultural and political causes. Nor does it fully explore the ways in which industrial interests shaped knowledge of lead poisoning.

David Cantor,
National Cancer Institute

Marijke Gijswijt-Hofstra and Roy Porter (eds), *Cultures of neurasthenia: from Beard to the first world war*, *Clio Medica* 63, Wellcome Series in the History of Medicine, Amsterdam and New York, Rodopi, 2001, pp. iv, 407, illus., €95.00, \$89.00 (hardback 90-420-0931-4), €37.00, \$34.00 (paperback 90-420-0921-7).

Writing about a medical condition that no longer exists is difficult and strange, for the author has to conjure up a universe of