



"Weaving, 1932. A photography taken at Letchworth Village, New York, by Margaret Bourke-White." [From *Inventing the Feeble Mind*; courtesy of Syracuse University Library, Margaret Bourke-White Papers]

here is his reappraisal of the "failures" of educational programs for the mentally retarded. Most often, he argues, the fault lay not with the schools but with general economic conditions. For example, innovative programs of parole and discharge, like those run by Charles Bernstein at the Rome (New York) State School in the 1920s and 1930s, worked very well while the economy was strong. However, when the Great Depression hit, opportunities for placing even skilled workers disappeared. With a reduced budget and a new federally mandated eight-hour work day, Bernstein did not have enough attendants to staff his shifts. Reluctantly, he turned to the "higher grade moron boys and girls," for whom he previously had found community work and whom he ultimately discharged. This retention trend accelerated during the labor

shortages of World War II. As a result, Trent notes wryly, by the time C. Bernstein died in 1942, "the champion of parole and community placement had become the head of one of the largest institutions in the country" (p. 220).

Perhaps the most original part of Trent's work is his analysis of postwar events. He begins with a comparison of three sets of images of New York State's Letchworth Village. In 1932, Margaret Bourke-White photographed obviously posed, attractive young patients, none of whom showed the "stigma-

ta of degeneration" so prominent in earlier photographs. In Arnold Genthe's pictures, produced five years later, the patients at work look very different—"peasant-like, rooted in a community . . . they were not likely to leave." Finally, in the late 1940s, Irving Haberman published in a New York City daily paper a shocking series of images of despair and horror on Letchworth's back wards. Reprinted in Albert Deutsch's *Shame of the Cities* (1948), these became part of an emerging perspective that eventually contributed to the closing of such institutions. Trent then moves to a fascinating discussion of the influential "parent-confessional genre," which included such enormously popular books as Pearl Buck's *The Child Who Never Grew* (1950), John P. Frank's *My Son's Story* (1952), and Dale Evans Rogers's *Angel Unaware* (1953).

Trent's conclusion is grim. Though the populations of the state psychiatric hospitals peaked in 1955, those of state schools continued to grow through the late 1960s. During the Reagan and Bush years, the closing of large institutions accelerated, but federal monies for community-based services at best remained constant, and many retarded adults continued (and continue) to live in residential facilities rather than in the community. "By restricting the gaze to the person with 'it' [mental retardation]," he concludes, "issues of the maldistribution of resources, status, and power so prominent in the history of the lives of most mentally retarded . . . people" remain unsolved (p. 274).

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A Health Care Campaign

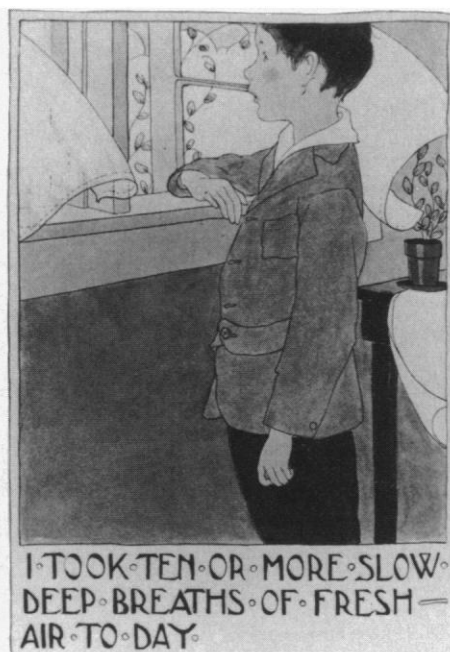
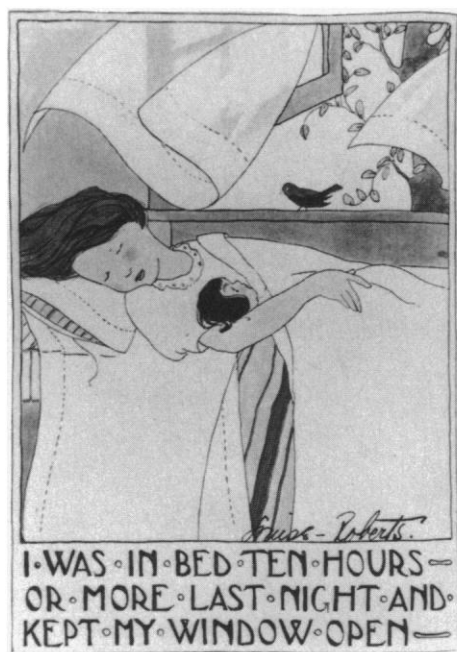
Bargaining for Life. A Social History of Tuberculosis, 1876–1938. BARBARA BATES. University of Pennsylvania Press, Philadelphia, 1992. xii, 435 pp., illus. \$45.95 or £43.95; paper, \$19.95 or £18.95.

This important and engrossing book by physician-historian Barbara Bates is a state-of-the-art example of the mature social history of medicine. It is a story of the sick, their families, and their healers, set in the social and cultural context of urban America. Against the background of the significant decline in tuberculosis rates in Philadelphia from 324 per 100,000 in the 1870s to 54 per 100,000 by the 1930s, Bates shows how anti-tuberculosis activists convinced both physicians and the public to support tuberculosis institutions, through such methods as the Christmas Seal Campaign and films like *The White Terror*. Sanatoriums seemed to promise effective control over the spread of tuberculosis by educating and isolating patients and offering them hope. But although this plan seemed "so clear, so logical" (p. 261), it underestimated the difficulty of changing patients' behavior, the loneliness of living in isolated mountain cabins, and the pervasive social and economic factors that underlay the persistence of the disease.

The book's central figure is Lawrence F. Flick, a Philadelphia physician who himself had tuberculosis and who became one of the country's leaders in the anti-tuberculosis movement. In the 1890s Flick helped to establish the Pennsylvania Society for the Prevention of Tuberculosis, and also a local society that paid for hospitalization of "poor consumptives" in Philadelphia as well as in White Haven, a sanatorium in eastern



"Domestic workers with Charles Bernstein at the Rome State School in New York, ca. 1925." [From *Inventing the Feeble Mind* and James C. Riggs, *Hello Doctor: A Brief Biography of Charles Bernstein* (1936)]



"Good health habits as portrayed in the *Yearbook of the Pennsylvania Society for the Prevention of Tuberculosis* (1919)." [From *Bargaining for Life*; Historical Collections, College of Physicians of Philadelphia]

Pennsylvania. White Haven offered patients fresh mountain air, a monitored diet emphasizing milk and eggs, some medication, and responsibility for some of the cleaning, kitchen, and yard tasks around the institution that were considered crucial to a therapeutic regime and also to the institution's survival.

Flick consistently sought to provide care for poor patients with tuberculosis and at the same time to explore ways to use scientific techniques to cure the disease. The tension between these goals is exemplified by the brief history of the Phipps Institute. Flick's work was supported in its early years by steel industrialist Henry P. Phipps, who in 1903 funded an institute in Philadelphia combining a dispensary, a hospital, a nurse training school, and a laboratory. The dispensary, Bates suggests, was the institute's greatest success, for it reached the broader city community, although hampered by consistent overcrowding and the concern that its free milk program was being "abused." By 1910, however, Phipps became convinced that his institute could be properly run only by an elite research-oriented university and transferred it to the University of Pennsylvania. Flick lost his position as director, and the institute gradually lost its commitment to patient care.

Although Flick had hoped his work would spur a reorganization of the health care system, he became increasingly conservative, arguing that voluntary societies could best help the consumptive poor. His resistance to political solutions was reinforced when Pennsylvania politicians began to pressure him to

admit sick members of their constituencies to White Haven; his refusal to alter the waiting list probably cost him state funding. The restructuring and expansion of health care in Pennsylvania were instead directed by the state's health department and its new head, Samuel Dixon, a physician and sanitarian committed to efficiency and centralization. Flick and other physicians accused Dixon's department of corruption, but Dixon's vision of state government expanding the health care system and achieving what charity could not nonetheless prevailed and became, Bates suggests, the foundation for our system of institutionalized care.

This is a detailed fascinating story, told with a sympathetic yet sharp eye. Bates is equally skeptical when appraising quacks who exploited public fear and "Dixon's fluid," an anti-tuberculosis serum distributed by the state health department. She gives close attention to the voices and experiences of individual patients—whose letters to Flick give this study much of its power—and the critical role played by nurses who found that their career path was, as Bates terms it, a woman's ladder and did "not extend very far" (p. 197). Bates's analysis of the racism that un-

derlay Philadelphia's voluntary health system (and barred blacks from a majority of the city's hospitals and dispensaries) shows that black consumptives were helped not by institutionalization but by the city's few black visiting nurses, who were funded by black community groups and by white philanthropic societies worried that the disease would cross the color line.

Bates has undertaken to assess the impact of these campaigns rather than, as recent historians sometimes have done, to leave such questions unanswered. She critiques Flick's claim that the declining rates of tuberculosis cases and deaths during the 1920s and '30s were the result of the institutionalization of the infectious sick. Most anti-tuberculosis campaigners, she argues, believed that their efforts were effective, scientific, and socially justified, and many, like Flick, sustained their claims with faulty and selective use of statistics. Declining tuberculosis rates, she argues, were not the result of these activists' efforts. Patients, after all, continued to leave institutions while they were still infectious, and places like White Haven did not touch the lives of most consumptives, particularly blacks and the very poor. Further, the therapies used in the institutions—the tonics, purgatives, and ointments—were largely ineffective, and milk and eggs may have improved nutrition but not diseased lungs. Overall, Bates concludes, as have a number of recent sociologists and historians, that an explanation for the decline of tuberculosis is better sought in broader socioeconomic factors such as better food, less crowding, and the rising standards of urban American life. Still, she admits, "observers have often seen what they wanted to see" (p. 313).

Bates spells out the analogies between



"A 'Dixon Cottage' at Mont Alto [Pennsylvania], with eight [tuberculosis] patients and a nurse, winter 1907–08." The cottage, designed by Samuel Dixon, head of the Pennsylvania health department, was "the typical accommodation" at Mont Alto. Patients "had to walk to both the bathroom and the dining room even during the winter. Nevertheless, applicants were plentiful." [From *Bargaining for Life*; courtesy of the South Mountain Restoration Center, South Mountain, Pennsylvania]

this historical moment and the present-day American health care system: its ambivalence in dealing with the chronically ill; its resistance to financing community-based care; its commitment to institutionalization; and the continuing use of fear as a public health method, a dangerous tactic that can turn victims of disease into objects of vilification. Her deft integration of letters, hospital and medical reports, newspaper accounts, and census material as well as her sensitivity to health policy debates makes this a work of exemplary richness and sophistication. At times, the broader arguments are obscured by the barrage of

individual stories. But Bates compellingly shows that for historians and policy-makers to understand the development and problems of America's health care system, we need to listen to the voices of individuals who work in and turn to it. White Haven closed in 1956 and is today a restaurant, although Bates claims that visitors can still hear the ghostly voices of doctors, nurses, and patients. Certainly this work will remind us to listen ever closely.

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The Generation of Culture

Balinese Worlds. FREDRIK BARTH. University of Chicago Press, Chicago, IL, 1993. x, 370 pp., illus. \$55 or £43.95; paper, \$19.95 or £15.95.



Since its beginnings early in this century, American anthropology has encompassed two conflicting, if ideally complementary, ways of thinking about human culture and society.

One approach emphasizes the variation and change that characterize most social lives, the other the patterns culture sets for those lives. This analytical tension—process and variation versus pattern and replication—developed from debates in late-19th-century German philosophy of science and marked the career of American anthropology's founder, Franz Boas. Ever since Boas, the anthropology of nearly any topic—religion, economy, cognition—has had its advocates of process and its advocates of pattern.

Bali has been a classic site for studies of the pattern sort. From Margaret Mead and Gregory Bateson to Clifford Geertz, anthropologists have analyzed Balinese politics, art, marriage, and even irrigation systems as stemming from a single set of cultural ideas marked by a heightened attention to form—"aestheticism." Fredrik Barth disagrees, not just with the prevailing wisdom about Bali, but with the whole idea of culture as a shared, coherent map of the world. Instead of pattern, he urges anthropologists to choose process, to study cultures as highly variable sets of

ideas and institutions that are generated out of people's everyday concerns and choices. His book offers a fresh way to view Bali and to rethink the comparative analysis of society and culture.

Barth brings to his Bali studies a lifetime of work on ecology, social organization, and ritual in more societies than nearly any other anthropologist can claim. His previous work in the Arabic world gave him easy entrée into a Muslim village in North Bali, an unusual perch from which to view largely Hindu Bali. Barth's initial concern is to unsettle our Bali images by showing Bali to be fraught with diversity: Muslim villages alongside Hindu ones; Hindu villages with no caste structure or no Brahmins; the famed fine-tuned Bali irrigation systems diverging into a panoply of resource bases (irrigation, dry farming, trade). Not only does North Bali look rather different from the more thickly studied South Bali, but each village provides a markedly different configuration of social institutions.

How are we to understand this variation? Barth's aim is not to provide an empirical explanation of the observed contrasts (although he suggests some intriguing historical sources of divergence); it is to ask what kind of model would be needed for such an explanation. He rejects the culture-as-template model because it cannot account theoretically for variation. If culture is a set of ideas and institutions and these vary significantly from place to place, that theory could say either that each place has its own culture (the general tendency of New Guinea studies, for instance), or (if, as in Bali, overarching religious and political ideas promise unity) that the culture has an ideal form, exemplified by some places, from which other places deviate.



"Inman of Pagatepan, praying by a fresh grave." [From *Balinese Worlds*]



"Prayers and blessing in the pura dalem: virgin girls ('angels') assisting in anointing the worshipers with sacred rice and holy water." [From *Balinese Worlds*]

Barth offers instead a model with two major components. The first is a concept of culture as a wide array of key ideas, stemming from distinct knowledge traditions rather than a simple template, integrated more or less tightly—not through logical coherence but through the social organization of knowledge. For Barth, it is the distinctive distribution of knowledge (and its reproduction) among elites and others that determines the degree of con-