

dered. Some cities that had to change a half hour or more from true local time strenuously objected. A Louisville, Kentucky, newspaper detected a devious threat to states' rights: "After they get all our watches and clocks ticking together, will there not be a further move to merge the zone states into districts or provinces?" (p. 134). Banks in Louisville perversely stuck to sun time for another 30 years. A schoolboard in an Ohio town decided to run the schools on Eastern Standard Time, in defiance of the city council, which kept the rest of the town on sun time. A debtor in Boston reset his watch to the new eastern time and thereby missed his court appearance before a judge who stubbornly persisted in using local time and declared the man delinquent; the debtor appealed the decision to the state supreme court, which ruled in his favor.

O'Malley's book is at its most ambitious when he examines new timing devices that fundamentally subverted the flow of time as naturally experienced. Stopwatches obviously belong in a book on the measurement of time; but O'Malley ingeniously links them to the advent of motion pictures. A stopwatch might seem to be merely a device to time the duration of activities, but in the hands of Progressive Era efficiency experts like Frederick W. Taylor it broke down activities into discontinuous units. Taylor observed a factory employee doing a job and with a stopwatch determined that the task required 24 minutes. Yet the workers insisted that the job took a full 50 minutes and went out on strike, likening the stopwatch to a whip. Taylor had timed each separate motion, eliminating what appeared to be unproductive time. In the same way, edited motion pictures of human activity distort and condense time. Efficiency experts seized on films as a logical progression from stopwatches for analyzing human motion. O'Malley leaps from this into a provocative exploration of how movies manipulate time in general and how film-makers had to struggle in the early decades of the industry to learn how to narrate events by dissecting and reassembling time.

The book concludes with a fine examination of the passage and repeal of Daylight Savings Time as a fuel-saving measure during World War I. As in earlier episodes of tinkering with time, the plan for daylight time created heated antagonisms. The middle and upper classes, with electric lights and relatively more leisure time, favored extending daylight one hour into the evening, but workers and farmers who now had to rise in darkness resented it. One congressman claimed it made about as much sense to move the freezing point on thermometers to 45°F to fool people into saving fuel.

The disjunctures originally caused by standard and daylight time have been fairly well smoothed over now; electricity frees us from dependence on sunlight, and the lock-step grid of television schedules would be unimaginable without time zones. We rarely think that time is still being tinkered with, although O'Malley briefly touches on the powerful commercial interests that lobby yet to extend daylight time, from charcoal briquet companies to sports equipment manufacturers. Only in a few small corners of America are there groups watching carefully for the exact minute of sunset: observant Jews and Moslems, who have strict ritual activities and sabbath prohibitions pegged

to sun time. Weekly or even daily, these orthodox groups confront the continual variation between the sun time of all our ancestors and the clock time of the modern world.

O'Malley has produced a lively, provocative book that deserves wide readership. He convincingly demonstrates that time measurement is of human construction and serves the ends of some groups more than others. It may well cause some readers to pause for just a few seconds before dismissing the idea of recalibrating the thermometer.

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## Reshapings by Disease

**The AIDS Disaster.** The Failure of Organizations in New York and the Nation. CHARLES PERROW and MAURO F. GUILLEN. Yale University Press, New Haven, CT, 1990. xii, 206 pp. \$25; paper, \$9.95. A Yale Fastback.

**A Disease of Society.** Cultural and Institutional Responses to AIDS. DOROTHY NELKIN, DAVID P. WILLIS, and SCOTT V. PARRIS, Eds. Cambridge University Press, New York, 1991. viii, 287 pp. \$42.50; paper, \$13.95.

A decade into the AIDS epidemic we can begin to assess more clearly how our social and cultural institutions have responded to this devastating disease and what impact it has had on them. AIDS is unique, with its stigma, particular paths of contagion, and deadly outcome. Nearly 200,000 people have been clearly diagnosed with AIDS and at least an estimated million more are HIV-positive. Though there are fewer newspaper headlines and less overt hysteria than five years ago, the seriousness of the epidemic has not decreased.

The worst fears of social reactions against people with AIDS (PWAs), such as quarantine or mass discrimination in the workplace, fortunately have not materialized. Though many are still dying from AIDS, enough PWAs are living longer with the help of medical treatments like AZT that HIV disease/AIDS is beginning to be reconceptualized as a chronic disease. There is considerable evidence in the gay community and elsewhere that reductions in risky behaviors and increases in "safer sex" practices have occurred. But the stigma clings to the disease, funding for treatment is still mea-

ger, prevention strategies are underutilized, caring options are underdeveloped, and organizational responses are contradictory and often unproductive.

At the same time the face of AIDS is changing, mostly in color, class, and sex. In the early days AIDS was seen as primarily affecting gay men (most of whom were middle-class); now it is increasingly also becoming a disease of poor minorities and women and children. While infection rates have flattened out among gay men, rates among minorities, especially intravenous drug users (IVDUs) and their sexual partners and offspring, are increasing rapidly. It is predicted that by the end of this year women will constitute 10% of AIDS cases (up from 2% in early days of the epidemic); 75% of these are women of color. Poverty exacerbates the impact of disease; people at risk are harder to reach, prevention is more difficult, social resources are fewer, problems are multiple, and AIDS is amplified by other social problems.

Diseases, especially one with the impact of AIDS, have a reciprocal relation with society: they are affected by and in turn affect social institutions. The books under review reflect this dual relationship, although each focuses mainly on one side. *The AIDS Disaster* examines how society has responded to and managed AIDS; *A Disease of Society* is concerned with the impact of AIDS on social and cultural institutions.

Perrow and Guillen's book is an indictment of the social and government responses to AIDS. Part investigative reportage, part sociological analysis, this book tells the

now familiar tale of bureaucratic foot-dragging in the early years of the epidemic. Not only was there a reluctance to recognize the potential devastation of the disease, societal responses were slow and inadequate. Perrow and Guillen focus on the organizational failures on the local, state, and national levels. They argue persuasively that specific organizations to an unprecedented degree failed to meet the challenges of AIDS. Using the disease metaphor, the authors suggest that AIDS overwhelmed and "disabled" organizational and community defenses. In the face of a stigmatized disease affecting marginal populations, organizational responses to AIDS typically involved denial, avoidance, or segregation. Because of stigma and morality some organizations were reluctant to be involved in AIDS prevention (fearing to be seen as promoting sex or drugs in advocating the use of condoms or clean needles).

Perrow and Guillen focus their research on New York City, which has one-fifth of the nation's AIDS cases. The core of the research is interviews with heads and assistant heads of 65 organizations or units. The authors argue that the organizational failure here was amplified by the "decay of the city," particularly noting how poverty and discrimination prepared a fertile ground for the disease to spread. They rightly point out how the urban problems of housing and homelessness, drug abuse, poverty, and racism exacerbate the disease and make treatment and prevention even more difficult.

Although by now there should be little doubt that the governmental and organizational responses to AIDS were haphazard, inconsistent, and insufficient, Perrow and Guillen may be a bit harsh in their critique of organizations. With 20/20 hindsight, they note the lack of vision, funds, and support by most organizations mandated to deal with AIDS and engage in a lot of finger pointing. In their view, virtually all organizations, save a few voluntary groups in the gay community, failed the AIDS crisis. But given the social meanings of AIDS, the rapidity of its emergence, the disorganization of the medical care system, and the general lack of leadership around health issues (save a few years of Everett Koop), the failures are more than organizational and, regrettably, may be inevitable.

The authors at times seem too reliant on Randy Shilts's rich but angry journalistic account of AIDS's early years (there are dozens of references to his book) and occasionally slip into a distractingly strident tone, but the message is clear. Our society and its organizations are failing AIDS and PWAs; as the epidemic goes into its second phase, where people at risk are even harder

to reach, the outlook for success does not look any more promising. In fact, the social and political action of the gay community was the most effective response to the AIDS crisis; it seems unlikely that such a response is forthcoming from the second wave of PWAs, who are less politically organized and have fewer resources. Perrow and Guillen don't offer solutions beyond advocating more spending on prevention and treatment, although they do suggest that ultimately we must address the social inequities that allow the epidemic to continue.

If society has not managed the AIDS crisis very well, how has AIDS affected society? Nelkin, Willis, and Parris have collected a series of high-quality essays—originally published in supplements to *The Milbank Quarterly*—that focus directly and indirectly on this issue.

Four of the essays weigh the impact of AIDS on social institutions. Richard Goldstein examines ways in which AIDS has affected cultural expression. He argues that there have been two distinct responses: the fine arts have focused on PWAs ("the implicated"), whereas the mass media have been more concerned with depictions of society and the people surrounding PWAs ("the immune"). Carol Levine shows the impact of AIDS on the family, with respect to which it has heightened changes already under way and set forth new ones. Most PWAs—gay men, IVDUs, and their sexual partners—are likely to live in nontraditional relationships. In the context of medical decisions, caretaking, and survivorship, AIDS is stretching the boundaries of family, challenging us to see "families" in their variations and complexity—for example, with new laws giving rights to "domestic partners." AIDS also amplifies long-standing tensions in prisons, namely those centering on same-sex sexual relations and drug abuse, where the incidence of seropositivity is high. Nancy Dubler and Victor Sidel raise questions about what kind of care can be provided in these institutions and, ironically, outside, when HIV-infected inmates are released. Harold Edger and David Rothman show how, in response to pressures from PWAs, the Food and Drug Administration has been forced to reconsider its procedures for evaluating new drugs prior to approval. The FDA has to balance promising drugs with protection, but PWAs and activists have succeeded in shifting the balance in a new direction.

Providers of health care have responded differently to AIDS. It is especially interesting to contrast physicians and nurses. Charles Bosk and Joel E. Frader examine the responses of "house officers" (medical residents) to AIDS. These doctors always have

found themselves in a somewhat marginal and exploited situation, but AIDS has undermined their feelings of invulnerability and raised new concerns with self-protection. For nurses, on the other hand, according to Renée Fox, Linda Aiken, and Carla Messikome, AIDS provides the opportunity for reasserting the importance of their long-time commitment of "caring." They even note how some nurses volunteer for duty caring for PWAs, although the second wave of AIDS will challenge nursing further. Though these two studies are not directly comparable, they raise provocative hypotheses about professions and the treatment of AIDS. In a rather stilted analysis, Suzanne Criellette Kobasa examines the important role of the Gay Men's Health Crisis in responding to AIDS.

AIDS also affects more abstract cultural and legal issues: it challenges the assumptions of women's rights to reproductive freedom (Ronald Bayer), the operation of the blood donation system (Thomas H. Murray), and the antidiscrimination laws enacted in the past three decades (Thomas Stoddard and Walter Rieman). These excellent essays provide a solid grounding for understanding some salient issues that are contentious and unresolved.

To rephrase Winston Churchill's famous dictum, we shape our responses to disease, and then our responses will reshape us. These books go a good way in telling us where we are in the process.

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## The Provision of Life

**Fatal Years.** Child Mortality in Late Nineteenth-Century America. SAMUEL H. PRESTON and MICHAEL R. HAINES. Princeton University Press, Princeton, NJ, 1991. xxii, 266 pp., illus. \$37.50. National Bureau of Economic Research Series on Long-Term Factors in Economic Development.

**Save the Babies.** American Public Health Reform and the Prevention of Infant Mortality, 1850–1929. RICHARD A. MECKEL. Johns Hopkins University Press, Baltimore, MD, 1990. xii, 302 pp., illus. \$42.50. Henry E. Sigerist Series in the History of Medicine.

The most powerful critique of America's health care system, and the one applied most often, is that directed at the nation's high infant mortality rate. Comparing our figures with the rates achieved in other industrialized countries shatters the myth of American superiority, and contrasting the rates among