

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

different racial groups repudiates the facile claim that we are a nation of "equal opportunity." As Samuel Preston and Michael Haines declare in *Fatal Years*, "Mortality is one of the most important measures of social inequality because it indicates a group's success in providing members with the most highly prized of all attributes, life itself." The inequalities and the struggle to provide "life itself" have long been a part of American life.

While we deplore current conditions, Preston and Haines in *Fatal Years* and Richard Meckel in *Save the Babies* remind us of the strides that have been made. The United States in 1900 had a child mortality rate higher than that of the developing world today, but one that declined with successful social and scientific interventions.

*Fatal Years*, a demographic study of late-19th-century child mortality, examines the 1900 census in exquisite detail in order to show how mortality rates varied according to locale, race, economic circumstances, and a host of related factors. *Save the Babies*, a history of public health measures directed toward the reduction of infant mortality from 1850 to 1929, focuses on the roles played by sanitarians, health professionals, and welfare reformers and on the resulting policies and programs. Though different in methods and style, these two complementary works present a new means of understanding one of the major achievements of the 20th-century United States: lowering the death rate of the young.

*Fatal Years* is demographic history at its best. Our previous knowledge of mortality at the turn of the century came from a Death Registration Area created by the U.S. Census, which encompassed only a small portion of the nation and gave a generally correct, although limited and sometimes flawed, picture of mortality. By creating a national sample Preston and Haines achieve a finer and broader measurement of mortality, and one that allows the relative influence of various factors to be weighed. Some of their findings simply verify what had been common assumptions, such as the deleterious effects of urban living on the young. But other results are more suggestive, such as the fact that the nation's ten largest cities had a lower mortality rate than those of the next largest size. Construction of water and sewer systems and the implementation of other municipal programs to lower the infant death rate seemingly yielded significant and measurable benefits, although urban living remained a major liability.

Population density can mean greater risks, as disease organisms are spread more easily and as water and food contamination threatens greater numbers of people, but it has its benefits as well, allowing for more efficient

distribution of the resources designed to combat disease. And resources, both social and individual, account for much of the mortality differentials. The majority of Afro-Americans lived in the rural South in 1900, and their rural locale did not protect them from the effects of poverty and racism. Preston and Haines demonstrate that Afro-American mortality rates were in fact lower than the Death Registration data had suggested but were nonetheless far higher than those of white Americans. Among Afro-Americans living in urban areas rates were astoundingly high, a finding that suggests the need to study in greater detail the demographic consequences of the great Afro-American migration of the 20th century.

One question posed in 1900 and today is the degree to which infant mortality rates reflect maternal ignorance as opposed to a lack of material resources. As Meckel shows, the champions of each perspective understood the political, social, and economic implications of their respective solutions. Campaigns to educate mothers about child-rearing and to encourage breast-feeding were politically palatable; maternity insurance was not. Ironically, Preston and Haines confirm that among the foreign-born—the major beneficiaries of urban public health education programs—the critical determinants of childhood mortality were social and economic variables, rather than childcare practices per se. The authors describe individuals as "relatively passive victims of time, place, and labor markets."



"Child labor was rising in the late nineteenth century. Shown here is a fully equipped eight-year-old miner from Clarksburg, West Virginia." [From *Fatal Years*]

Where Preston and Haines present the cold realities of childhood mortality, analyzing the available data, calculating the significance of each variable, and determining the measurements of death, Meckel gives voice to those who experienced daily the enormous loss of young lives. In tracing the successive efforts to understand and conquer the medical problems of the young, he surveys scientific developments and professional debates among reformers and offers cogent comparisons between European and American efforts. His work is heavy with detail, but easy to follow.

Meckel traces the discovery of the infant mortality problem in the 19th century and the subsequent efforts to find a means to reduce the death toll. One theme of his work is the increasing specificity of the effort, as general sanitary reforms were followed by campaigns to improve the milk supply and later by the creation of maternal education programs. As the focus shifted from public to personal hygiene the leadership of the crusade expanded from its professional base into the community at large. Thus Meckel explains, "The nation's women, along with their magazines and organizations, came to provide the leadership and support in the continuing battle to save American babies." But when the problem was once again reconceptualized—as one of neonatal mortality and the need for prenatal care—professionals resumed control.

The statistical studies that allowed 20th-century public health leaders to pinpoint the



"By 1900, Americans were well fed by international standards of the time or even of today. Two girls from the slums of 1890 display a giant bread loaf and pretzel." [From *Fatal Years*]



"Some of the babies who scored high in a better baby contest sponsored by the University Settlement in New York City." [From *Save the Babies*]

causes of infant mortality displayed the inherent limits of defining the problem in terms of personal hygiene or maternal ignorance. Once milk supplies became hygienic, once mothers became better educated, once the death rates from gastrointestinal illness began to decline, infant deaths caused by poverty, overwork, and the lack of pre- and postnatal care became more apparent. And the impetus for social intervention became clear. Meckel describes how many European nations turned to maternity and sickness insurance as the solution. In the United

States, however, these were, to quote Meckel, "the steps not taken." The choice reflected what he terms "the ideological and political marginalization of government-provided health care services" and the triumph of privatized medicine.

Despite the political implications of his work, Meckel's book is neither polemical nor pessimistic. He recognizes the gains that were made even as he acknowledges the choices and decisions that have become, for better or for worse, our public health legacy. By tackling the central problem of public

health and the period of its vital transformation—demographically, intellectually, and programmatically—he has produced a significant work in public health history. Together with Preston and Haines, Meckel has clarified the enormous achievements of the American public health enterprise, even as he has documented many of the causes of its past and present failures.

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## Transformations on Campus

**Gender and Higher Education in the Progressive Era.** LYNN D. GORDON. Yale University Press, New Haven, CT, 1990. xiv, 258 pp. + plates. \$29.95.

Lynn D. Gordon's *Gender and Higher Education in the Progressive Era* is a welcome addition to the growing body of literature on women's education, and higher education in particular. In a lengthy and informative introduction and in her conclusion, Gordon demonstrates that students of the Progressive Era lived on the cusp of modernity. They inherited a Victorian past that deemed women to have a separate sphere for life's activities, a special nature, and a separate destiny from men. But these students helped to bring into being the modern age predicated on integration of the sexes in public life and their political equality.

Gordon presents carefully researched

studies of campus life of women students at five institutions: the University of California, the University of Chicago, Vassar College, Sophie Newcomb College, and Agnes Scott College. Gordon's case studies illustrate variations in college life at institutions north and south, public and private, coeducational and single-sex. To participate in campus life, women students followed a variety of strategies. At the University of California, where they were prohibited from sitting on certain benches and using certain paths reserved for men, women embraced a strategy of separatism. But at Chicago women students and administrators resisted segregation when male administrators, hoping to improve the quality of education by attracting more men students, tried to institute sex-segregated classes. Nevertheless, despite the various strategies that women pursued, one great similarity appears. At

each institution, women had to deal with hostile reactions from men who opposed their becoming educated and developing their own college life. At all colleges, men would have preferred that women students not act independently. California men, for instance, opposed women's writing and offering cheers for the football team, even when the women sat in a section of the stadium reserved for women without male escorts.

Men's reaction to women's pursuit of higher education is one of the themes that gives this monograph on educational history significance for the larger domain of cultural and social history. For the book brings to light how the Progressive generation of college students helped to bring in the modern age. Student writings, from which Gordon quotes extensively, reveal how young men and women were working out new patterns of behavior and relationships during the years when women descended from their pedestals. In the late 19th century, future Progressive-Era college students had met the opposite sex most often in settings