

of the US Constitution (which requires equal protection of the laws for all Americans). The plaintiffs argued that since 20 per cent of black homes lacked access to sanitary sewers and only 1 per cent of white homes were similarly bereft, a clear pattern of racial discrimination in government services existed. Further, the pipes supplying water to black homes were narrower than those to white dwellings, creating much lower water pressure in black neighbourhoods. The African American citizens group won the case, and civil rights activists hailed it as a watershed decision, of the order of *Brown v. Board of Education*, the 1954 Supreme Court decision that outlawed discrimination in school assignments. Commentators expected a flood of similar discrimination suits about water and sewer rights to follow.

But, as it turns out, they were wrong. Shaw did not set a huge precedent precisely because the town's water and sewer pattern was highly unusual. In fact, as Werner Troesken argues in this tightly reasoned and deeply researched monograph, discrimination with regard to these civil services was rare, and even from the early twentieth century blacks received comparable water access. Most public water and sewer systems were installed in American cities during the nineteenth or early twentieth century. During that period cities in the US were far less segregated than is the case today, as both working and affluent classes lived in town, with poor dwellings interspersed with more elegant establishments. This proximity made it easier to engineer uniform systems serving both races than to segregate pipes by household colour. Further, there was considerable fear of "spillover" disease, contagion from the poor to affluent, especially with regard to typhoid fever. These two factors meant that municipal water and sewer systems installed in the two to three decades on either side of 1900 rarely discriminated, and even in the more segregated towns, black access lagged behind white by only a few years.

The result was of great benefit to black citizens. Typhoid rates dropped 55 per cent among black people after water filtration equipment was installed, for example; this contrasted to a decline of 16 per cent in whites.

The author explains this discrepancy by pointing out that the poverty of black citizens had prevented them from taking measures of protection open to whites, such as buying bottled water, or having the education, time and fuel to boil water for drinking. Troesken argues that black life expectancy rose from 30 in 1900 to 44 in 1940 mainly because of the impact of water-borne disease reduction. He also finds that in some southern towns black malaria rates dropped remarkably with the introduction of water purification systems, suggesting that typhoid had often been misdiagnosed as malaria among the black population.

Troesken supports his theses with statistical and econometric methods, a style of argumentation somewhat out of favour among historians of late. Troesken asks clear questions of his data, and offers interesting answers. He finds that the Shaw case was important because it was so atypical; although schools, hospitals, churches and other institutions had been rabidly segregated in the Jim Crow south, water supplies and sewers had not. Any historian who would challenge his findings will have to meet data with data, eschewing the random quotation or text analysis for maps, vital statistics, and records of public improvements. This is a landmark book which speaks directly to the Thomas McKeown controversy—to paraphrase a catch line from the 1992 US Presidential election, "It was the water, stupid."

Margaret Humphreys,
Duke University

Sarah W Tracy, *Alcoholism in America: from reconstruction to prohibition*, Baltimore and London, Johns Hopkins University Press, 2005, pp. xxiii, 357, £32.00, \$48.00 (hardback 0-8018-8119-6).

With this book, Sarah Tracy has undertaken to revisit a subject that has already attracted considerable scholarly attention. Her main contribution to this vast and ramified historiography consists in a detailed analysis of the various, intricate, and by no means all-powerful processes subsumed under a seemingly

straightforward set phrase: “the medicalization of intemperance”.

While her “story highlights the failure of the medical profession to discover a specific mechanism that caused alcoholism (other than excessive consumption of ethanol)” (p. xvi) and to undermine definitively the religious approach to drinking, it nevertheless aims to go beyond the mere depiction of the “incomplete medicalization” of inebriety that prevailed at the end of the Progressive Era. In this perspective, Tracy investigates a series of transformations in the attitude towards drinking in the United States, from the second half of the nineteenth century to the passing of the Volstead Act. Instead of focusing solely on the (partly) conflicting views and strategies of medical activists, on the one hand, and temperance organizations, on the other, she favours a comprehensive inquiry into the developments at work at different levels. The investigation starts by highlighting the cultural characteristics of the Gilded Age and the Progressive Era that help to explain the status of alcoholism as the most dreaded peril of the time; then proceeds with an analysis of the competing theories debated within the medical profession, as well as the various kinds of institutions set up to take care of inebriates; and closes with an exploration of the views expressed by the alcoholics themselves on their disease, and the treatment they were subjected to.

Three kinds of narratives are therefore intertwined in the fabric of the book. The first thread concentrates on the rising concerns about alcohol consumption, especially as regards the transmission of “inebriate diathesis” from one generation to the other. “The second narrative focuses on physicians’ foray into the arena of social reform” (p. 18) with three complementary aims: to convince the public that drinking was too serious a problem to be left to the care of Christian temperance associations; to persuade state legislatures that the money spent on the construction and the running of either “inebriate asylums” or farm colonies (described as the only effective responses to the disease) would be well used; to regulate the trade of the many proprietary drugs against alcoholism advertised all over the country. Finally, the third layer of the story

approaches patients’ experience of the disease, and institutionalization through the study of their correspondence with physicians, relatives, or the courts, as well as autobiographies published by “reformed alcoholics”. The originality of the book resides precisely in Tracy’s ability to build simultaneously on the contribution of the social history of medicine (great attention is paid to evolution in the very terms used by physicians with their underlying connotations), the history of state interventions in a contentious area, and cultural history of popular representations. Perhaps the most interesting aspect of the book is her analysis of the complex mix of medical and moral (i.e. overwhelmingly Christian) considerations that informed the approach to alcoholism over the period: notwithstanding their rationalist ethos, “physicians did not jettison their Judeo-Christian interpretations of behavior, free will, and appropriate social roles” (p. 19). To the point of taking it for granted that physicians’ role in helping patients out of alcoholism was, first and foremost, to set the institutional conditions for their “medico-moral recovery”.

Luc Berlivet,

Centre National de la Recherche Scientifique (CERMES), Paris

David M Oshinsky, *Polio: an American story*, New York, Oxford University Press, 2005, pp. viii, 342, illus., £18.99, \$30.00 (hardback 0-19-515294-8).

Born in 1934, my mother grew up afraid of rivers, lakes, and local swimming holes. Water was the conduit of polio, she was told by her own mother, and was to be avoided, especially in the hot summer months. Decades later, as a pre-schooler at my first swimming lesson, I still remember my mother reassuring me that I would not be a hydrophobe like herself, for we lived in a post-polio age.

How such a drastic change in attitude occurred in only one generation is explained in David M Oshinsky’s *Polio: an American story*. While the book is advertised as covering the entire twentieth century, Oshinsky focuses primarily on the middle decades, when the race to find