

recent works, and now Derickson provides a valuable addition to this literature, though one which takes a rather different approach.

The unique feature of the book is its focus on the goal of universalism, rather than the more narrow politics of national health insurance. This allows for greater consideration of other possible routes towards universal access, principally the chimera of voluntary insurance and the extension of publicly funded services. Here the book helpfully augments existing studies by bringing into view conservative thinkers who championed the former principle and those figures in the public health movement who favoured the latter. The theme of universalism also embraces the philosophical justifications for health care reform, which Derickson shows to be grounded in discourses of needs, efficiency, and rights. Broadly he argues that the reform impulse in the first half of the twentieth century was dominated by humanitarian concern with needs and the Progressive case for the health of the employed worker, but that this was superseded by arguments for health care as a right of citizenship, particularly following the civil rights era.

The discussion is organized chronologically and the principal methodology is the analysis of policy documents rather than of political events, which often pass by fleetingly. Readers will need to look elsewhere if seeking, for example, fuller detail of the passage of the Hill–Burton Act, which introduced federal support for hospitals and imposed an obligation on recipients to provide some free care. The uncoupling of policy statements from a political narrative is occasionally frustrating. It is fascinating to learn that members of the American Medical Association and of the Catholic Church have at times subscribed to universalism, but the representativeness and significance of these occasional voices is hard to gauge. The latter stages of the book engage more fully with *realpolitik*, when the opportunity for progress in the 1970s was squandered by division between those reformers who favoured wholesale change to the health system, and those prepared to accept more piecemeal gains. Derickson argues forcefully that the latter course was the only viable route towards improving access. At the

same time his reading of the place of universalism within policy debate since the 1970s suggests the scope for major change is severely limited: the heavy costs of the American system have forced the issue of cost containment, rather than population coverage, to the top of the health policy agenda. None the less, the author ends on an upbeat note, suggesting that the banner of universalism might yet provide a rallying point for a new coalition of the working poor, minority rights activists and reform intellectuals. It must be said, though, that the history he has recounted gives little hope that a new settlement for the uninsured is likely in the foreseeable future.

Martin Gorsky,

London School of Hygiene and
Tropical Medicine

Keir Waddington, *The bovine scourge: meat, tuberculosis and public health, 1850–1914*, Woodbridge, Boydell Press, 2006, pp. ix, 226, £50.00, \$85.00 (hardback 1-18483-193-7).

The discovery of bovine spongiform encephalopathy (BSE) and its link to human brain diseases in the 1980s dramatically highlighted issues relating to the safety of meat and the relationship between animal and human disease. Yet these issues were not new. As Keir Waddington points out, concerns about the effects of this disease on humans were a major public health issue a hundred years before.

Waddington uses medical and veterinary texts to examine the scientific understanding of the transmission of bovine tuberculosis to humans. He investigates the role of the German bacteriologist Robert Koch, whose identification of the tubercle bacillus in 1882 confirmed the previously suspected danger of consuming products of diseased livestock, and discusses the impact of Koch's pronouncement at the British Congress on Tuberculosis in 1901 that bovine tuberculosis was different from the human variety and did not threaten human health. The main effect of this pronouncement appeared to have been a heightened determination in Britain to prove such a link, leading to what Waddington

calls the “British model” of the disease. However, the danger of eating tuberculous meat was probably exaggerated. Like rabies, the threat from bovine tuberculosis existed more at a rhetorical than an epidemiological level. Explaining the alarm, Waddington discusses the new cultural meaning of meat at a time when consumption was increasing, and the role of medical officers of health and veterinarians who were staking out their professional grounds, seeking ways of making concrete contributions to the public health.

By 1900 the focus of attention had shifted from infected meat to milk. Part of the reason for the shift, Waddington tells us, was a sense that “the problem of diseased meat was on the way to being solved”. He notes that the abolition of private slaughterhouses, the establishment of public abattoirs, and efficient meat inspection were thought sufficient to prevent the sale of tuberculous meat “because it would no longer be remunerative to keep tuberculous cows until they become seriously diseased” (p. 154). Further reassurance stemmed from the belief that cooking rendered diseased meat safe. This explanation is not entirely convincing. Uncertainty persisted about what constituted diseased meat as late as 1914, and the failure to prevent the sale of diseased meat led to a focus on eradicating tuberculosis in cattle, and yet compensation remained a thorny issue. Waddington’s discussion of the effects of cooking meat also reveals ongoing doubts about its efficacy. He perhaps comes closer to providing an explanation for the shift when he relates it to the mounting concern for child health around the turn of the century. Tuberculous meat primarily affected adults while tuberculous milk affected children and was seen as damaging to the future strength of the nation.

Waddington argues that the part played by the public in shaping concerns remains “uncertain”, with limited evidence of public involvement. “Unlike other contagious diseases, fears of bovine tuberculosis were essentially fashioned by elite veterinarians and doctors who defined the problem, drove debate and lamented that the public were not more interested in the threat they believed the disease represented” (p. 188). This

conclusion surprised me, for elsewhere he states, “By the late 1880s . . . the medical profession *and lay public* were alarmed about alleged danger of transmission through eating infected meat and milk” (emphasis added, p. 92), and “By the Edwardian period, public opinion was in favour of concerted measures to check the spread of bovine tuberculosis as an integral part of the crusade against consumption” (p. 188). He also notes that the National Association for the Prevention of Consumption, a lay organization set up in 1898, held local conferences to discuss measures to control bovine tuberculosis, and convened the 1901 Congress on Tuberculosis, intended as a “venue for public education” (p. 113). There were also clean milk campaigns by voluntary bodies, including the National League for Physical Education and Improvement, and the National Health Society. The “uncertainty” about the public’s role perhaps reflects the sources he chose to focus on.

In his conclusion, Waddington engages with historians who have suggested that social intervention played an important part in mortality decline, and argues that “the history of meat and milk inspection indicates that not all areas of public health work progressed at the same rate, or were equally successful” (p. 189). Indeed, with local opposition and scientific uncertainties prevailing, he demonstrates that public health initiatives to eliminate bovine tuberculosis were not at all successful in the period under discussion. Waddington’s study amply fulfils his goals of filling a gap in the historiography of tuberculosis and contributing a new dimension to more recent debates about the safety of food supplies.

Linda Bryder,
University of Auckland

Werner Troesken, *Water, race, and disease*, Cambridge, MA, and London, MIT Press, 2004, pp. xviii, £22.95, \$35.00 (hardback 0-262-20148-8).

In 1971 a group of African Americans living in Shaw, Mississippi, sued their town for failing to meet the standards of the fourteenth amendment