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beth Fenn’s *Pox Americana* and Conevery Bolton Valencius’s *The Health of the Country*. This reliance on older secondary sources sometimes leads to errors. Thus, for example, Dary’s discussion of epidemics among the Indians suggests that Europeans had, over the course of centuries, evolved a “genetic resistance” (25) to the diseases of Europe, a contention that most historians of the field would dispute. Dary also suggests that the mountain men may have “inherited antibodies” (103) against smallpox, which modern scholars agree is medically impossible.

These criticisms aside, Dary’s book will please general readers with an interest in the history of the Old West. Even readers long familiar with the explorers, mountain men, and western settlers who fill its pages will find new perspectives and new stories in *Frontier Medicine*.


Reviewer Gwen Kay is associate professor of history at the State University of New York at Oswego. She is a coauthor of *200 Years of Health: The Onondaga County Medical Society, 1806–2006* (2007) and author of *Dying to be Beautiful: The Fight for Safe Cosmetics* (2005).

It is not often that a museum exhibit spawns not one but two books, but fortunately, such a thing happened: *Health Culture in the Heartland, 1880–1980* is the second book from an exhibit for the McLean County, Illinois, museum of history. Trained as a British historian of medicine, Lucinda McCray Beier guest curated an exhibit on health for the museum and subsequently wrote a book based on the exhibit. As Beier notes in the introduction, this book has more perspective than the earlier volume, placing the county’s evolving concepts of health and health care in national context.

The volume under consideration is “a work of local medicine and public health history” (xii), focusing as it does on the evolution of medical care in a single county in central Illinois. But the book is more than that; it offers a model for community history placed within the larger historical narrative. The histories evoked in this well-written and smoothly flowing book are those of public health, history of medicine, the history of the county, and social history, or what Beier terms “community health history”: how a community understands its health care, from site of sickness to appropriate caregivers, from range of “normal” illness to location of death. The book relies, in part, on interviews conducted by community volunteers for the original exhibit, supple-
mented by interviews (by others) conducted for another project. Beier mentions both reservations about using these interviews (such as the fallibility of memory) and the power of using them.

From the table of contents on, the book is a joy to read. It is orderly, moving thematically in health care from “where” (geographically situating the reader in chapter one, and moving to institutional care in chapter two) to “who” (nurses and gendered assumptions about health care delivery in chapter three, and mostly white, male doctors in chapter four) to “what” and “how” (public health organization in chapter five, and expectations of health care in chapter six). Although some might quibble, preferring a chronological schema, the structure works quite effectively, moving organically from topic to topic, a tribute to Beier’s writing. The book is well organized: the introduction clearly outlines the book, and the conclusion recapitulates the important changes; each chapter seamlessly flows from the last and contains its own concluding section. But the writing is so clear, the interviews so well integrated, and the research so well done that these organizational details are noted more in passing than as necessary to hold the reader’s attention.

In each of the six chapters, Beier situates her theme — people, institutions — within national context and local variation. In “Nursing, Gender and Modern Medicine,” for example, Beier traces the history of nursing as a professional development, as a necessity for hospital growth, and as an issue relating to race, class, and marital status. I had not previously considered the impact of nurses working in a home-like environment and how that must have comforted patients in the hospitals of the late nineteenth and early twentieth centuries. As Beier skillfully teases out this dimension of health care, adding to the sense of caring for the sick moving from domestic (home) to institutional (hospital) space, she also notes that only rarely did the doctors and lay people interviewed for the project even mention nurses, so invisible (and gendered) was their work.

As Beier notes throughout, national trends described by other historians — the professionalization of medicine, the changes wrought by public health, the role of women as health care providers — do hold true in McLean County, but not always for the same reasons, or not always at quite the same time as common wisdom holds that they occurred elsewhere. “Whereas national studies can document and interpret the broad outlines of change and continuity in the histories of public health and medicine, local studies both highlight the diversity of experiences in the United States and remind us that research based on large cities of the East Coast and Midwest does not represent the
American experience. Furthermore, local research reveals both factors determining common experiences and the diverse experiences that occur even at the local level” (179). This, in fact, is the strength of the book: reiterating the value of local history. McLean County is in the middle of Illinois, and some of its characteristics are a bit exceptional, but, then, every local history highlights the exceptions and unique nature of a community. Nonetheless, I believe that the evolution of health care in one county in Illinois is highly suggestive of what one might find in other counties, beyond the large cities so typical of many studies. Even if such were not the case, anyone interested in how changes in life, death, and expectations about health care evolve over a century would be remiss if they did not read, and enjoy, this book.


Reviewer Virginia R. Boynton is professor of history at Western Illinois University. Her research and writing have focused on issues related to gender and race in the twentieth-century Midwest.

In *Christian Sisterhood, Race Relations, and the YWCA, 1906–46,* Nancy Marie Robertson provides a thoroughly researched and nuanced study of the transformation of this major national women’s organization from a racially segregated religious association in 1906 into a racially integrated democratic institution by 1946. Her work is an important contribution to the scholarship on race relations and the origins of the modern civil rights movement, and enhances the historical literature on women’s activism and on American religious institutions.

Taking a largely chronological approach to her topic, Robertson delineates the origins of the national organization in a 1906 merger of two groups of young women’s evangelical Protestant organizations dedicated to social change within a racially segregated context: one group was located primarily in the cities of the Northeast; the other had arisen on midwestern college campuses. In a series of chapters that trace the gradual evolution of the national organization from its origins at a national conference for white women only, held in the South in 1907, through the Progressive era, World War I, the post-suffrage decade of the 1920s, the New Deal, and World War II, Robertson documents the continuous struggle within the organization over race relations, culminating in its members’ decisions in 1946 to unanimously adopt an “Interracial Charter” and move toward complete