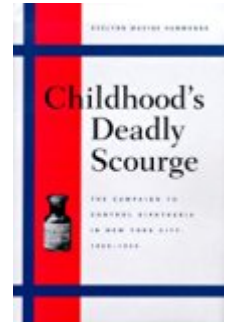


**Evelynn Hammonds.** *Childhood's Deadly Scourge: The Campaign to Control Diphtheria in New York City, 1880-1930.* Baltimore and London: Johns Hopkins University Press, 1999. ix + 299 pp. \$39.95, cloth, ISBN 978-0-8018-5978-6.



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Even amongst the greatest critics and skeptics of scientific medicine who questioned its role in the decline of mortality in the late nineteenth and early twentieth centuries, an almost unanimous point of agreement has been that the conquest of diphtheria, from the early 1890s through the 1930s, represents an important exception. In her recent book, *Childhood's Deadly Scourge: The Campaign to Control Diphtheria in New York City, 1880-1930*, Evelyn Hammonds challenges the prevailing assumption that "[d]iphtheria was the first infectious disease to be controlled by advances in scientific medicine, particularly discoveries in bacteriology and immunology" (p. 6). In so doing, she tells three interrelated stories. The first revolves around the efforts of the New York City Department of Health's Division of Pathology, Bacteriology and Disinfection, under the leadership of Hermann Biggs, to redefine the nature of the disease and situate routine diagnostic testing in the city laboratory, beginning by making the laboratory both visible and accessible to physicians in 1893. Hammonds then focuses on the Department's promotion by clever use of the media to elicit public support and undercut medical objec-

tions to the encroachment of public health's use of antitoxin as the "sure cure" starting in the winter of 1894. Finally, Hammonds explores public health efforts during the 1920s to rally the public and Tammany Hall behind an active immunization campaign.

Examined singly, none of these efforts achieved the control of diphtheria, Hammonds argues, as public health officials and proponents of the new laboratory sciences proclaimed. For example, the problems of healthy carriers (identified by the laboratory) and achieving funding for active immunization laid bare the administrative and political barriers to eradicating diphtheria and underscored the extent to which control of the disease lay outside of science. Likewise, in none of the stories did the Department of Health manage to establish firmly its scientific and administrative authority. Local physicians could incorporate antitoxin into their therapeutic arsenals without accepting either bacteriological constructions of diphtheria or the authority of the State.

Examined collectively, however, the three components of the city's campaign contribute not

only to a complex story of diphtheria's reduction, if not control, but also, the more important story of establishing the authority of scientific medicine. Hammonds thus concludes that the control of diphtheria was achieved, first, through "the interaction between the professional, factional, and political interests of those who sponsored, enabled, and resisted the application of bacteriology and medicine to public health. Second, it was controlled by the real scientific advances produced by its transformation in the laboratory and the translation of those transformations into effective practices" that made each prong of the decades long campaign against the scourge seem, in retrospect, "the natural and necessary solution to the problem of diphtheria" (p. 8).

The strength of Hammonds's work also raises questions about the conclusions we are prepared to draw about the "triumphs" of science. Hammonds, both a scientist and historian by training, displays a masterful command of the scientific studies and their nuances. Further, she presents a complex story to the lay reader clearly and concisely. Nonetheless, the manner in which she uses and discusses the scientific evidence and debate underlying the city's diphtheria campaign and the conclusions she then draws create a tension in the work, suggesting, perhaps, that she retains a certain sympathy for and maybe even admiration of science.

As Hammonds aptly points out, public health officials at the turn of the last century promised the conquest of infectious disease. While they could not quite deliver on that promise and certainly not at that time Hammonds acknowledges that "In many respects they were right" (p. 221). At the turn of this century, we face a similar optimism. As I wrote this review, across my desk came a collaborative report from Cornell Medical College, Columbia University College of Physicians and Surgeons, and New York-Presbyterian Hospital entitled "Is Genetics the Future of Medicine?" The report is confident that "In the foreseeable fu-

ture, the works of the human body and the diseases that affect it will be understood at the genetic level." [1]

The subtle, provocative tension in Hammonds's work suggests that social historians may have reached a point where it might become necessary to rethink how we can best comment on science both historically and in the present. Hammonds clearly understands science as complex social, cultural, and political endeavor. Yet what do we make of it when that complex and sometimes inelegant and even brutish social practice actually seems to work?

Many historians of medicine, especially those affected by the politics of the 1960s and 1970s, have been skeptical of the efficacy claims made by the medical profession and by extension the "new" public health, which produced a new cadre of public health professionals, justified a new set of interventions, and, increasingly, overlapped with clinical medicine. They have often reacted strongly against the beliefs of previous generations of historians who tended to celebrate the successes of physicians, to support the rational authority of biomedicine, and to hold to a faith in the historical progress of medical science. Instead of interest in the efficacy of biomedicine, they have tended to concentrate instead on "the social causation of health and disease and the way in which science is embedded in a society's social relations." [2] Recognizing that medicine and medical institutions could be means of social control, they have been suspicious of public health actions that segregated the sick, particularly when those isolated were poor or otherwise dispossessed. In studying the history of medical professions and institutions, including those of public health, contemporary medical historians have questioned the social and political motives of those involved and the objectivity of the disease entities that often justified their actions.

Recent AIDS and tuberculosis policy successes provide a strong reason to revisit the role of pub-

lic health during past disease episodes such as diphtheria. Faced with a new disease for which cure was unknown and treatment limited or unavailable, public health professionals cobbled together policies which, without eliminating AIDS, probably reduced the risk of HIV infection and its sequella. These targeted public health interventions include heat treatment of blood products, blood donor screening, and the institution of needle exchange programs. Such policies, each of which generated opposition, make us more sensitive to the efficacy of small victories, as well as the complexities of an incurable infectious disease. In brief, current experiences during recent epidemics may have served to produce, if not a revolution, then a shift in the current medical history paradigm.

Hammonds's book stands on the boundary of this shift. She takes on the legendary story of the conquest of diphtheria in a fashion that no other historian has attempted. But, while not celebrating the old historical paradigm of the "heroic" conquest of disease, Hammonds is not quite comfortable with the new, suggesting that there may be room to acknowledge science and its promise while still critiquing it and, critically, trying to shape its direction as both historians and stakeholders.

#### Notes

[1]. Collaborative Report of Joan and Sanford I. Weill Medical College of Cornell University, Columbia University College of Physicians & Surgeons, and New York-Presbyterian Hospital, *Is Genetics the Future of Medicine*, 1999.

[2]. Susan Reverby and David Rosner, "Beyond 'the Great Doctors'," in *Health Care in America: Essays in Social History*, edited by Reverby and Rosner (Philadelphia: Temple University Press, 1979):4.

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