

H-Net Reviews

in the Humanities & Social Sciences



Vera Blinn Reber. *Tuberculosis in the Americas, 1870-1945: Beneath the Anguish in Philadelphia and Buenos Aires.* New York: Routledge, 2018. 348 pp. \$149.95 (cloth), ISBN 978-1-138-35950-5.

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Published on H-Disability (October, 2019)

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This is a study of two cities—Buenos Aires in South America and Philadelphia in North America—and their experiences of tuberculosis in the period 1870-1945. In the nineteenth century, this disease emerged as a major cause of infirmity and mortality internationally, linked to the rise of urbanization and industrialization, but for most of this period it was poorly understood. *Tuberculosis in the Americas 1870 to 1945* by historian of medicine, Vera Blinn Reber, opens at a time when advances in European biomedicine occurred, leading to international consensus on the etiology and treatment of tuberculosis. Crucial to this development was the emergence of germ theory and, in particular, identification of the causative bacillus by Robert Koch (1843-1910), *Mycobacterium tuberculosis*, in Berlin in 1882. But a cure did not follow until 1945, when streptomycin, a newly discovered antibiotic, was found to be effective. In the intervening years, with 8-15 percent of all deaths worldwide attributed to tuberculosis, the disease became both a global public health issue, with measures to prevent the spread of the disease, and the subject of medical research in the battle to find a cure. This forms the medical context for the social and public health histories presented in this book.

Tuberculosis in the Americas has seven chapters plus an epilogue. The first chapter focuses on medical and scientific discourse in relation to tuberculosis from the 1890s to 1920s. In this period, the theory of heredity was gradually replaced by that of contagion, as reflected in public health policies of isolating the tuberculosis sufferer from society. Chapter 2 describes Philadelphia and Buenos Aires during the period under discussion. It shows that in many ways these cities were like others of

their time and, interestingly, resembled one other. As of the 1920s, they had become leading cities of their respective nations and modern centers of commerce, education, and manufacturing, with a rising middle class and growing migrant populations. By 1907, deaths from tuberculosis in both Buenos Aires and Philadelphia exceeded deaths from all other infectious disease epidemics. Both cities established internationally recognized research and treatment facilities for tuberculosis, but local variables, such as climate and culture, to some extent differently shaped the sites and nature of medical institutions that found acceptance for tuberculosis treatment in the two cities.

In chapter 3, Reber analyzes the incidence of tuberculosis and its consequences for the cities' migrants, both from within and outside the Americas. To the extent that these groups occupied the lowest socioeconomic positions, this chapter offers both a class and race critique of public health policies. Its conclusions echo what historians have found elsewhere: the correlation of tuberculosis deaths with substandard living and working conditions led to anxiety about the spread of the disease from the migrant poor and was accompanied by targeted, morally judgmental interventions from charities and government.[1] However, Reber also points to positive responses by authorities in their initiatives to improve housing and green spaces, which ultimately resulted in ameliorating the poor health of their citizens and lessening the risk of contracting tuberculosis.

Chapter 4 examines the medical treatment of tuberculosis patients. It does an excellent job of explaining the

available tests, treatment regimens, and education campaigns during this period, as well as the different sites of treatment—home, outpatient clinics, and hospitals. With a subtitle of “Patient and Physician Experiences,” we might expect this chapter to consist mainly of diverse first-person perspectives, but this is not the case. The only substantial accounts were between Dr. Lawrence Flick (1856-1938) and his wealthy patient, George Macklin, as conveyed in *Bargaining for Life: A Social History of Tuberculosis, 1887-1938* (1992) by physician Barbara Bates (1928-2002). There is little to substantiate the chapter’s early claim that “gender, class and age” affected diagnosis and treatment, despite some allusions to these different categories (p. 123). Read on to the next two chapters, and class and age are subject to some analysis. Chapter 5 expands on tuberculosis treatment by looking at life in the sanatoria, with an interesting section on patient protest and how it differed between the two cities. Chapter 6 is an excellent study of tuberculosis measures for children, especially the poor of Buenos Aires and Philadelphia. As Reber reminds us, governments were willing to foster expensive public health measures for the young in the interests of producing “vigorous, patriotic adults who could serve in the military and contribute to the national economy” (p. 216).

Chapter 7 considers the two cities against the background of international tuberculosis policies and practices, providing glimpses of, for example, Spain, whose changing relationship with Argentina was reflected in the latter’s shifting medical discourses. The epilogue does three things: it provides the aftermath to successful antibiotic therapy in the 1940s, it sums up the book’s content, and it provides an analysis of the late twentieth-century tuberculosis global outbreak.

Tuberculosis in the Americas relies on a rich selection of sources for its evidence, including the secondary

literature and government archival records. The book is replete with tables setting out a myriad of statistics, connecting tuberculosis deaths to occupation, age, place, *et cetera*. Reber’s main point is that, while modern medical advances were crucial to combating tuberculosis in Philadelphia and Buenos Aires, improved living and working standards and access to health services were also essential to the decline of tuberculosis in the two cities.

The importance of this book does not lie in any significant break with current historiographical themes and insights of tuberculosis history. Indeed, Reber makes the point that Philadelphia and Buenos Aires were not exceptional in the approaches taken to manage tuberculosis in this period. Her work, to quote the editors of one volume on tuberculosis history, is an example of the several “studies that show the contingent character of anti-TB policies across time and space.”[2] Nonetheless, *Tuberculosis in the Americas* contributes to tuberculosis and public health history through its painstaking documentation and broad-ranging study of institutions, treatments, medical discourse, and social conditions in these two cities of North and South America.

Notes

[1]. See, for example, Emily K. Abel, *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles* (New Brunswick, NJ: Rutgers University Press, 2007); and Matthew Gandy and Alimuddin Zumla, eds., *The Return of the White Plague* (London and New York: Verso, 2003).

[2]. Linda Bryder, Flurin Condrau and Michael Worboys, “Tuberculosis and its Histories: Then and Now,” in *Tuberculosis Then and Now: Perspectives on the History of an Infectious Disease*, ed. Flurin Condrau and Michael Worboys (Montreal: McGill-Queen’s University Press, 2010), 8.

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Citation: Charmaine Robson. Review of Reber, Vera Blinn, *Tuberculosis in the Americas, 1870-1945: Beneath the Anguish in Philadelphia and Buenos Aires*. H-Disability, H-Net Reviews. October, 2019.

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