

not only rural historians, should read it. It contributes to our understanding of exactly how change, in the name of science and progress, affected many rural women and, as such, would be useful for introductory courses on the history of women, agriculture, the West, or the central plains. To be sure, it will incite interest in the "modern farm woman."

*Fevered Lives: Tuberculosis in American Culture since 1870*, by Katherine Ott. Cambridge, MA: Harvard University Press, 1996. vii, 242 pp. Illustrations, notes, appendix, annotated bibliography, index. \$27.95 cloth.

REVIEWED BY MATTHEW T. SCHAEFER, IOWA CITY

Katherine Ott's *Fevered Lives* is an ambitious history of tuberculosis in America from 1870 to the present. She begins with the premise that "the meaning of disease evolves from the interrelationship of people, technology, medical doctrines, and state affairs" and concludes, "it is the material substance of society that ultimately shapes, locates, and creates disease" (1). This approach to history demands analysis on multiple levels. For the most part, Ott succeeds in meeting the difficult task of melding cultural, intellectual, and social history. She is especially strong in her assessment of the objects of material culture that measure and give shape to the disease: the spirometer, the microscopist's slide, the chest x-ray, and the tuberculin antibody test. Ott notes the cultural resonance of the sickroom, the sanitarium, and the sleeping porch among the many figurative places that help form our idea of tuberculosis.

Ott demonstrates convincingly that consumption of the 1870s and the tuberculosis of the twentieth century were not the same disease. Each was perceived and defined according to prevailing medical thinking and cultural mores. Consumption consisted of disparate signs and symptoms and included many diseases not linked to the tuberculosis bacillus. By definition, tuberculosis entailed the presence of a parasitic bacillus disrupting systems and resulting in clear pathological changes. Ott aptly observes that this precision of definition owed as much to the rise of a modern public health bureaucracy as to the advances made in understanding the disease. She also addresses the more amorphous issue of the cultural conception of the disease. In 1870 many felt that the consumptive visage betokened genius; by 1900 a diagnosis of tuberculosis stigmatized a person and resulted in shunning.

*Fevered Lives* covers the impact of tuberculosis on American culture as a whole. There is little attention given to regional differences in dealing with the disease aside from discussion of the various cli-

mates thought beneficial to consumptives. Over time these included deserts, mountains, and open air camping near lakes. Lacking any of these amenities, Iowa was not a destination for the tubercular. But of course the disease visited many Iowans. The diagnostic tests, treatments, sanitarium, and sickrooms so well described by Ott would have been familiar to them.

The work reflects an enormous amount of research; indeed, the notes section constitutes one-quarter of the book's length. This breadth of scope is impressive. Ott incorporates archival materials, published primary sources, the relevant sources from medical history, material culture studies, as well as literary theory and geography. Among the archival sources cited are the pulmonary phthisis lecture notes of William Robertson, professor of the theory and practice of medicine at the University of Iowa from 1870 to 1885. Overall, Ott's weaving of these often disparate threads results in a well-written book.

At times Ott offers generalizations that give the reader pause. She asserts, for example, that the germ theory was embraced by only a handful of eastern, European-trained physicians before the turn of the century (55-57). My own research suggests that the widely disseminated germ theory was often embraced despite limited therapeutic application. Later Ott holds that "in the 1890s the allure of the delicate consumptives declined as athletic girls and muscular men became the middle class ideals of human perfection" (70). Middle-class ideals of physical perfection in the late nineteenth century covered a wide range, but were as likely to include muscular men and active women in the 1870s as in the 1890s.

In her conclusion, Ott addresses the recent resurgence of drug-resistant tuberculosis, noting that much of the current discussion of tuberculosis reveals "near total lack of historical perspective" (157). She is dismayed to find that analysts and policymakers think of TB as a timeless illness, reappearing in a static society, to be dealt with by scientific advances. *Fevered Lives* is an extended essay intended to rebut such a stilted view of disease. Ott argues convincingly that tuberculosis is defined not just by germs and doctors, but by societal expectations and morality. In today's society, where once again people with tuberculosis are being stigmatized and marginalized, such a nuanced history is welcome.

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