

strangely ahistorical position, at odds with a volume intended to inform and enrich contemporary issues in genetic research by offering direct comparison and reference to a principal source.

An earlier entry does offer slightly less staunch conclusions. 'Genes in mind' is Lindsey Kent and Simon Baron-Cohen's attempt to disentangle the nature (genetics)/nurture (environment) controversy with reference to current scientific explanation of the nature of human mind. Unlike other essays, theirs is especially explicit in admitting the limitations of genetics so far: that concerning behaviour and personality, genes' known influence "is only modest for many traits"; genetics "*may* lead to *some* important medical breakthroughs" (my emphases). Hence they conclude that further investment of time and money is warranted less for tangible outcomes, more for intellectual advance: "to teach us how we—and our brains—are made . . . the pursuit of such knowledge is worthwhile in its own right" (p. 156).

By adopting a light touch—a brief preface, then short introductory pieces preceding each essay—the editors permit the contributors and their particular, mainly pro-research agendas to dominate. This does not make for an especially fluent read, or, as suggested above, a balanced account. None the less, echoing another review (R Pollack, 'Thoughts on humane genetics', *Science*, 2008, **321**: 492–3), this is an important work and useful general teaching aid in science, medicine, law and ethics. It demonstrates contemporary scientific justification for continued and appropriate use of genetic information, despite and readily cognisant of past abuses.

Thea Vidnes,

The Wellcome Trust Centre for the
History of Medicine at UCL

Cynthia A Connolly, *Saving sickly children: the tuberculosis preventorium in American life, 1909–1970*, Critical Issues in Health and Medicine, New Brunswick,

Rutgers University Press, 2008, pp. xiii, 182, illus., £27.50, \$39.95 (hardback 978-0-8135-4267-6).

This brief, but informative and solidly researched book deals with a peculiar type of medical institution in the United States mainly in first half of the twentieth century, the tuberculosis preventorium. The preventorium catered for "pretubercular" children who were not ill but, due to their family history, were deemed at risk of becoming ill with tuberculosis. Here, children were to build resistance to the disease through a regime of fresh air, ample nourishment and moral fostering. In practice, this meant that the preventorium sought to imbue indigent children, often with an immigrant background, with the values of an idealized, white, American middle-class home life, as Connolly convincingly argues. A central theme is the contested, often conflicting, relationship between changing medical knowledge and the culturally and socially grounded practices in the preventorium.

The preventorium was the result of a combination of late-nineteenth-century North American efforts at "child-saving" and scientific discoveries, mainly by European medical researchers, of the numbingly high tuberculosis infection rates in urban populations around the turn of the century. As the overwhelming spread of the TB bacillus was documented, preventive efforts targeted children. Arrangements to boost their organic resistance—and to form them into efficient, healthy citizens—were made in many countries, and the United States was no exception. Through an analysis of the pioneering Farmingdale preventorium in New Jersey, opened in 1909, Connolly explores what went on in these institutions. Drawing on a wide range of sources, effectively applying cultural, social and political perspectives, she discusses the different meanings of the preventorium for the children and their parents, as well as for the institutions' founders, staff and the wider society. Even though there was resistance among parents and

in local communities where preventoria were built, they were deemed a great achievement, as their national proliferation in the 1920s demonstrates. Supported by the National Tuberculosis Association and other enthusiastic child-savers, these institutions were established throughout the United States by many different agencies.

Initially, the preventoria were rooted in the prevailing scientific understanding of TB, but, as Connolly argues, once established, they proved rather resistant to changes in medical science as well as to new social welfare practices. By the 1930s, many experts concluded that the removal of children from their homes had few health benefits, rather the opposite. The scientific rationale underlying the preventorium crumbled as case finding and prevention of infection rather than resistance-building were employed as prophylactic strategies. Many preventoria were closed or reoriented to other fields in the wake of the new antibiotic therapy in the 1940s; even so, some continued to offer a mix of fresh air and moral uplift as a solution to the medical and social problems of indigent children. Ultimately, keeping the institutions running and beds occupied proved more important than assuring the scientific soundness and social adequacy of preventorium treatment; fittingly, it was financial, not medical considerations that led the last ones to close in the 1960s. Avoiding moral judgement, Connolly carefully historicizes the preventorium and employs an emic perspective on the child-savers' engagement: the preventorium may have seemed like the most humane choice, given the alternatives of orphanage, juvenile asylum, or even homelessness threatening indigent children with tuberculosis in the family.

The analysis is grounded in the international scientific context, but the focus of the book is national, concentrating on US developments. I miss a systematic comparison of the US preventorium and its European counterparts: were they the same or different institutions? Nevertheless, the book is highly recommended for everyone interested in the

history of tuberculosis and children's health. The focus on prevention of paediatric tuberculosis, and on an institution far less studied than the TB sanatorium, makes this book a welcome addition to the historiography of tuberculosis. The author's engagement in current debates on children's health makes the sound historical analysis also highly relevant for today's concerns in preventive and public health.

Teemu Ryymin,

Stein Rokkan Centre for Social Studies,
Bergen

Alice Boardman Smuts with the assistance of **Robert W Smuts, R Malcolm Smuts, Barbara B Smuts, and P Lindsay Chase-Lansdale**, *Science in the service of children, 1893–1935*, New Haven and London, Yale University Press, 2006, pp. xiv, 381, £20.00, \$32.00 (paperback 978-0-300-14435-2).

As Alice Boardman Smuts points out, while there have been scholarly studies of American movements such as child guidance, child development, and what she describes as the "sociological study" of the child (essentially, the work of the US Children's Bureau), these have previously been "limited to the development of one or the other of the three child study movements . . . over a shorter time span or to the history of individual child study organizations". Her aim is thus to "view these three new approaches to scientific child study not as isolated efforts but as related parts of a single broad movement" (p. 4). Equally, and correctly, she notes the appeal to "science" which so characterized movements like child guidance in the inter-war period (p. 7), a time when science held a high intellectual and cultural status, and when the branch of medicine which underpinned child guidance, psychiatry, was seeking to establish its own scientific credentials in line with those purportedly attached to, in particular, biomedicine. And again quite correctly, the author stresses the role of American