

Burke's primary sources, 822 patient charts, also contained letters the children received, copies of outgoing letters, as well as incidents of rule-breaking and subsequent discipline. This should be the heart of the study, but the attention to detail at times overwhelms the narrative. While the focus on patient charts allows a close reading of the world of institutionalized children, or at least the medical staff's perceptions, it also leaves the rather larger contexts unexamined, such as the impact on families, the institution, and medical practice of two world wars and the Great Depression.

As a qualitative case study, the approach "more or less hold[s] time fairly constant over the forty some years of this study, even as treatment regimens changed" (p. 60). The methodology creates space for an analysis of the ways that sanatorium care that built resistance was both medical and modern. The strict discipline and regimentation that characterized the rest cure, and the collapse therapies that surgically rested lungs, only seem mean-spirited and wrong-headed from the vantage point of the age of antibiotic cures. But, the author warns, the therapies that built resistance might be interrogated for strategies to face *Mycobacterium tuberculosis* as it builds resistance to the drugs that were meant to conquer it.

Maureen Lux
Brock University

Michelle Follette Turk. *A History of Occupational Health and Safety: From 1905 to the Present*. Wilber S. Shepperson Series in Nevada History. Reno: University of Nevada Press, 2018. xii + 356 pp. Ill. \$44.95 (978-1-943859-70-2).

Michelle Follette Turk's book makes a major contribution to the history of public health and occupational health by focusing on a specific location—the area around Las Vegas, Nevada—from the early twentieth century to the early twenty-first century. The author explores the often contentious, and always complicated, relationship among workers, "place," and health. The study is divided into three periods that encompass separate "occupational health regimes." The first is from the beginning of industrialization in Nevada at the dawn of the twentieth century to the end of World War II; the second spans the period from the end of World War II to the 1970s; and the third focuses on the post-OSHA years up through the present. Like much of occupational health history, this is not a story of linear progress, but one that demonstrates that "Nevada consistently failed to protect its workers throughout the century and continuously suffered large-scale workplace disasters" (p. 18). Further, although large scale disasters may have led to short-term reforms, these efforts were often eventually abandoned.

The first period encompassed the building and operation of railroads, the construction of the Hoover Dam, and the short-lived manufacture of magnesium

during World War II. The construction of the dam was particularly problematic. In addition to the horrendously hot weather at the site in the summer and inadequate medical facilities, in the early 1930s there was an average of four to sixteen accidents per day that required a visit to the doctor or a hospital. One of the major contractors, “Six Companies,” resorted to deceit and denial to hide the mass poisonings of workers. In the underground workplaces, idling trucks emitted deadly levels of carbon monoxide, but the company, instead of reporting these deaths as being work-related, listed them as caused by “pneumonia.” The author notes that as a result of workers’ filing lawsuits against the company demanding compensation for their illnesses, and the New Deal’s Department of Labor’s actions on behalf of workers, major reforms not only improved conditions in Nevada, but also resulted in changes in the way that other dams were constructed in the future.

The second period was dominated by the establishment of the Nevada Test Site after World War II, only sixty-five miles from downtown Las Vegas, that was the site of almost one thousand atomic bomb tests. Despite the fact that the Atomic Energy Commission, the Department of Defense, and private contractors knew that workers, civilians, and soldiers would experience “repeated low-level” radiation as a result of these tests, “the AEC authorized the contamination of civilian employees and atomic veterans, the surrounding community, and the environment with radioactive materials” (p. 227). As Turk observes, this history demonstrates that “it is virtually impossible for an industry to self-regulate” (p. 228).

The third period focuses on the construction and work life of the Las Vegas Strip. Among the occupational hazards discussed are the deaths and injuries resulting from the building of the giant hotels. In addition hotel workers suffered from a variety of respiratory problems and frequent threat of violence. There is not, however, much attention played in the book to the back problems and other musculoskeletal disorders that have been documented recently in the hotel industry.¹ Turk demonstrates that although the service industry workers faced dangers much like industrial workers, the risks “were harder to define and interpret” (p. 15) and thus easier to ignore.

In all of these case studies Turk does an excellent job of providing the political, economic, and social background of the various industries she examines. The book also furnishes excellent analyses of how occupational health issues in Nevada relate to general issues of public health and health care in that state, and to more general trends in occupational health in the United States. She also demonstrates that in addition to private industry, state and federal governments often did not protect workers, but instead cooperated with hazardous industries both to promote economic development and, in the case of the Nevada Nuclear Test Site, to promote national security. Finally, a more than minor quibble. The publisher did the author no favor by titling the book *A History of Occupational Health and*

1. S. Buchanan, P. Vossen, N. Krause, J. Moriarty, E. Frumin, J. M. Shimek, F. Mirer, P. Orris, and L. Punnett, “Occupational Injury Disparities in the US Hotel Industry,” *Amer. J. Indust. Med.* 53, no. 2 (2010), 116–125.

Safety from 1905 to the Present. The title raises expectations that the book was never meant to deliver. It is a fine case study and that is good enough!

Gerald Markowitz

John Jay College and Graduate Center, City University of New York

Rachel Louise Moran. *Governing Bodies: American Politics and the Shaping of the Modern Physique.* Philadelphia: University of Pennsylvania Press, 2018. 216 pp. Ill. \$49.95 (978-0-8122-5019-0).

Rachel Moran introduces the term “advisory state” in her intriguing history of federal policies designed to shape the bodies and the health of U.S. citizens. A healthy workforce and stable families are vital, yet government in most instances cannot force people to alter their behaviors. Instead of requiring actions, the advisory state recommended gendered and raced programs that promoted an ideal of white male masculinity, and used quantification to judge accomplishments. *Governing bodies* traces the development of twentieth-century advisory and mandatory plans.

In the 1910s and 1920s, the Children’s Bureau designed classes, pamphlets, health conferences, and educational devices such as “Baby Week” and “Children’s Year” to teach mothers about raising healthy American children. The Bureau popularized height and weight charts, which “offered an aura of scientific legitimacy” (p. 26) and enabled even untrained mothers and teachers to judge the health of children. During World War I, patriotic campaigns promoting wheatless meals and meatless meals brought government advice into American homes. All these efforts were based on volunteer labor and voluntary adherence.

Under emergencies, the federal government went beyond advice. A most cogent example is the Civilian Conservation Corps. During the Great Depression, it hired 200,000 low-income young men who volunteered each year to work on public works projects. The supervision of enrollees—their work, their diets, their exercise and sleep—were intended to create strong, productive workers to be role models of the white “heteronormative” male breadwinner (p. 39). Few of the enrollees were women or African-American men. Again policymakers pointed to measurements such as weight gain as evidence of the success. Initiation of the draft in 1940 and troop mobilization after the attack on Pearl Harbor heightened the employment of quantitative instruments. In order to evaluate nearly 20 million men, the government issued standardized health, weight, and blood pressure tables. Men were required to undergo rigorous testing judged by what were considered scientifically based standards.

In the postwar period, with Cold War fears of communism, policymakers turned from aggressive intervention back to the advisory state. The mandatory programs