Review
Reviewed Work(s): Alcoholism in America: From Reconstruction to Prohibition by Sarah W. Tracy
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water and sanitation. Critical public health programs expanded in the area of environmental health to improve basic water supplies and sewage and waste disposal systems in Alaska Native villages. During this same period, the Community Health Aide Program (CHAP) was developed where local villagers were trained to care for minor injuries and illnesses, reporting more serious cases by radio to physicians at regional hospitals. Initial efforts were so successful that an Alaska area-wide training program was funded by Congress in 1968, and the program, in various forms, continues today.

By the 1970s, a three-tiered clinical system had evolved in the Alaska Area Indian Health Service, with primary care at the village level delivered by community health aides or visiting providers. Secondary care was delivered at regional hospitals or at the Alaska Native Medical Center (ANMC) in Anchorage. Tertiary care was delivered at ANMC where a full range of specialists was available. This coordinated care system reflected a remarkable transformation from more than a century earlier when episodic care was provided to Alaska Natives by revenue cutter ship surgeons.

By 1978, the health of the Alaska Natives also had undergone a marked change. Tuberculosis was no longer a major threat, and the rates of other infectious diseases were steadily declining. However, chronic health conditions—heart disease, hypertension, stroke, diabetes, and cancer—were increasing. Injuries related to accidents or violence remained a major health problem, as did alcohol and tobacco use. Urban migration and the loss of a subsistence economy led to cultural disruption and increasing mental-health problems. "Overall, the health patterns of the Alaska Natives were approaching those of the general population" (p. 103).

Fortuine notes that the U.S. Public Health Service has had an unusual and long tradition in Alaska, a region with sometimes treacherous weather and huge logistical difficulties and whose diverse peoples have suffered health problems of unprecedented complexity and severity. I recommend his monograph outlining this remarkable history to anyone with an interest in public health—and particularly to those with an interest in Alaska medical history.

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Sarah W. Tracy. *Alcoholism in America: From Reconstruction to Prohibition.* Baltimore: Johns Hopkins University Press, 2005. xxiii + 357 pp. $48.00 (0-8018-8119-6).

What sociologists call "the modern alcoholism movement" emerged in the United States soon after the repeal of national prohibition in 1933. One of the new movement's goals was to convince the American public that it was not alcohol but instead a disease called *alcoholism* that should be the primary focus of alcohol-

related health policy. The new movement's advocates sought to distinguish their enterprise wholly from the temperance movement and its longstanding hegemony in the United States' alcohol-problems social arena. The new group argued that their ideas offered a completely new and modern approach.

The book under review recalls an alcoholism treatment movement that spanned the years from soon after the Civil War to the onset of national prohibition in 1920. In this period, according to Sarah W. Tracy's account, reformers created over two hundred public and private institutions for inebriates in a diversity of forms that included private sanitariums, proprietary clinics (e.g., the franchised establishments offering Lesley E. Keeley's famous bi-chloride of gold cure), and state-run inebriate hospitals, farm colonies, and asylums.

Tracy's particular interest lies in illuminating the stresses that arose in these early institutions as a result of alcoholism's dual cultural definition as both an illness and a vice. Although pennywise state legislators might try to economize by treating inebriates in already existing asylums for the insane, experience showed that the two patient populations did not get along well together and caused headaches for asylum administrators. Alcoholics were too frequently troublemakers and posed heightened escape risks. "In a surprisingly short time," wrote the superintendent of the Boston Lunatic Hospital in 1879 about dipsomaniac patients, "he is on his feet, under perfect control, looking around for a lawyer" (p. 159). On the other hand, mental patients resented inebriate co-residents and believed that the mentally ill enjoyed a sounder claim to the institution's care.

Inebriate asylums were creations of the state, both for the treatment of the inebriate and the maintenance of public order and well-being. The administrators of these institutions had to take care that the public did not get the impression that inmate drunkards were enjoying a vacation spa at the public's expense. Confinement ordered by a magistrate for a specified term of weeks or months was one way to communicate the quasi-penal quality of the inebriate asylum. The State Hospital for Inebriates at Knoxville, Iowa, resolved the tension between therapeutics and penal discipline by employing the so-called "wheelbarrow cure." Farm labor for inebriates, it was argued, got them out into the fresh air, strengthened their backs, contributed to the institution's food stores, and even allowed the institution to extend a helping hand to nearby farmers at harvest time. "I tell you when the men get through with that cure," wrote Judge John Crownie, "they will hesitate a long time before they touch whiskey again and have to go back to the wheelbarrow" (p. 217).

Yet the administrators of inebriate asylums also felt a genuine duty to protect the therapeutic and benevolent ideal of their enterprise. They saw their asylums as cutting-edge expressions of a modern medicoscientific sensibility. Moreover, they argued that the state had a moral responsibility to provide real treatment to inebriates because the state both sanctioned the sale of alcoholic beverages and derived tax revenues from those sales. Asylum administrators also sought to attract voluntary and paying patients, both to generate income for the institution and to vouchsafe their therapeutic character.

However genuine their therapeutic ideal, inebriate asylum administrators were plagued by what they perceived as the poor quality of the alcoholic patients being received. Judges used inebriate asylum commitments as dumping grounds for recidivist cases, and disgruntled wives used commitment to sequester drunken and sometimes dangerous husbands. Asylum staff responded by creating typologies of inebriates for differentiating various categories of "worthy" and "unworthy" patients, which were then triaged to different confinement circumstances.

Alcoholism in America paints on a large canvas yet conveys much of the detail, color, and moral texture of the alcoholism treatment endeavor in the U.S., in the fifty years before national prohibition.

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George Prochnik. *Putnam Camp: Sigmund Freud, James Jackson Putnam and the Purpose of American Psychology.* New York: Other Press, 2006. viii + 471 pp. Ill. $29.95 (ISBN-10: 1-59051-182-4, ISBN-13: 978-1-59051-182-4).

Freud's 1909 visit to the United States is a salient moment in the canon of twentieth-century intellectual history. Many of us with strong interests in the history of medicine might resist appeals to read another narrative about Freud and the Americans of more than four hundred pages by an author who is not a professional historian and who, as the great-grandson of George Jackson Putnam—the most important American medical man to embrace psychoanalysis—had privileged access to Putnam family correspondence. Resistance to this long read might be increased by knowledge that *Putnam Camp* is in large part traditional comparative biography, long on detail and general cultural context and without the critical claims that often give new life to old subjects. *Putnam Camp* is, however, an original contribution that deserves inclusion in short lists of best books on the history of psychoanalysis. Why?

The story of Freud's journey to Clark University and his interaction with William James and other leaders of the New England academic elite has become so familiar that much of the contingency surrounding the event has been lost to the illusion of familiarity that often envelopes canonical events. Prochnik reminds his readers that Freud initially turned down the invitation from G. Stanley Hall. Freud was not crucial to Hall's plan for the intellectual festival he organized to celebrate the twentieth anniversary of his university, and James and Putnam did not plan to attend until the last moment. Nevertheless, Freud's lectures at Clark left Putnam excited by the promise of psychoanalysis and led to an invitation for Freud to visit Putnam at the Adirondack camp that provided a like-minded group of Boston patricians with opportunities for recreation and communion with nature.