<em>Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930</em>, by Sandra Lee Barney

Patricia Evridge Hill, San Jose State University
scheduled to coincide with the St. Louis Agricultural and Mechanical Fair, a fair whose organization and content are not explored except in scattered half-sentences (pp. 8, 33, 36, 64, 142). Similarly, the 1904 World’s Fair in St. Louis was planned and produced by many VP members, yet this famous parallel example of what Spencer calls “civic instruction” (p. 160) is mentioned only in passing in the conclusion.

St. Louis is a city with a long history, and its problematic position between North and South, slave and free states, industrial-commercial East and wide-open West, metropole and frontier, influenced its elites and its everyday folk, black and white, in ways not dealt with in this book. If the surprising longevity of the Veiled Prophet’s antiquated romanticism is to be explained, this larger past, these grander sociocultural horizons, will have to be explored.

Northern Illinois University  

SAMUEL C. KINSEY


Sandra Lee Barney covers a remarkable amount of ground in her important new work. Incorporating historiographic traditions associated with the history of medicine and public health, Progressive-era studies of reform, gender, and maternalism, and Appalachian history, Barney illuminates a series of class, gender, and professionally based tensions that accompanied the triumph of scientific medicine and emergent hegemony of physicians in Central Appalachia. These tensions characterized relationships between working-class women and their middle-class neighbors, rivalries between physicians and lay midwives/healers, contact between female practitioners and reform-minded club women, and competition between nurses and reformers who established public health services and physicians who dominated local medical societies. Clearly, Barney’s Appalachia is more complex than the stereotypical hollows inhabited by singularly ignorant and provincial mountaineers.

Focusing on the decades between 1880 and 1930, in her early chapters Barney establishes the economic and cultural contexts in which central Appalachian counties first attracted formally trained physicians and chronicles the process through which physicians constructed a professional identity. The heart of the book provides an analysis of the region’s women’s clubs and settlement schools and demonstrates that club women’s effective educational and preventive programs convinced working- and middle-class residents—especially childbearing women—that they should seek the care of a medical doctor whenever possible.

An especially compelling fifth chapter examines physicians’ rejection of public health campaigns sponsored by governments or philanthropic organizations and argues that women’s advocacy of maternalist public health programs waned significantly by the end of the 1920s. Again, Barney’s analysis acknowledges the complexity of a society often presented as monolithic. For example, reform-minded Appalachian women did not simply lose their fight with physicians seeking to control or dismantle state and privately funded
public health services. Despite intense pressure from doctors who considered themselves the single legitimate voice on the subject of health, middle-class women were also influenced by “the popular culture of the day” (p. 145), such as the ideal of companionate marriage (which steered many doctors’ wives into dependent medical auxiliaries), as well as growing political conservatism.

The sophisticated analysis, clear and direct prose style, organization, and brevity (160 pages of text) make the paperbound version of Authorized to Heal ideal for upper-level undergraduate courses in southern history, women’s history, and the history of medicine and public health. A conclusion that outlines trends in Appalachian health care since the Great Depression and ties contemporary patterns directly to transformations and tensions examined earlier will add to the book’s appeal for undergraduates. Graduate students and seasoned historians will appreciate Barney’s inclusion throughout the text of links between her analysis of primary sources in Appalachian repositories and the work of scholars including Theda Skocpol, Judith Walzer Leavitt, Kathryn Kish Sklar, Sheila Rothman, Robyn Muncy, Barbara Melosh, and Charlotte Borst.

The book’s brevity did occasionally leave this reader wanting more, however. Barney provides multiple examples of public health nurses’ frustration with physicians who viewed them as competitors and proponents of state/socialized medicine. In contrast, she asserts that settlement workers and club women who argued that maternalist voices should be heard over those of private interests “did not publicly acknowledge their awareness of the inconsistency of their allegiance to physicians who were themselves a ‘private interest’ seeking to manipulate public events to their advantage through health campaigns” (p. 126). Did these activist women acknowledge inconsistencies or express frustration similar to that articulated by public health nurses in their private correspondence? In this instance and a few others, I wondered whether the argument was limited by available sources or by the economics of publication. Despite this, Authorized to Heal is one of the finest monographs in the past decade to combine women’s and southern history.

San Jose State University

PATRICIA EVRIDGE HILL


Roberto R. Calderón traces the history of coal mining on both sides of the Texas-Mexico border, where Mexican labor predominated during the era of handloading and before coal lost its place to oil. In separate chapters and in enormous detail he delineates developments regarding geology, ownership, marketing, technology, demography, and unionization at each of several mines in two Texas mining regions (for bituminous and lignite coal) and in Coahuila, Mexico. The book relies heavily on published sources, including company records, government reports, and newspapers.

In both countries, coal production took off as a response to the needs of railroads for fuel. Local ownership of small-scale mines gave way to