ideals of his deceased father. This impossible command helped create the flawed crusader. His talented and politically savvy wife, Belle Case La Follette, is the focus of one excellent chapter but thereafter nearly disappears from the narrative. Unger weaves just enough of the children's lives throughout to present a nuanced view of La Follette, while reinforcing her case about the cruel weight of paternal expectations.

In the always interesting relationship between La Follette and Theodore Roosevelt, it is the latter who comes off sympathetically. The senator routinely cancelled meetings with President Roosevelt, wrote him "wheedling . . . condescending. . . and sometimes insulting" letters (p. 195), and took "solace in . . . perceiving Roosevelt as shallow, hypocritical, self-serving, and weak" (p. 149). Yet they did not always oppose each other. They believed that "the supreme issue . . . is the encroachment of the powerful few upon the rights of the many," (p. 103) and abhorred not the size of corporations but "their efforts to control prices, stifle competition, and create monopolies" (p. 121). Unger analyzes La Follette's devastating 1911 Philadelphia speech and delineates the baleful effects of the senator's supposed breakdown on his presidential campaign.

La Follette sought the presidency five times, beginning with the 1912 election. Unger condemns the attempts as hopeless and a waste of the senator's time and money. La Follette hungered for the highest office but never could stop seeing things in "black and white, not the innumerable shades that color the real world. He believed he was right. Nothing else, including the support of his party, mattered" (p. 225).

And yet, despite this all-too-humanizing look at "Fighting Bob," it is difficult not to admire him. His commitment to racial justice and women's suffrage, the rights of workers and the poor, diplomacy before bloodshed in 1914, and to doing right regardless of the consequences commands respect. Unger's readable and thoroughly researched biography deserves a broad readership.

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Dying in the City of the Blues: Sickle Cell Anemia and the Politics of Race and Health. By Keith Wailoo. (Chapel Hill: University of North Carolina Press, 2001. Pp. ix, 338. Illustrations, notes, index. Clothbound, $34.95; paperbound, $16.95.)

"The history of sickle cell," writes Keith Wailoo, "is presented here as a window on medicine, race, and American society" (p. 3). In this carefully contextualized study of a particular disease—sickle cell anemia—in a particular place, twentieth century Memphis, Keith

Wailoo lays out a conceptual architecture in which diseases *become* windows. As such, they offer a perspective on the historical landscape. Wailoo uses both window and landscape to illuminate the complex forces that brought sickle cell anemia, and "sicklers" themselves, from invisibility to visibility—and, in part, back again.

Sickle cell anemia is an inherited disease that principally afflicts individuals of African descent. It makes sufferers lethargic, susceptible to leg ulcers, and prone to childhood infections. On occasion, this chronic condition erupts into acute crisis, characterized by intense pain in the joints, back, or abdomen. Historically, many sufferers died in childhood. Even today, most do not live long lives. Although the disease was brought to Western medical attention in 1910 by James Herrick, it attracted comparatively little attention until 1949 when Linus Pauling demonstrated that it was a molecular disorder. It was then found to be transmitted not by the sufferer but by parents who each had the recessive and asymptomatic sickle cell trait.

Wailoo's choice of "landscape" in which to study sickle cell disease is particularly fertile. How did sickle cell anemia become "visible" in a southern city torn between a large and increasingly middle-class black population and white efforts to retain control? Here, Wailoo draws from a wide array of secondary sources to sketch out a city emerging from an agricultural past; a xenophobic city that sought to exclude caring for strangers but was eventually enticed to become less provincial by the promise of an improved national image and of increased federal funds. Black Memphians, Wailoo explains, drew solace from religion in this segregated city and, though this is elaborated less than one might expect from his title, from the distinctive blues music they created. He completes his picture by blending local medical preferences, institutions, and disease ecologies into broader national medical trends, from early twentieth-century medical education reform to late-twentieth-century HMOs.

Wailoo sets the local history of sickle cell disease into this context. Initially, it was an "invisible" disease; the first Memphis case was reported only in 1926. This invisibility, he argues, resulted from converging factors: endemic malaria, which masked sickle cell; the childhood death of many "sicklers" from infection; the reluctance of clinically-oriented doctors to give credit to laboratory-based medicine; and a strong prejudice that African Americans were, after all, a diseased people. The 1929 arrival of pathologist Lemuel Diggs in Memphis provides Wailoo with both a starting point for the disease's emerging visibility and a significant local narrative thread. Not only did Diggs remain actively involved with sickle cell throughout his long life (he died in 1995), he also left the rich archival collection that animates Wailoo's book. Through the 1930s, as Diggs worked to bring the disease to public consciousness, federal pressures and opportunities brought better medical facilities to Memphis's black population. Then war experiences began to encourage some white Memphians

to question racist ideology. As a result, when Pauling held up sickle cell as a molecular disease in 1949, the citizens of Memphis were somewhat better positioned to see it.

In the 1950s, medical interest in the puzzle of sickle cell anemia brought researchers to the segregated hospitals of Memphis in search of "clinical material." Wailoo attributes the transformation of invisible disease sufferers into visible research subjects (a move of which he is suspicious) to the inclinations of academic medicine and a general trend towards "commodifying" medical care. From the 1960s on, the story is increasingly national as racial politics and politicking helped bring these patients' pain into sharp focus, as was evident in TV, movies, and professional sports. Visibility peaked in the early 1970s when the federal government selected sickle cell anemia for special attention and funding. Thereafter, the patient-oriented focus blurred, as an array of groups claimed some piece of the disease and its funding. (One might argue that the window, at this point, had become a mirror.) The recent growth of HMOs has encouraged widening medical skepticism about pain, amplified by the fear, with racial undertones, that alleviating pain would make addicts of sufferers. Consequently, the disease has lost much of its visibility.

Such local studies of disease act not simply as windows but as magnifying glasses, bringing into view detail often invisible when examined from a greater distance. They must, however, be used with care. Wailoo certainly knows, for example, that, while "numerous diseases have been used to draw attention to the African American body," this has not been done, as he states, "throughout history" (p. 1). Moreover, his critical remarks about the hospital-based transformation of suffering patient into clinical material might suggest to those unfamiliar with medical history that this was a new, race-based American trend rather than part of a longer tradition reaching back to the treatment of the poor in eighteenth-century European hospitals. There is also the problem of differentiating description from causality. There were, as Wailoo indicates elsewhere, only about one hundred cases of sickle cell recorded by 1940: the disease's "invisibility" thus extended well beyond Memphis. How far can we argue that local landscapes shaped disease recognition or move from them to generalizations about "the changing meaning of health and disease in America" (p. 19)?

These cautions aside, Keith Wailoo has given us a fine history of "dying in the city of the blues." His approach reminds us that reductionist explanations rarely provide a sufficient historical account, even of developments in "scientific" medicine.

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