

who has access to social resources. For example, the health status gap between black and white women, narrow at younger ages, increases during the third and fourth decades of life, and results in higher mortality for black than white females at virtually every age and for every cause of death. Chronic poverty, racism, inconsistent support from partners and kin, unhealthy environments, and stressful occupations all take their toll as women age.

By contrast, Hispanics, particularly Mexican-Americans, present a favorable profile for many causes of death, including cancer and heart and cerebrovascular disease. The Hispanic advantage (despite their poverty relative to the white population) is due to the selectivity of migration, healthy life-styles, including diet, and, possibly, the preservation of strong kin and assistance networks that help protect against premature mortality. Indeed, were it not for unduly high rates of death from behavioral causes, such as homicide, accidents, and HIV-related infections, Hispanics might enjoy better health and lower mortality than non-Hispanic whites.

In a straightforward manner, this book presents a rich array of demographic data about mortality, situated squarely within a framework of social explanation. Intended less as a textbook than as a reference, it aims to serve as a supplemental volume for courses in demography, social problems, and medical sociology. The first chapter introduces the reader to fundamental definitions such as the "epidemiologic transition," epidemiological and biological terms such as life span and life expectancy, how data on mortality are collected in the United States, and how mortality rates are calculated. This is an ideal introduction for students or for sociologists not trained in demography or public health.

The next five chapters discuss aspects of mortality, including overall mortality, infant mortality, causes of death, trends in causes of death, and life expectancy and aging. Throughout, the author highlights differentials by race, sex, age, and region and draws widely on research in demography and public health to speculate on why the differentials exist and what might be done to reduce them.

In general, I found little to quibble with. Despite the inclusion of some trend data, however, I suspect that the book's biggest drawback is that demographic aspects of

mortality are quite periodic specific. While the latest available data are used (primarily National Center for Health Statistics data from the late 1980s), there are inevitable changes that the author could not anticipate. One trend, the sharp rise in tuberculosis cases in the United States, may have major consequences for the epidemiologic transition in which infectious diseases were supplemented by chronic, life-style-related diseases as major causes of death. Indeed, as U.S. inner cities come to resemble—socially, demographically, and economically—the urban areas of developing countries, it is not surprising that infectious disease, along with accidents and violence, would outstrip other causes of death.

Comparative data from other countries are used but might have been integrated more systematically. There is some unevenness of explanation, depending, probably, on the author's sources. Specialists in infant mortality might argue that within-race differences are glossed over. These are minor points, however. Zopf has produced a readable, lucid discussion of mortality for this useful series.

Woman of Valor: Margaret Sanger and the Birth Control Movement in America, by **Ellen Chesler**. New York: Simon & Schuster, 1992. 639 pp. \$27.50 cloth. ISBN: 0-671-60088-5.

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Opening a birth control clinic for poor American women led to arrest in the early 1900s. Today a majority of the world's women are using contraceptives, often obtained at government-sponsored clinics. In less than a century birth control has been transformed from a crime to a woman's right. Margaret Sanger had much to do with this transformation. Ellen Chesler's biography does an admirable job recounting that role, from Sanger's 1917 arrest for opening her Brownsville clinic to her death in 1966, just a year after the Supreme Court ruled that Americans had a constitutional right to practice contraception.

Sanger's life was an American success story. She was the sixth child of eleven born to Michael Higgins, a freethinking but un-

successful stonemason in upstate New York, and his wife, Anne. Margaret did not complete high school and received only two years of training as a practical nurse. Yet with this modest background she became world-renowned for her birth control work and for her writings on women and marriage. She was the friend and lover of the likes of H. G. Wells, Havelock Ellis, and Hugh de Selincourt. Her counsel was sought by Prime Minister Nehru, and she was honored by the Japanese government. Contradictions, though, abound. She began her birth control career as a confirmed socialist and ended it as a staunch Republican. She was an incurable romantic who married for money, a caring mother who abandoned her children, an exposé of hypocrites who scrupulously hid her affairs.

Such contradictions give the biographer the material with which to construct numerous "Sangers," and rebutting several preexisting interpretations of Sanger's public life was clearly a goal of Chesler. In Linda Gordon's history of birth control in America (*Woman's Body, Woman's Right*, [1976] 1990) Sanger's break with the Left and her adoption of eugenic rhetoric entailed a desertion of feminism. The doctor-staffed birth control clinics that Sanger established with the contributions of society women were charities aimed at reducing the poor's fertility, not true self-help organizations. David Kennedy (*Birth Control in America: The Career of Margaret Sanger*, 1971) also emphasized Sanger's conversion from radical to reactionary politics. He found Sanger to be quite unlike orthodox feminists in that she urged women to fulfill a unique feminine destiny, not to seek simple equality with men. Such a position, Kennedy contended, amounted to little more than putting a new face on nineteenth-century ideas about the sacredness of women.

Chesler's Sanger is neither an apostate socialist nor a flighty romantic. She is "a woman of valor," who constantly fought to ensure the reproductive freedom of all women. Her break with the Left and adoption of an unwavering focus on birth control are proof of her dedication to feminism. Her unconventional private life is cast as an unwillingness to conform to society's conventional gender roles and presented as feminism operating at the personal level. The alliances she struck with doctors and eugenicists and her appointing upper-middle-class women and professionals to positions of leadership in

birth control organizations emerge as pragmatic strategies needed to secure success for the fledgling movement.

Chesler's account is a biography for our time. Although the story ends in the mid-1960s, the events of the past twenty years leave their imprint on this interpretation. The reader has lived through the rise of the Right-to-Life Movement and has seen Presidents Reagan and Bush seek the votes of social conservatives by adopting positions that limit a woman's right to control her reproductive destiny. Experiencing a threat to this right leads to an appreciation of Sanger's contention that access to birth control is fundamental to any permanent improvement of women's lot. Contemporary events thus prime the reader to embrace Chesler's vision of Sanger as a heroic feminist, and to regard her occasional racist and elitist remarks as incidental gaffes reflecting the prejudices of the time and not as grave personal defects. However, since this view of Sanger minimizes the salience of race and class, its reign may be fleeting.

For a demographer, reading this biography is a chastening experience. Early twentieth-century students of population appear in these pages as they did to the contemporary female birth control advocate: arrogant males obsessed with the fear that differential fertility was lowering the quality of the American "stock." Their ambivalence about legalizing contraception flowed from not knowing whose fertility it would lower more, that of the "fit" or the "unfit." Demographers and feminists happen to find themselves on friendlier terms today only because controlling population growth and bringing birth control to more women are somewhat compatible goals. Who knows what tomorrow might bring?

As the Workforce Ages: Costs, Benefits, and Policy Challenges, edited by **Olivia S. Mitchell**. Ithaca: ILR Press, 1993. 280 pp. \$42.00 cloth. ISBN: 0-87546-196-4. \$18.95 paper. ISBN: 0-87546-195-6.

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This eclectic book, edited by a labor economist at Cornell's School of Industrial