plies a useful reminder that the "traditional family," with its single male wage earner and wife-run household, was the product of a particular historical development. As such, it was always likely to be superseded. Many "alternative family practices" are customarily treated as primarily white, middle-class developments. Stacey points out that working mothers and two-earner households "appeared earlier and more extensively among poor and working-class people." Middle-class spokespeople only later endowed such people with the values of feminists and yuppies.

Although she is a left-wing feminist herself, Stacey is honest enough to emphasize that feminism has failed to be a liberating force for the women she studies. The two principal women, after a brief euphoric period of surviving on their own, soon realized they would never attain the standard of living they had enjoyed as housewives. Meanwhile, their daughters have no understanding of the feminist ideals that motivated their mothers. For the daughters, earning their own living or making their way as single parents is merely what is normal, part of living in a world where little can be expected from their jobs or from their men.

How typical are Stacey's two intriguing examples? Looking for nontraditional relationships in California is about as difficult as looking for sand in the Mohave Desert. Two families are more than enough material for a novel, which is what this anthropological tour de force reads like. "The American family" in its full diversity, however, remains beyond Stacey's scope.

OUT OF BEDLAM: The Truth About Deinstitutionalization. *By Ann Braden Johnson. Basic. 306 pp. $22.95*

In 1955 there were more than half a million public-hospital beds for mental patients in this country; today there are 100,000. Where most of these patients went after "deinstitutionalization" (as the phenomenon was named, largely after the fact) is the story of *Out of Bedlam.*

During the 1960s and early '70s, the medical profession was confident that new psychiatric drugs would soon make the state mental hospitals, or "snake pits," obsolete. The hospitals themselves, or the state governments financing them, were only too glad to pass their burden off to community health centers. Finally, lawyers and legislators, influenced by anti-psychiatric works such as R. D. Laing's *The Divided Self* (1960) and Thomas Szasz's *The Myth of Mental Illness* (1967), enacted regulations to change hospital inmates from mental patients into victims of oppression.

Johnson, who heads the mental health services for women in New York's Rikers Island jail, originally supported deinstitutionalization. Now she sees it as "a self-serving, politically motivated, fiscally oriented move on the part of government to rid itself of an unrewarding and expensive public burden." Yet, curiously, this cynical move has been justified by a "high-minded, idealistic, happy faith in our society's willingness to tolerate the presence of the bizarre and the deviant."

What exactly went wrong? During the early 1960s, the state mental hospitals began sending their patients to inadequate nursing homes and ill-funded community residences which at the time received no federal support. And when Medicaid (starting in 1965) and federal disability insurance (starting in 1974) began providing support, neither required recipients to receive treatment. Nor did the federal programs fund essential services such as day hospitalization, casework, advocacy, and vocational counseling. During the 1980s, as social programs were cut under President Reagan, the problems reached crisis proportions. Residents of state mental hospitals with no families to return to found their ways into decreasing numbers of nursing homes and care facilities or—more commonly—into jails, shelters, and the streets.

Johnson does not pin the blame on deinstitutionalization as much as on "the fact that we implemented it in a very hypocritical way." In those few cases where adequate programs exist, deinstitutionalization works. At the Fairweather Lodge in New York City, for instance, former patients live and work together, while the Program for Assertive Community Treatment actively monitors outpatients' medication and trains them in everyday skills. But with the mental health system split between those who know the patient population and those who exercise bureaucratic control, Johnson doubts whether such programs can be implemented

on a large scale. Her readable, humane study underscores the difficulty of coming up with answers. She can propose nothing more—or less—than a plea for a system that treats mentally ill people as individual medical patients instead of as statistics.

Science & Technology

MARS BECKONS: The Mysteries, the Challenges, the Expectations of Our Next Great Adventure in Space. *By John Noble Wilford. Knopf. 244 pp. $24.95*

"Someone's crawling out of the hollow top—someone or . . . something . . . . I can see the thing's body now . . . I can hardly force myself to keep looking at it, it's so awful . . . with saliva dripping from its rimless lips that seem to quiver and pulse." This description of Martian invaders, from Orson Welles's 1938 *War of the Worlds* broadcast, terrified the country, in part because it was then accepted as common knowledge that life existed on Mars. If Earth had a twin anywhere, it was Mars, with its similar axial tilt, its polar caps, and its 24-hour days. In 1877, the astronomer Giovanni Schiaparelli sighted a system of "canals" on Mars. They seemed to indicate intelligent life and the means to sustain it, water. Even after 1947, when spectroscopy (an analysis of the light waves reflected off the planet) determined that the atmosphere consisted primarily of carbon dioxide and very little oxygen, scientists and lay people still believed that some forms of life existed on Mars. Then in the 1965 space probe, Mariner 4 swung within 6,118 miles of the planet for a closer look.

What it found, says Wilford, a two-time Pulitzer Prize winner and a science correspondent for the *New York Times*, was an arid land whose "canals" were nothing but an optical illusion. Finally, in 1976, the Viking spacecraft touched down on the surface of Mars and relayed back actual images of the planet. Mars was stranger than science fiction: Although half the size of Earth, it had sand dunes vaster than the Sahara, a grand canyon as long as the distance from New York to Los Angeles, and a volcano twice the size of Everest. But there was no sign that Mars could support life. Its surface lacked the protection of a dense atmosphere and was so heavily bombarded by radiation that no carbon-based forms (i.e. life as we know it) could possibly survive. Even astronomer Carl Sagan, who had long held out hope of finding life on the "red planet," acknowledged that Mars's surface was "antiseptic with a vengeance."

Yet Mars still beckons. President George Bush has called for America to land a man on Mars within the next 30 years. Wilford seconds this proposal, though he makes no compelling case for the mission. Oddly, in envisioning the exploration of Mars, Wilford ignores costs. In the past two years the National Aeronautics and Space Administration's budget has risen by 36.6 percent, even though the agency initiated no new projects. To get humans to Mars, a roundtrip of 48 million miles, could cost an almost inconceivable $400 billion. Now, three decades after John F. Kennedy exhorted Americans to send a man to the moon, we may be reaching the outer limits of space exploration: the ability to pay for it.

HISTORY OF SYPHILIS. *By Claude Quétel. Trans. by Judith Braddock and Brian Pike. Johns Hopkins. 342 pp. $35.95*

There are two histories of syphilis. According to the popular version, scientists and doctors waged a long war against the disease, gaining victory with the 20th-century discovery of penicillin. Claude Quétel, a historian at the Centre nationale de la rechere scientifique in Paris, has written a rather different story.

For 500 years, Quétel says, society has failed to gain control over a disease spread by a fragile organism that can barely survive a few hours outside the body. Although the syphilis bacterium can now be killed by a few injections, the disease is not only alive but spreading. The 70 million *reported* cases worldwide represent only the tip of the iceberg.