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coal dust-exacerbates these issues and threatens the health of local populations. Shackel's scrutiny of data on intergenerational trauma, however, is the strongest contribution to the chapter. First, he establishes how long-term structural violence prevailed in the anthracite region. For example, faunal remains and food-related items excavated from several coal patch towns indicate that miners and their families were perpetually on "the verge of starvation" (p. 60). He then convincingly connects persistent poverty, unemployment, and hunger to the comparatively high rate of death from coronary heart disease among residents of the anthracite region today. Shackel leaves no doubt that "historic forms of structural violence have left northeastern Pennsylvania without an optimistic future" (p. 71).

Chapter 4 recounts the introduction of silk and textile production to the anthracite coal region during the first decade of the twentieth century and the gradual deindustrialization of northeastern Pennsylvania shortly thereafter. Shackel estimates that by 1920, as many as 5,000 poverty-stricken men, women, and children were working for pittance in mills and factories in the town of Hazleton. Coinciding with a sharp decline in coal mining, runaway factories offshored production in the 1930s and 1940s. The second half of this chapter further emphasizes the consequential nature of unchecked capitalism by following the destructive flow of capital in the garment industry from northeastern Pennsylvania to developing countries such as the Northern Mariana Islands and Bangladesh in the 1980s and 1990s.

Shackel then returns to the mine industry in Chapter 5, this time focusing on the Lonmin's Marikana Platinum Mine in South Africa and the Soma Mine in Turkey. His point here is that labor uprisings and exploitative practices are neither isolated nor relegated to the recent past. The murder of 34 strikers in South Africa by police in 2012 and a devastating mine fire that claimed the lives of 301 Turkish miners in 2014 are just two examples of the oppressive and unsafe working conditions that continue to characterize unchecked capitalism.

Shackel meets his goals for the book. He documents how immigrant laborers coped with the contours of their racialized landscape and economic marginalization in the anthracite coal region of Pennsylvania. Yet, his extensive examination of intergenerational trauma and his dedication to exposing the transhistorical, global nature of structural violence and unchecked capitalism are his greatest achievements. The book and project also showcase the promising value of what the author refers to as "heritage work," which, from this reviewer's understanding, combines the strengths of action research, community collaboration, and critical theory with historical archaeology's ability to make meaningful connections between past and present, local and global.

Leprosy: Past and Present. CHARLOTTE A. ROB-ERTS. 2020. University of Florida Press, Gainesville. xxiii + 424 pp. \$130.00 (hardcover), ISBN 978-1-68340-184-1.

Reviewed by Christine Lee, California State University, Los Angeles

The world is consumed by the biological, social, economic, and political effects of a pandemic. Charlotte Roberts's book is a timely contribution to our understanding of the impact of infectious disease on the human condition. Many parallels can be drawn as to how governments, populations, and individuals handle the spread of a disease, the social fears associated with the infected, the difficulty in diagnosis, the quest for effective treatments, and the noncompliance of individuals. All of the issues we are experiencing today have parallels throughout the history of leprosy. Leprosy is unique in that there is a lifelong social stigma associated with the disfigurement caused by longterm infection. It is the perfect disease to use to study the illogical and emotional human responses to mysterious afflictions.

The central purpose of this book is to collect and synthesize material from epidemiological, clinical, archaeological, paleopathological, and historical records to examine the history of leprosy and its effects on the individuals diagnosed with the disease. Leprosy is associated with fear, stigma, and myths. Roberts points out that the word "leper" has a negative connotation of an outcast-someone who is polluted and unclean. Historically, leprosy patients were declared legally dead while still alive, required to signal their presence in public so that people could avoid them, forced to beg in the streets because they were prohibited from working, and segregated from the public in leprosaria. There is limited funding for research on and treatment of leprosy today because it mainly affects the poor in developing countries.

Roberts's dual training in clinical medicine and anthropology makes her uniquely qualified to author a comprehensive book on leprosy. *Leprosy: Past and Present* includes an introduction, six densely packed chapters, a concluding chapter, and appendices.

Chapters 1 and 2 summarize what is known and unknown about leprosy. Although the bacterium that causes leprosy has been identified, how it is transmitted (touch, inhalation, congenitally) is still unclear. The incubation period from exposure to the first symptoms can be anywhere from six months to 20 years, making positive diagnosis difficult. What causes certain individuals to be susceptible to infection is unknown. All of these factors contribute to misconceptions about leprosy.

Chapter 3 deals with diagnosis and treatment. Leprosy treatment is free worldwide. Effective treatment is multiple-drug therapy over the course of six to 12 months. The social stigma of a diagnosis often prevents individuals from seeking treatment until disfigurement has begun. Another barrier to treatment is the remote location of many villages where the costs and sometimes dangers—of travel and lost work are prohibitive.

Chapters 4 and 5 introduce bioarchaeological research on the detection and diagnosis of how untreated leprosy progresses in the human skeleton. Roberts summarizes the lesions that researchers have documented for leprosy in the bioarchaeological record. In addition to providing detailed descriptions and diagrams of all possible lesions, she discusses whether different kinds of lesions are the direct result of leprosy or by-products of other diseases or complications, and this discussion is one of the most valuable contributions of this book. Next, Roberts considers published cases of leprosy documented from around the world, presenting archaeological evidence for the appearance (or absence) of leprosy in Europe, Asia, Africa, Oceania, and the Americas. Roberts documents the spread of leprosy through time and around the world as related to large-scale migrations and longdistance trade in the past.

Chapter 6 incorporates DNA evidence with skeletal data to document the different strains of leprosy present today. Globally, the prevalence of leprosy has been in decline since the late medieval period, before any known effective medical treatment. Roberts considers several hypotheses for the decline in leprosy, including climate change (leprosy is temperature sensitive) and cross-immunity with tuberculosis infection. In her concluding chapter, Roberts reviews the most common misconceptions of leprosy and how they have been disproven by scientific research.

This book will be one of the main references for any scholar studying leprosy. The combination of clinical and anthropological information in one volume is an important contribution to how leprosy and other infectious diseases should be studied and understood. The charts and diagrams are essential for illustrating and learning the subtleties of changes in soft tissue and bone during the course of leprosy cases. Although the book is global in scope, for various reasons outside the author's control, the data from Africa and Asia are not as robust as data for other world areas. The quality of the clinical and radiological photographs is not good enough to clearly see some of the changes discussed in the text. Although the psychological effects of leprosy are briefly discussed, further elaboration might have helped readers better understand the lived experiences of people suffering from leprosy.

The extensive scope and breadth of this book makes it an ideal reference for university and medical school libraries. The compilation of medical, public health, historical, and bioarchaeological research will appeal to a scholarly audience. Researchers in anthropology, history, and public health will find it a valuable reference. I hope that this book will not only generate new scholarly interest but also promote public visibility of and concern for the plight of people suffering from the physical and psychosocial effects of leprosy around the world.

Purposeful Pain: The Bioarchaeology of Intentional Suffering. SUSAN GUISE SHERIDAN and LESLEY GREGORICKA, editors. 2020. Springer, Cham, Switzerland. xix + 271 pp. \$119.99 (hardcover), ISBN 978-3-030-32180-2. \$84.99 (paperback), ISBN 978-3-030-32183-3. \$89.00 (e-book), ISBN 978-3-030-32181-9.

Reviewed by Meredith A. B. Ellis, Florida Atlantic University

Bioarchaeology is keenly interested in exposing the lived experience of people in the past. How much of that actual experience can be accessed, however, depends on research methods, analytical approaches, and theoretical frameworks. In Purposeful Pain: The Bioarchaeology of Intentional Suffering, coeditors and contributing authors take on the admirable task of researching the experience and meaning of pain in the past, guided by the lens of social theory. They do so by moving between the living and the dead in an attempt to make experience come alive for the reader. Contributors to this book illustrate how pain, induced by oneself or by others, can be related to the pursuit of individual and societal goals, and chapters consider "past and present motivations for self-inflicted pain, its sociopolitical repercussions, and the physical manifestations of repetitive or long-term pain-inducing behaviors" (p. 2). All of the authors take on this