
Peer reviewed version
License (if available):
Other
Link to published version (if available):
10.1093/shm/hkz068

Link to publication record in Explore Bristol Research
PDF-document

This is the accepted author manuscript (AAM). The final published version (version of record) is available online via OUP at https://doi.org/10.1093/shm/hkz068. Please refer to any applicable terms of use of the publisher.

University of Bristol - Explore Bristol Research
General rights
This document is made available in accordance with publisher policies. Please cite only the published version using the reference above. Full terms of use are available: http://www.bristol.ac.uk/red/research-policy/pure/user-guides/ebr-terms/

*Polio Across the Iron Curtain* offers a fresh historical account of polio by focusing on an eastern European nation between 1952 and 1963. Vargha shows that Hungary, a border state behind the Iron Curtain and under Soviet control, can provide a useful site to assess the nature of communist authority, western relations, and the politics of health. The author grounds the book in an array of primary sources, including oral history interviews, archival collections, and historical periodicals. She persuasively argues that polio was a catalyst for collective action in Hungary, as recurring epidemics placed pressure on state and medical institutions to respond. As western ideas, vaccines, and iron lung respirators were brought into the nation to help relieve pain, protect citizens, and provide hope, borders became sites of negotiation. At this time of crisis, the health needs of Hungary’s children took precedence over political and ideological agendas.

The author organizes *Polio Across the Iron Curtain* into thematic chapters that are arranged in chronological order. Vargha uses polio as a vehicle to assess the nature of Hungary’s politics, health institutions, and responses to disability through three perspectives: global, state, and patient. This approach reveals not only how polio influenced high-level policymaking and transnational relations, but also how it affected individuals and their families.

The first set of chapters chart the rise of epidemic polio in Hungary and provide background information on scientific knowledge, vaccine development, and medical realities during the 1950s and 1960s. Vargha then turns to consider how political events and the freeze-thaw cycles of the Cold War shaped polio treatment and prevention in Hungary. She shows that periods of thaw provided important opportunities for citizens. Indeed, the shipment of iron lung respirators for bulbar polio patients after the Hungarian revolution in 1956 not only addressed immediate clinical needs but fostered international alliances. Similarly, the importation and administration of the Salk polio vaccine in 1957 revealed negotiation and collaboration between international organizations, the communist government of Hungary, and the Catholic Church. Despite these public health efforts, Vargha traces the limits of the Salk vaccine program in Hungary between 1957 and 1960 due to shifting evaluative methods, lack of citizen compliance, and chaotic centralization practices.

The final chapters examine the journey towards polio eradication in Hungary with the introduction of the Sabin polio vaccine and its aftermath. In 1959, Hungary became among the first nations in the world to conduct mass immunizations with the attenuated live virus vaccine. Although Sabin conducted most of his research in the United States and was funded by an American health charity, the National Foundation for Infantile Paralysis, he worked closely with communist officials to evaluate his vaccine and make it available as part of a coherent public health program. When Hungary switched from the Salk to the Sabin vaccine, it represented a shift in policy towards greater internationalisation in medical research and public health. Vargha contends that the annual Sabin
mass vaccination drive, which later became a key feature the World Health Organization’s polio immunization strategy, had its roots in the Hungarian case study. The remaining chapter looks at the aftermath of polio in Hungary, once the disease was eradicated. For those born before the vaccine and survived polio, the meanings and experiences of physical disability lingered. Vargha sensitively connects the patient experience with a nation that had moved on and left polio survivors behind.

*Polio Across the Iron Curtain* is a well-researched book that makes many important contributions. By studying Hungary, the author disrupts the conventional American-Soviet narrative of polio and enriches historical understandings of the Cold War. Indeed, she reinforces the idea that place matters when studying the history of health and medicine. Although polio, as a viral disease, crossed national borders and could affect any human body, place defined the nature, extent, and success of treatment and prevention. The book is also illuminating in its detailed analysis of how the Sabin vaccine was evaluated behind the Iron Curtain and the politicization of the results. The oral history interviews Vargha draws on were fascinating and I think more could have been done with them to elucidate further on the patient experience.

This book will be of interest to historians of health and medicine – and especially historians of polio, as it is a useful comparative piece for American, Canadian, and British studies of the disease. Health professionals, including doctors and nurses, will find this new angle on polio interesting and instructive because of its discussion of disease treatments and prevention strategies. This book would also be useful for policymakers, as it highlights the value of international collaboration.

Stephen E. Mawdsley
University of Bristol
stephen.mawdsley@bristol.ac.uk