Las Vegas along with better recognized attractions such as blackjack and show-girls. Local newspapers would publicize tests for those who wanted to see something like the sun coming up in the northwest for a change. In 1957, The New York Times even recommended the best vantage points for tourists who wanted to partake in the “honorable pastime of atom-bomb watching.” The town itself benefited from extensive federal largesse through housing and infrastructure benefits; one estimate holds that, by 1970, weapons testing was adding $1 billion annually to the Las Vegas economy.

The museum concludes its exhibits by considering the role of the NTS in the maintenance of the U.S.’s remaining nuclear arsenal and in the storage of hazardous nuclear waste. The Bechtel Foundation, for example, sponsored a “Stewards of the Land” gallery which focuses on geology, hydrology, and radiation monitoring. Bechtel, of course, has a considerable history and investment with the NTS. It is one of the prime contractors for Yucca Mountain Project, the planned national repository for tons of high-level waste produced by America’s nuclear infrastructure. The company also manages the NTS for the Department of Energy. Whether or not nuclear testing ever resumes in Nevada—the museum itself appear largely equivocal on this issue or its larger political or social significance—the potential burial of radioactive waste at the NTS (a “versatile laboratory for a changing world”) will ensure that the site has a key role in affecting America’s nuclear and environmental future.

Leaving the museum, one passes an artifact from the World Trade Center, a hunk of twisted steel the museum links to the NTS via its current activities in emergency management and counter-terrorism. Perhaps this juxtaposition, the history of the NTS itself, and its ambiguous role in helping end the Cold War will encourage visitors to think more critically about the perils of blindly acquiescing to any and all risks in the name of national security.

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Visiting the Smithsonian’s National Museum of American History on a mid-summer’s day should be reassuring to any public historian. The place teems with visitors, most seemingly there to enjoy the nation’s treasures, some no doubt drawn in to escape Washington’s torrid summer weather. One well-attended temporary exhibition on the second floor asks, “Whatever Happened to Polio?” and provides many answers while commemorating the fiftieth anniversary of the historic announcement in 1955 of the Salk vaccine, which led to the eradication in this country of a dreaded disease that crippled and killed its victims. At the height of the epidemic in the summer of 1952, 58,000 Amer-
icans contracted the disease, mostly from water contaminated with the polio virus. For those born before 1950, the memories flood back of iron lungs, leg braces, and warning signs, “Pool Closed Until Further Notice.” For those too young to remember, here is a fresh history lesson about a dark time when the nation faced an epidemic that afflicted many, including the president, and terrified most, especially because it most often preyed on children.

The story of polio in the United States involves many themes: the science of the disease, the experiences of its victims, the evolution of medical and orthotic technology, the race for a cure, the battle to eradicate the disease worldwide, the larger context of epidemics in general, the political and social issues related to disability, and the disheartening emergence in recent years of the post-polio syndrome, the AIDS epidemic, and the threat of rampant new diseases. Rather than collapsing all of these issues into one broad theme or concentrating only on the most horrific aspects of the disease, this exhibition addresses them all in separate sections and, as a result, the attentive visitor comes away with a composite understanding of the disease and an appreciation of its many ramifications.

Smithsonian curator Patricia Gossel prepared the initial proposal for the exhibition in 2002, prompted by the museum’s substantial collection of polio-related artifacts and in anticipation of the vaccine’s fiftieth anniversary. Katherine Ott, a curator in the museum’s Division of Medicine and Society, served as project director of the exhibition, which was developed by a team of forty staff, mostly in-house. Ott’s colleague, Terry Sharrer, served as co-curator, with responsibility for most of the scientific content. As she explains it, Ott had an easy time getting sponsors for the exhibit. The March of Dimes (originally founded by President Franklin Roosevelt, a polio victim himself, as the National Foundation for Infantile Paralysis) quickly signed on as the presenting sponsor. The Rotary International, a leader in the current worldwide polio eradication campaign, and the Salk Institute, a renowned biological research center, became co-sponsors. These organizations covered costs for the exhibition, which Ott estimates as slightly less than $1 million. They loaned items for the displays and helped with fact checking but did not interfere with the exhibition’s content. All reported great satisfaction with the outcome.

The exhibition is housed in a 2,900-square-foot gallery on the second floor of the museum. Visitors are greeted at one of three entrances by color-coded maps of the exhibition. For those with hearing and sight disabilities, the maps include Braille and “spotlight sound” cones describing the layout of the exhibition. Like the exhibition’s title, each section asks a question about polio and provides answers by means of text, artifacts, photographs, and diagrams. Six three-sided display towers dominate the central space of the gallery, each addressing a different question.

1. “What Could Your Dime Do?” tells the story of community involvement in the battle against polio, including the creation of the March of Dimes and FDR’s rehabilitative center for polio victims in Warm Springs, Geor-
gia. Through photographs and posters, it highlights the participation in polio fundraising campaigns of such celebrities as Louis Armstrong, Babe Ruth, and Elvis Presley.

2. “What is Polio?” presents the science of the disease through text, models, diagrams, and photographs and brings the story to the present by describing current research.

3. “How Did Polio Change Us?” explains Universal Design (products and environments designed for use by all people) and the evolution of disability accommodations and political rights.

4. “What Do These Devices Do?” shows the evolution of orthotic devices, such as crutches and braces, from elementary tools to today’s more sophisticated equipment.

5. “Would a Vaccine Work?” follows the development of both Dr. Jonas Salk’s injected and inactive (killed) polio vaccine and Dr. Albert Sabin’s live vaccine administered by droplets or on sugar cubes that was introduced in the early 1960s.


The outer walls of the exhibition show other aspects of the polio story. A series of small, candid family photographs loaned to the museum by the Post Polio Health International Association dominate one wall. These photographs are placed low on the wall for easy viewing by children and visitors in wheelchairs. Part of the back wall answers the question, “Will There Always Be Polio?” depicting the international effort to eradicate polio worldwide. An iron lung and a “rocking bed” for helping victims breathe are located between two entrances. Visitors can put their arm into a miniature iron lung to feel how pressure forced patients’ lungs to work and they can hear the sound of the vacuum pump that drives the machine. A video monitor shows two short documentary stories about polio victims. Another wall contains a desk and writing materials under the sign “What Do You Think?” for visitors to write comments, some of which are displayed in glass cases. Along the back wall volunteers tend a demonstration station providing additional information and hands-on activities for visitors.

Katherine Ott set as one of the goals of the exhibition to demystify disability. As she has written, “Most interpretations of disability rely in some way upon a handful of stereotypes that include the tragic victim, super cripple, or maniacal villain (driven to evil by the misfortune of an unbearable disability).”

Well versed in the emerging field of disability studies, Ott sought to transcend stereotypes and put a decidedly human face on disability and cites the exhibition’s treatment of FDR’s disability as an example. Rather than depict the president as triumphantly overcoming his disability, the exhibition confronts it realistically. A truly moving picture of the president appears three times in the exhibit (I liked such redundancy) not in his glory but sitting alone on the tile floor beside one of the pools in Warm Springs, dressed only in a bathing suit and laughing unselfconsciously. Many visitors, myself included, do not recognize the president at first, but once the identification is made, the image is totally disarming and humanizing. So, too, FDR’s leg braces and cane are used as part of the display illustrating the evolution of mechanical devices that helped all patients stand and walk. In a similar vein, four locked-down wheelchairs have been placed between benches in an outer room, allowing visitors to get the feeling of being bound in one—an excellent way to make real one aspect of the polio experience.

Another challenge involved how to reach visitors too young to have personal recollections of the polio epidemic. The exhibition succeeds here by giving a thorough explanation of the disease and showing its consequences through visual imagery. Who is not moved by seeing children encased in the iron lungs or borne upright by mechanical braces? Who is not shocked by seeing a sign on the outskirts of a town prohibiting children from entering? Most impressive to me was overhearing parents sharing their own recollections of the polio epidemic with their children. “Do you remember Uncle Wally who always walked with a cane? He had polio.” Clearly, the exhibition succeeded in stirring personal memories that adults wished to share with their children.

My overall assessment of the exhibition is highly favorable. It successfully informs the public about the nature and impact of a complex subject in medical and social history and it sensitizes visitors to the social and political issues associated with disability. I had only a few minor quibbles. Standing directly in front of the introductory maps and some displays also put me within the sound spotlight, and it was hard to concentrate with two competing sources of information. The placement of the iron lung and model, the rocking bed, and the video monitor within a small area resulted in unfortunate congestion. These major attractions deserved more space. Finally, I would like to have seen more extensive video coverage of polio victims and their families. Vivid testimony by patients and their loved ones would have been an effective way to convey a personal sense of the human cost of the polio epidemic.

The museum published an eight-panel brochure capturing the highlights of the exhibition and another presenting a brief history of immunization and its technology. Both are available in the gallery. The museum has also posted an exhibition website which duplicates much of the gallery content and adds some other features, such as a timeline of the disease and a list of resources for further study (http://americanhistory.si.edu/polio). The museum extended
the exhibition run beyond its original length. It closes at the end of summer 2006.

Brien Williams

American Red Cross


Approaching the brand-new twenty-million-dollar Museum of the Shenandoah Valley, the visitor turns off an ordinary city street in Winchester, Virginia and encounters a classic Shenandoah Valley scene. To the right, Black Angus cattle graze on an undulating green hillside strewn with the valley’s characteristic rugged limestone outcroppings. To the left, small outbuildings are scattered in the foreground and behind these, obscured by trees and shrubs, is a large red brick manor house. All this is part of the new fifty-thousand-square-foot Museum of the Shenandoah Valley that opened its doors to the public on April 3, 2005, after eight years of planning, construction, and research. Designed by the internationally renowned firm of Michael Graves & Associates, the new museum interprets the history of the Shenandoah Valley as well as the manor house, Glen Burnie; six acres of formal gardens created in the latter half of the twentieth century; and a collection of miniature reproduction American mansions.

Architect Graves is best known for postmodern buildings and for housewares designed for the mass market Target stores. Few regional history museums hire such an architect to design a costly new building, but the history of the much-altered 1794 Glen Burnie House explains the ambitious new museum. That house was built by the founder of Winchester and remained in the family, along with a current 250 acres of the original land grant. The last owner, Julian Wood Glass, Jr., a man of Oklahoma-based wealth who died in 1992, established a foundation for the house and gardens and for exhibition of his primarily eighteenth- and nineteenth-century furnishings and art in a museum setting. Community research by the Glass-Glen Burnie Foundation showed little local interest in a new museum dedicated to such a collection and a decided preference for a local history museum. In 1997, a local board of the foundation hired an executive director and opened Glen Burnie house and gardens to tourists. They also began planning for a new museum that would encompass the history of the entire Shenandoah Valley.

This was a project that had not been attempted previously, but the Glass-Glen Burnie foundation had the resources and the core collection to consider it. The anticipated audiences were projected to be cultural tourists