

Book Reviews

Hospitals are institutions; they are also agglomerations of dispersed buildings. At any given time, all of these will be variously declared inadequate, under construction, having something tacked on, or altered to some different, generally lowlier, purpose. Plans are commissioned, and the money runs out; new plans are drawn up. The constant to-ing and fro-ing of the builders is difficult to control within the strictly chronological framework generally favoured by historians in this genre. The format has other drawbacks too: changing attitudes to venereal diseases are well illustrated at Swansea, for example, but even the best index cannot substitute for occasional summaries and glances forward and back.

The importance of books like these lies in their authors' fidelity to the primary sources, and the intelligence with which they synthesize them. The citation of these sources presents a problem: Davies points out that, as more than 1,200 references are made to documents in his book, it would be impossible to footnote them all. Consistent footnoting does, however, have the advantage of keeping the reader informed as to when, precisely, something happened without reducing the text to a staccato list of dates. Chronological "headers" of the sort sometimes found in biographies could also be useful.

The title of Wyman's book is oddly punctuated; it is the history of medical care in what is now a London suburb. The surviving Fulham parish records date from 1625; and it is at this point that he could free himself from the secondary sources, although his book makes excellent use of these throughout and is particularly strong on Fulham's figurative and literal relationships with the wider world. And very salutary stuff the parish records yield. Medical men were contracted to the Fulham workhouse (founded in the 1730s, it enjoyed purpose-built accommodation after 1774) after the submission of tenders; the paupers of Fulham had access to outside specialists who did not always donate their services, as did the eye doctor Baron de Wenzel. One of the most interesting sections concerns the parish's relationship with the voluntary and special hospitals, the "Salvation" (salivating) ward at St Thomas's; Bedlam and the Hoxton madhouses.

The Bedford House of Industry (1796) became, in the 1830s, the Bedford Union Workhouse: in the 1920s its infirmary, built in 1916, became St Peter's Hospital. As these changes of name suggest, it was the sick wards of the workhouse that eventually dominated its business—the same happened in Fulham—although Bedford's casual wards were open until 1949. In October 1922, 326 male casualties were received in one fortnight, 200 of them ex-soldiers. Fortunate were the veterans aided by Miss Gabriel's charity for cripples, the "Guild of Brave Poor Things" Although one might expect that his imagination would be more engaged by the voluntary County Hospital that eventually merged with St Peter's to form the Bedford General Hospital, Cashman's narrative is even better when dealing with the more picturesque and less medical events at the Union Workhouse.

The stories become duller as we move to the present day, and not just because many protagonists are still alive. Much more has to be summarized, as the numbers of staff members and departments increase. It is hard, too, not to see changes in the wider world, as reflected in the appearance of Friendly Societies and Worker's Hospital Funds, the National Insurance Act (1911), the Local Government Act (1929), and World War II's Emergency Hospital Scheme, as spoiling the fun; undermining the confidence of the voluntary hospital that had thought that the biggest threat to its jealous independence was another voluntary hospital. They had refused each other's patients, they had poached each other's subscribers. In what is probably the most telling story of all, the Swansea House Committee resolved that, as of 1 January 1945, the "privilege of recommending a patient will rest with the General Medical Practitioner".

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A. McGEHEE HARVEY, GERT H. BRIEGER, SUSAN L. ABRAMS, and VICTOR A. McKUSICK, *A model of its kind*, vol. 1: *A centennial history of medicine at Johns Hopkins*, pp. xi, 372, \$30.00, £19.00;

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A. McGEHEE HARVEY, GERT H. BRIEGER, SUSAN L. ABRAMS, JONATHAN M. FISHBEIN, and VICTOR A. McKUSICK, vol. 2: *A pictorial history of medicine at Johns Hopkins*, pp. vii, 172, \$20.00, £13.00, Baltimore and London, Johns Hopkins University Press, 1989, 4to, illus.

On 10 March 1873, Johns Hopkins of Baltimore wrote a letter to the Board of Trustees of the Johns Hopkins Hospital containing this directive: "It is my wish and purpose that the institution [The Johns Hopkins Hospital] should ultimately form a part of the medical school of that university for which I have made ample provision in my will." That single sentence has served, down the decades, as the rough guideline defining the relations between the three entities: university, medical school, and hospital. Hopkins, no doubt on advice of legal counsel, inserted the sentence because five years earlier both the Hospital and the University had been chartered as independent corporations; but not the Medical School. Present-day historians shrink from categorical statements about the influence of history on present and future events. But if one seeks an event from the not-so-recent past that reaches meaningfully into the present and must obviously influence future events, there is hardly a more cogent example than the passage from Hopkins's letter of 1873.

The authors of *A model of its kind*, lifting a phrase from a speech by John Shaw Billings at the opening of The Johns Hopkins Hospital on 7 May 1889, tell the story with pardonable pride and detail, in both words and pictures. The Hopkins project at Baltimore was a gigantic gamble that would have failed had not the right folk miraculously come along at the right time. First there was Hopkins himself; then Billings and Francis King, who brought the hospital into being; then the remarkable Daniel Coit Gilman, first president of The Johns Hopkins University; then the Big Four (William Welch, William Osler, William Halsted, and Howard Kelly). Because of their commitment, interlocking talents, and personal integrity, the enterprise was off and running well before the turn of the twentieth century. It was not, owing to Gilman's intelligence and vigour, to be a *mediversity*; to the contrary, it was to become an institution committed to teaching and research in a wide variety of fields, and not to be limited to biomedical and clinical science.

Volume One begins with a portrait of Johns Hopkins opposite the title-page and concludes over 300 pages later with photographs of Hopkins's Nobel Laureates of 1978 (Hamilton Smith and Daniel Nathans) and an epilogue. Between the two, there is an account of spasmodic growth from 1893 to the vast expansion after World War II, followed by what the authors call 'Renewal and redirection, 1968–1989'. In many respects, this section is the most enlightening of this volume's eleven chapters, dealing candidly with the means adopted for coping with the stresses that have beset American academic health centres since the 1960s.

At no time have the officials at Hopkins, whether belonging to university, hospital, or medical school, persuaded themselves to accept the comforting but empty assurance that there are no fundamental differences between the legitimate interests of the three. Down the decades, leaders at Hopkins have recognized the need to accommodate a wide range of differences, rather than to seek so-called final solutions or resolutions. It was in an effort to ease conflict growing out of unresolvable differences that the Hospital and University Boards of Trustees persuaded Daniel Gilman to serve for a time as president of both University and Hospital. And over 80 years later, owing to the needs of the day, the incumbent president, Steven Muller, dutifully and skillfully served 13 years (1972–85) as president of both University and Hospital. From such actions emerges a unique picture of imaginative experimental approaches to coping with immense administrative dilemmas that develop as alterations in the resources and obligations of American academic health centres come and go.

With the relatively recent creation of the Johns Hopkins Health System, there emerged an administrative arrangement that would have been incomprehensible to the stalwarts who launched the Hospital and School of Medicine in 1889 and 1893 respectively. It is, however, well within the Hopkins habit of regarding administrative matters as requiring the attention of first-rate planners and implementers. It is, in addition, significant that as recently as 1987, both the Dean of the Medical School and the President of the Johns Hopkins Health System saw fit, in seeking resolution of differences, to cite Hopkins's letter to the trustees of 1873.

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Throughout Volume One continued support for biomedical research is never at issue; but it is quite otherwise with more-or-less traditional problems concerning medical education. Hopkins spokesmen never claimed to have originated the basics for the early twentieth-century reform of medical education in America in which the Hopkins institutions nonetheless played a vital role. It may be worth noting, however, that some of the most pertinent portions of Abraham Flexner's Report of 1910 were virtual quotations from Hopkins's William H. Welch. There have, as the authors point out, been many experiments in medical education at Hopkins, beginning with Gilman's *Course Antecedent to the Study of Medicine* and extending to the current FlexMex device.

Yet serious problems remain. There is no doubt some truth in the assertion that, of all the activities within our academic health centres, the complex educational sequence that leads to the MD degree is the most resistant to change. But one key to the problem rests in the Hopkins archives, directly and by implication citing the will of the Founder. In a letter to Francis King dated 11 October 1889, President Gilman said that "All that belongs to medical instruction should be under the control of the University; all that belongs to the care of the sick and suffering, and all that concerns admission to clinical opportunities . . . belongs to the Hospital. A joint committee can easily adjust all questionable points if the fundamental principle is agreed upon."

No doubt Gilman oversimplified the problem at hand and was overly optimistic concerning the solution he proposed. But his comment is another, and very striking, example of the underestimated effect that history's long arm and often lively hand may have on current settings. Past performance warrants the great hope that the tripartite Hopkins presence at Baltimore will draw on its great academic talent, non-medical and medical, to identify the ideal in baccalaureate and medical education.

Volume Two, *A pictorial history of medicine at Hopkins*, supplements Volume One handsomely. But none of its photographs speaks more eloquently than that chosen for the dust jacket. It shows the still intact Administration Building, a structure possessing elegance, style, and dignity, which are not significantly diminished by the functional but architecturally undistinguished multi-storied box-like structures that now surround it. Belatedly named for John Shaw Billings, it serves equally in the minds of many as an enduring monument to Francis T. King. Volume Two, in any case, stands firmly on its own solid merits.

A model of its kind may be said by some critics to overemphasize the positives and understate the negatives of the first century of medicine at Hopkins. A more valid criticism is that it is sometimes bewildering in its detail, especially that relating to individuals who have come and gone since the early twentieth century. It is, in any event, a welcome addition to the growing literature on medical education and research in America since the Civil War and, especially, since the end of World War II.

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LEONARD G. WILSON, *Medical revolution in Minnesota: a history of the University of Minnesota Medical School*, St Paul, Midewiwan Press, (797 Goodrich Ave., St. Paul, MN 55105-3344), 1989, 8vo, pp. xi, 612, illus., \$55.00 + \$2.50 p&p (US), \$3.50 p&p (elsewhere).

The revolution in Minnesota medical education was not much different from the transition to modern clinical and scientific training elsewhere in the United States during the past century. But the value of this long, detailed study is its local context through which the move to modernity is reconstructed as a mixture of vision and backsliding. From its founding in 1888, the University of Minnesota Medical School rose by 1910 to be among the top half-dozen medical schools in the nation. Its commitment to relatively strict entrance requirements, basic science education, and hospital clerkship made the school a regional leader in medical reform and earned it Abraham Flexner's approval in his famous Carnegie report.

Although Leonard Wilson recounts changes in Minnesota education up to the present, he clearly feels that the pivotal moment in the school's development came between 1909 and 1917.