

## Book Reviews

strains of nineteenth-century sectarian science. Although critical of orthodox science in this period, nonetheless they have implicitly drawn a model from late twentieth-century science—as a detached, professionalized undertaking—that was neither feasible nor relevant in this context. Most sectarians were practitioners rather than intellectual system-builders, and many sought fame, fortune and a popular audience. But this hardly stigmatizes them as charlatans, for as historians have recently stressed, scientifically-inclined Americans in the nineteenth century had to be first and foremost practitioners. Even the spiritualist philosopher Davis became a private practitioner (to earn his living), using his clairvoyant powers to heal patients.

The essays fall short of explaining these sects' decline, although Wrobel, in an unfortunate phrase, suggests that sectarian sciences "paved the road for the triumphant march" of orthodox science (p. 224). For most of these authors 1890 is a watershed. Yet surely the interest in science popularizers has hardly faded: what of the rise of New Age Medicine, occult groups, and holistic healing? Readers are left to wonder how and why many orthodox scientists came to reject sectarian principles and practices, and how the enduring fringes of science have been defined and maintained.

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MIRKO D. GRMEK, *Histoire du Sida: début et origine d'une pandémie actuelle*, Médecine et sociétés, Paris, Payot, 1989, pp. 393, illus., Fr. 98.00 (paperback).

History teaches the present to learn from the past. Historians make bad prophets. These two aphorisms—*prima facie* contradictory but, rightly juxtaposed, the soul of historiographical wisdom—set the intellectual parameters for Professor Grmek's admirable account of what he felicitously calls "la première des pestilences postmodernes". The narrative Grmek tells of the early years of the epidemic in the United States and Western Europe is by-and-large familiar enough to English-speaking audiences, starting with the presentation of mysterious complaints amongst Los Angeles homosexuals in 1979, and going up to the "compromis politique" whereby, since 1987, the rival American and French claims to priority in the discovery of the AIDS virus have been smoothed out (cynics would say because Gallo and Montagnier both recognized that the award of a Nobel Prize would necessarily be *joint*). On the American experience, Grmek has culled many of his details from Randy Shilts's *And the band played on. Politics, people and the AIDS epidemic* (1987). Mercifully we are spared Shilts's journalistic colouring, and Grmek spices his text with a mordant Gallic wit—deploring, for instance, the Anglo-Saxon linguistic clumsiness of the acronym AIDS ("les deux consonnes finales ne sont pas euphoniques").

What makes this by far the best historical overview of AIDS to date is, of course, Grmek's panoramic grasp of the history of epidemics from palaeolithic times onwards. His text is particularly strong in assessing alternative answers to the questions of the dissemination of AIDS (though undiagnosed at the time) before the late 1970s. In guardedly endorsing the historical evidence for the growing epidemic nature of AIDS in Central Africa from the mid-twentieth century, Grmek exposes the parochialism of all those who have identified AIDS as a "gay plague". In global terms, and in the long haul, the association of AIDS with homosexual sub-cultures may turn out to have been little more than a peripheral—though highly visible—event in the history of the disease.

Historical epidemiology is Grmek's strength. One would, however, have liked further analysis of the economic disruption, especially in Africa, which AIDS will probably wreak. To judge from the density of references to socio-economic, no less than medical, catastrophe in many of the essays dealing with the Third World in the valuable compendium *The global impact of AIDS* (ed. Alan Fleming and others, 1988), this is a problem already deeply troubling the world health community. Historians who have re-examined histories of epidemics in the light of AIDS have been too apt to neglect the economic dimension (an exception, however, is Guenter Risse's essay in Elizabeth Fee and Daniel Fox's 1988 collection, *AIDS. The burden of history*).

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Grmek is admirably receptive to the socio-cultural shaping of responses to epidemic disease. Pointing out the irony of the fact that Susan Sontag's *Illness as metaphor* (1979) appeared on the very brink of the emergence of AIDS, he draws upon her perception that every age gets the symbolic disease it deserves to explore the metaphorical freighting of AIDS. Clearly aware that the ban upon figurative language called for by Miss Sontag in her *AIDS and its metaphors* (1988) flies in the face of all history, Grmek shows how the traditional metaphors surrounding epidemics have been conscripted both to fight the spread of the infection as well as to stigmatize sufferers. Not least, the historian cannot be *hors de combat*. Unashamedly using the language of "la lutte contre cette maladie", Grmek shows in a superb concluding chapter (aptly titled 'Grandeurs et Misères de la Médecine Moderne') that the AIDS epidemic is the creation of a modern world, another of whose creations—scientific medicine—offers us our only hope of conquering it.

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RUSSELL C. MAULITZ and DIANA E. LONG, (eds.), *Grand rounds: one hundred years of internal medicine*, Philadelphia, University of Pennsylvania Press, 1988, 8vo, pp. xvii, 383, illus., £33.20.

All medical historians will have welcomed the initiative taken by the College of Physicians of Philadelphia in founding an Institute for the History of Medicine, named for a distinguished leader in American academic medicine, Francis C. Wood. In March 1986, the Institute held its second national conference, on the history of internal medicine during the last hundred years. The purposes of the conference were to "enrich our understanding of American medicine", and to honour Dr Wood.

This book, which records the papers then presented, succeeds in both these aims. Its account of internal medicine and some of its sub-specialities accurately reflects its historical development in the curriculum of American medical schools and in its practice during the past 100 years. It has been a century during which internal medicine has replaced surgery as the major medical speciality in the United States.

The first presentation, by Paul B. Beeson and Russell C. Maulitz, deals with definitions of internal medicine and its history, describing its metamorphosis from clinical description and observations to the modern scientific era, when non-medical scientists have come so often to replace clinicians in clinical investigation. The impact of the full-time system, diagnosis and therapeutics, and future prospects also receive attention. W. Bruce Fye continues with a wholly admirable account of the literature of internal medicine, its books, periodicals, authors, editors, and readers. His century-old quotation from the Harvard sage, Oliver Wendell Holmes, is as true today as when it was written. "The quarterly, the monthly, and the daily journal," wrote Holmes, "naked as it came from the womb of the press, hold the large part of the fresh reading we live upon . . . the page must be turned like the morning bannock".

There follow five case studies by leading authorities of the sub-specialities of internal medicine: infectious disease (by Edward H. Kass), gastroenterology (Joseph B. Kirsner), rheumatology (Thomas G. Benedek), nephrology (Steven J. Peltzman), and cardiology (Joel D. Howell). There is a remarkable similarity in these presentations. Each sub-speciality developed because a caucus of practitioners sought identity, often independence. This was associated with the emergence of new scientific knowledge, or as in the cases of gastroenterology, nephrology, and cardiology, with the development of new technology. Each sub-speciality then organized itself into a society or association, established one or more journals, and finally satisfied its ambitions by ensuring that the training of young physicians aspiring to join it should be controlled by a board of specialists already established in the discipline. Cynics might argue that such arrangements have a remarkable similarity to a closed shop.

The conference continued with an important contribution on classifications in medicine by Stephen J. Kunitz, and on therapeutics, with particular emphasis on clinical trials, by Harry M.