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substantiation. Finally, Hamowy asserts that licensing legislation “almost certainly raised the incomes of physicians” (p.167), but neither here nor elsewhere, are any data presented on changes in physicians’ incomes as a consequence of legislative enactments. Though further examples of the casual use of evidence might be given, it appears fair to conclude that such methodology detracts substantially from the book’s credibility.

Hamowy’s uninspired narrative seems in many respects indistinguishable from an older historiography which he, ironically, dismisses as “tedious, often banal”, (p.6.). But the irony extends still further, for while he goes on to accuse physician-authored histories of suffering “from the worst form of special pleading” (p.6), his own volume is written to provide historical support for a very specific contemporary policy initiative. Medical licensing laws, according to the preface contributed by the Frazer Institute, should be repealed. Like airlines in Ronald Reagan’s America, the deregulation of medicine would enhance competition and, therefore, efficiency and quality of service. Licensing legislation, far from restricting organized medicine, serves primarily to guarantee a lucrative but unjustifiable monopoly on medical practice.

It is this point that provides the thesis underlying Hamowy’s study. With a surprising naïveté he announces that history reveals medicine’s justification for its licensing privileges—the good of the public—as rhetoric designed to mask a second and more pressing motive: economic self-interest. This will hardly come as a surprise to anyone who has stopped to consider the tension between altruism and entrepreneurialism inherent in medical practice. It certainly should not provide the theme for a serious work of scholarship. But for Hamowy it becomes the key to explaining the appearance of licensing laws during the nineteenth century. Such enactments were cleverly imposed by organized medicine, using legislators easily duped by proclamations of public interest, on an unsympathetic but powerless public (pp.4,7,181). And, lest anyone discover the true origins of the medical monopoly, physicians have created historiography designed “intentionally [to] obscure the real motives behind much of the activity of organized medicine” (p.6). Hamowy, then, deploys a crude conspiracy thesis to explain the evolution of medical licensing. He fails to appreciate that medical professionalization, of which licensing legislation is one aspect, is a far more subtle historical phenomenon. No occupational group professionalizes by a unilateral seizure of privilege; it is the result of a negotiated interaction in which the group persuades society of its unique merit. For the discerning historian it is this interaction and the social values and perceptions on which it is based that becomes the central focus of analysis. In contrast, only the least demanding investigators will find convincing a conspiracy theory of professionalization.

Analytically impoverished, carelessly argued, and presented in an awkward format, Hamowy’s volume is unlikely to enjoy more currency than it deserves. Fortunately, its inadequacies may serve to underline the pressing need for a sophisticated study of medical professionalism in Canada.

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JOHN G. HOWELLS and M. LIVIA OSBORN, *A reference companion to the history of abnormal psychology*. Westport, Conn., and London, Greenwood Press, 1984, 2 vols., 8vo, pp. xviii, 1141, £85-95 the set.

In light of the almost complete absence of works of reference specifically relating to the history of psychiatry, the appearance of these two substantial volumes deserves a warm welcome. The authors have cast their nets commendably widely. A single alphabetical sequence covers an enormous range of topics, literally from AARON to Stephan ZWEIG, and the fact that both the first and the last entries are literary in character (Aaron is a minor villain in *Titus Andronicus*) is ample testimony to this compendium’s scope. Potted biographies, medical terms, cultural references, the titles of psychiatric institutions, materia medica, folklore about madness—all these and more are here in abundance, and generous indexes key in the entries to major themes, so that we have lists of all the insertions relating to saints, or suicides, superstitions, or witchcraft.

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The standard of scholarly accuracy is high, although it is a pity that the biographical entries do not attempt substantial listings of authors' publications, and that the amount of reference to modern scholarship in the little bibliographies appended to the articles is rather slight. Thus (to take one example) the entry on the York Retreat—a perfectly sensible summary—refers us to Samuel Tuke's *Description of the Retreat* (1813) but to nothing more recent.

The first yardstick of success in a volume of this kind is inevitably: does one find what one is looking for? Here, some areas of the subject are notably better covered than others. People seem better served than concepts. Thus there is a good paragraph on Morel, another on Moreau de Tours, and one even on Thomas More, whose observations on Bethlem are nicely discussed. Yet there is no entry at all on Moral Therapy—surely one of the cardinal concepts of late eighteenth- and early nineteenth-century psychiatry—and the insertion on Moral Insanity is oddly perfunctory. But even with people the balance can be rather hit and miss. When Simon Forman gets half a page and George Fordyce a substantial paragraph, it is hard to see how David Ferrier can with justice be dismissed in four lines.

The second criterion may be: does one find what one isn't looking for but which is valuable and stimulating all the same? Here these volumes really score. This is precisely the kind of reference work which it is a pleasure to browse because it contains the unexpected (the feeling is, on occasion, not unlike the delight of coming up against quaint lore in Burton). Above all, these volumes constitute a gallery of the great abnormals. The authors have filled their pages with mad geniuses, depressives, self-mortifying saints, and the like. Arthur Schnitzler occupies the same spread as Arthur Schopenhauer and Daniel Schreber, just as the Wild Boy of Salvador is to be found on top of Oscar Wilde. If this enterprise is little concerned with recent trends in interpreting the history of abnormal psychology, it remains a mine of information nevertheless.

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JOHN WILDS, *Ochsner's. An informal history of the South's largest private medical center, Baton Rouge, Louisiana, and London, Louisiana State University Press, 1985, pp. x, 256, illus., £22.50.*

In 1942, four Tulane medical professors joined Alton Ochsner in founding the Ochsner Clinic in New Orleans. The Mayo, Cleveland, and Lahey Clinics were already well-established but most American medical practice was organized (especially in the South) on a solo basis. Ochsner and his colleagues were immediately opposed by local practitioners who rightly feared that they would drain custom. Two years later the group established the Ochsner Foundation, as a charity to run a hospital, support research and teaching, but above all to be a vehicle for fund-raising.

The expansion of health insurance as a fringe benefit of collective labour bargaining after the Second World War, followed in the 1960s by the introduction of Medicare and Medicaid, stimulated the growth of the Ochsner Medical Center. Power and recompense were at first concentrated in the hands of the founders. In each successive decade, staff doctors fought for an expansion of control, and the partnership widened. This never extended to include lay administrators and a significant level of lay/professional distrust always existed.

The levels of service at Ochsner's were not uniform: charity patients could not expect quite the same as fee-paying patients. Nor did the Center actively seek black patients, segregating them before Civil Rights legislation. It was not until 1978 that there was a black doctor on the staff. There were few women on the staff, and, in fact, in 1955 one of the founders (when trying to strengthen the Clinic's reputation) urged that women staff doctors should only see female patients.

John Wilds, a New Orleans journalist, does not aim at academic historical analysis. He gives no footnotes and he often sees the medicine in a rather heroic light. However, his journalist's eye for politics, personality, and power is acute, and his story—largely based on interviews—is well told. He successfully explains why the Center prospered—relating little of it to actual medical practice—and portrays its uneasy relationship with the rest of New Orleans medical life.

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