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Following the leadership of an imaginative dean, the medical school, in Wilson's view, was prepared by 1909 to make changes in training and personnel that would have lifted the education of physicians out of the jumble of self-interest and narrow aims of nineteenth-century schools and into a new era of university education as broad as it was deep. Two closely timed events, however, prevented this change. The first was the "brutal" (to use Wilson's term) re-organization of the medical faculty by university president George Vincent in 1913. Looking to bring the medical school up to the standards of disinterest and commitment to scholarship that he felt characterized university life, Vincent fired more than half the medical faculty. His action not only demoralized the remaining teachers, who saw valued colleagues simply cast aside, it also killed the faculty's own plan for full-time, paid positions that were a hallmark of modern medical education. This institutional insult was followed immediately by a bitter dispute over whether or not the university medical school should affiliate with the clinical empire of the Mayo brothers. The Mayo Clinic was seen by some faculty as a desirable opportunity to associate the school with the nation's foremost surgical clinic; by others, the move was seen as pandering to the commercialism of the past. This destructive debate, coupled with World War I and the economic challenges of the post-war years, put the medical school into a slump from which it did not rise until the 1930s.

The Minnesota Medical School would go on to be among the leading schools in the United States, becoming especially well known in the 1950s for innovations in open-heart surgery. At its best, Wilson's commemorative history allows a narrative of change to emerge from the texture of choices, blunders, and insights that remind us how all historical change is finally particular and local. As a commemoration of the school's first century, the study does not attempt to compare Minnesota with other institutions, and Wilson rarely ventures observations that explicitly link Minnesota history to national or even regional change. Wilson goes beyond many commemorative histories, however, in his successful integration of administrative and political history with the history of basic science and clinical medicine, thus avoiding a simple study of trustees' meetings and the like. But, as with most other such histories, he gives little sustained attention to medical students—their lives, aspirations, and points of view. It is more difficult to commemorate students than a new building. Yet historians of medical schools need to remember the individuals on whom the school had its most immediate effect and who came to embody the school in their care for people.

Steven M. Stowe, Indiana University

JOEL D. HOWELL (ed.), *Technology and American medical practice 1880–1930: an anthology of sources*, Medical Care in the United States: The Debate before 1940, vol. 6, New York, Garland, 1989, 4to, pp. xix, 366, illus., \$50.00.

EDWARD T. MORMAN (ed.), *Efficiency, scientific management, and hospital standardization: an anthology of sources*, Medical Care in the United States: The Debate before 1940, vol. 9, New York, Garland, 1989, 8vo, pp. 274, illus., \$45.00.

These two volumes, contributions to a series edited by Charles Rosenberg, reproduce in facsimile primary sources that illuminate the transformation of hospital medical practice in late nineteenth- and early twentieth-century America. Joel Howell, as he notes in his introduction, has selected articles from medical journals that reflect the place of technology (by which he means machines) in ordinary hospital practice. Accordingly, among the authors of the 30 articles he assembles are not only famous doctors but also less familiar figures who published in obscure journals. Topics include enduring successes, such as the electrocardiogram and x-ray apparatus, and ventures like the polygraph and electrotherapy devices that in the long run faded from the clinic.

Edward Morman's collection traces how the American preoccupation with efficiency during the decade before the First World War was expressed in discussions about health care. In a useful introductory essay, Morman describes in particular how the methods and ideals of Frederick W. Taylor—the creator of scientific management, who applied his gospel of

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efficiency chiefly to manual labour—were transplanted from the shop floor to the clinic. Instead of offering representative articles, as Howell has done, Morman includes in his 24 selections the milestones in the campaign for efficiency in hospital organization and practice, and the articles by Ernest Amory Codman, Michael Davis, Jr., and Richard Cabot (among others) presented here offer a solid foundation for understanding the intellectual history of the quest for efficiently engineered health care.

Most of the text of these facsimile articles is readable, although some of the reproduced photographs appear as undecipherable rectangles of black and gray. Also, a very brief introduction to each original article could have greatly enhanced their usefulness. As they stand, however, these welcome volumes provide convenient access to sources that document the rise of technology and standardization as hallmarks of the American hospital.

John Harley Warner, Yale University

ELIZABETH FEE and DANIEL M. FOX (eds.), *AIDS: the burdens of history*, Berkeley, Los Angeles, and London, University of California Press, 1989, 8vo, pp. ix, 362, illus., \$28.50, \$12.95 (paperback).

The editors of this timely and important book begin with a series of historical questions: why did AIDS emerge when and where it did? How has it spread among members of particular groups? How have societies responded to epidemics in the past? Does our knowledge of medical science and public health give us any guidelines on how to control the epidemic and cure the disease in the present and future? These are worthy and valid questions, and in various ways the authors of this collection attempt to come to grips with some at least of them. But there is another question, implicit in several of the essays, but never fully drawn out, which is more about the present than the past, but a present which is nevertheless burdened by the past: why did this disease, or rather syndrome, and not another, at this particular time, become the bearer of so many meanings?

The history the editors have chosen to concentrate on is a history largely of medical and social responses to previous epidemics, in order to measure the continuities and differences. The “burden” they are most concerned with is essentially medico-moral. This focus has produced a number of valuable essays. Charles Rosenberg contributes a fine chapter on the power of the medical profession to label and manage social problems, and the ways in which disease and the response it evokes cast a searchlight into the culture where it occurs. Other essays show how the whole repertoire of panic-stricken responses and modes of containment produced by the AIDS crisis, from quarantine to compulsory testing, have been tried, and failed, in a complex history of epidemics. Even the scapegoating of socially marginalized groups for the origin and spread of disease, so central in the history of the AIDS crisis, has a long history. All these provide essential material for understanding the current health crisis.

There are, however, many histories intersecting in the response to AIDS. To understand fully the social, and individual impact of *this* epidemic we need to go beyond the narrowly medical and medico-moral to try to grasp the political and cultural moment in which HIV emerged, and from which it has taken such a symbolic resonance.

Daniel Fox's essay on 'AIDS and the American Health Polity' illustrates both the strengths and limitations of the approach adopted in this book. It is a well-researched, carefully argued essay, which demonstrates that major changes in the health policy of the USA in the early 1980s—the move away from federal responsibility towards a greater localization and fragmentation of health care—left a health “polity” that was ill-equipped to deal with a major crisis. Fox concludes that “the epidemic emphasises the limitations of social policy that links entitlement to health insurance to employment rather than membership of society” (p. 338). This is a very important point, but in its very judiciousness it misses the wider context: a New Right regime under Reagan anxious to cut back on federal health care; a moral politics that was seeking to affirm “traditional values”; and a political style that preferred to ignore the needs of the stigmatized and marginalized peoples most affected by AIDS in the USA. As