

The Structure of American Medical Practice, 1875-1941. By George Rosen. Edited by Charles E. Rosenberg. (Philadelphia: University of Pennsylvania Press, 1983. Pp. viii, 152. Illustrations, notes, bibliographical note, index. Clothbound, \$22.50; paperbound, \$9.95.)

The Social Transformation of American Medicine. By Paul Starr. (New York: Basic Books, Inc., Publishers, 1982. Pp. xiv, 514. Notes, index. Clothbound, \$24.95; paperbound, \$11.95.)

George Rosen and Paul Starr, in their respective books, provide new and interesting insights into the history of American medicine in the nineteenth and twentieth centuries. Although both authors focus on the economic and social history of medicine rather than on the traditional history of therapeutics, Rosen's book is written from the perspective of a historian, whereas Starr's work is written from that of a sociologist.

George Rosen's study of the structure of American medical practice was originally part of the University of Pennsylvania's Richard H. Shryock lecture series. Rosen had intended to expand his lectures into a book, but died before completing this important volume. The task of editing the manuscript fell to Charles E. Rosenberg. Since Rosen left no text for his lectures on the period between 1941 and 1975, Rosenberg decided to publish Rosen's existing manuscript with the addition of a bibliographic essay and a concise and well-written prologue summarizing American medicine in the early nineteenth century.

In the late nineteenth century, as Rosen explains, changes in both society and within the profession radically altered medicine and the way it was practiced. Early nineteenth-century physicians practiced their art in the patient's home and used therapeutics understandable to the patient. By the end of the century, the treatments, which had become increasingly complex, were administered either in the doctor's office or in an impersonal hospital setting. During this same period, the profession also witnessed the growth of specialism, the improvement of medical education, and the rise of public health services. Yet, despite the transformation of medicine's structure, physicians only adopted those changes that safeguarded the private, fee-for-service, solo practice of medicine. For example, doctors willingly opted for office practice over home practice because they viewed the former as a method of economizing on their time and resources. Physicians, however, opposed lodge and contract practice, dispensaries, and public health clinics because they believed these forms of medicine undermined the private practice of medicine by providing unfair

competition in the medical marketplace. In short, Rosen claims that physicians controlled the market conditions of supply and demand, which enabled them to shape the structure of medicine so that it encouraged professional autonomy.

It is indeed unfortunate that Rosen was unable to complete this well-researched economic and social history of medicine to 1975. Although Rosen's work represents a significant contribution to the understanding of American medical practice from 1875 to 1941, the book has a few shortcomings. Rosen's coverage of the beginnings of the struggle for compulsory health insurance is meager. Moreover, Rosen fails to explain how physicians gained the authority necessary to oppose successfully alternative forms of medical practice. It is in the discussion of these latter two topics that Paul Starr in his work on the history of American medicine is so successful.

In his comprehensive, two-part work on medicine from 1760 to 1980, Starr masterfully incorporates the techniques of sociology with methodology of social, economic, and public policy history to explain the medical profession's rise to a position of prominence in the late nineteenth and twentieth centuries. In his analysis of the medical profession, Starr draws upon a vast amount of primary and secondary literature. His purpose is not only to sketch a history of the transformation of medicine during this period, but also to examine the following questions: how were physicians able to achieve cultural authority and power; why did hospitals, rather than public organizations, become the major institutions for providing medical care; and why was there never a system of national health insurance in the United States.

In the first part of his work, Starr describes the physicians' attempts to achieve professional sovereignty, or "cultural authority." During the eighteenth and much of the nineteenth centuries, the medical profession was severely divided, financially insecure, and lacking public esteem. In the late nineteenth century, discoveries in science and medicine helped establish "legitimate complexity" in medicine. The demand for physicians increased with improved transportation and the invention of the telephone. Yet, as Starr notes, these developments alone did not guarantee physicians cultural authority. To gain authority and insure their sovereign status, doctors had to end professional infighting, secure effective licensing legislation, and limit the number of medical schools and medical school graduates. Systematically, physicians were either able to eliminate or accommodate the many threats to professional sovereignty. For example, in the middle and late nineteenth century, homeopathic medicine had become popular and thus posed a serious threat to regular prac-

tioners. Physicians initially excluded homeopaths from membership in the American Medical Association, but soon realized that by including this group in their regular ranks, they would increase their chances of securing licensing legislation. In the twentieth century, hospitals and other health care organizations had become central to the practice of medicine. These institutions, too, served as a potential menace to the sovereignty of physicians. Although doctors easily could have become employees of hospitals, they were able to maintain their sovereignty while using the hospitals to enhance their professional status. Thus, Starr, like Rosen, argues that physicians were able to shape the structure of medicine—a structure that insured professional autonomy.

In his second part, Starr examines medicine's transformation into a vast industry and studies the role of the corporation and state in that industry. Starr thoroughly explores the movement against compulsory health insurance, the structure of private medical insurance, and the rise of Medicare and Medicaid. Starr notes that even as medicine became a giant industry in the twentieth century, physicians were able to maintain their professional sovereignty. But, as Starr adds, whether physicians will be able to maintain that sovereignty in the future is uncertain.

Although Starr's work is more comprehensive than Rosen's, both books should be required reading for medical historians and social historians, as well as anyone interested in the health care industry.

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The Growth of Federal Power in American History. Edited by Rhodri Jeffreys-Jones and Bruce Collins. (DeKalb: Northern Illinois University Press. 1983. Pp. xviii, 207. Table, notes, bibliographical essay, index. \$22.50.)

As the title indicates, this is a collection of essays on the general theme of the growth of federal power in American history. What makes it rather unusual is that all the authors of these articles are English or Scottish scholars who, with the exception of one or two, teach United States history in English or Scottish universities. Although this collection is not a festschrift in the usual sense of the word, all the authors are former colleagues, students, or friends of William Brock, who pioneered in the teaching of United States history at Cambridge University before moving on to the University of Glasgow. The book is dedicated to Brock, and it is a worthy tribute.