

may be some of her best discussion of this topic comes towards the end of the period covered, in chapter 13.

No book is likely to escape the publishing house error free; this one has its own crop—flaws in orthography, grammar, and diction (e.g., on pp. 62, 299, 301, 329, 429, 439). The most glaring mistake is in Roger Bannister's otherwise fine Foreword, when he refers to "America's great medical school, the Massachusetts Institute of Technology" (p. xi); MIT has never had a medical school.

The author's style is marred by occasional overwriting: "[T]his chapter bears the unhappy burden of conveying narrative inadequacy: individual disciplines become alien and incomprehensible to the general reader, and the 'big picture' becomes one of intellectual incoherence" (p. 299). The author exhibits a distracting fondness for abstract nouns ("representativity", p. xxi; "nursification", p. 111; "contestation", p. 209) and sometimes awkward diction; surely there are smoother ways to express what was an important shift in focus at St Mary's than 'The school scientized' (title of chapter 11).

On the whole, however, the book not only is easy to read but does what the author aimed to do, namely make a contribution to existing historiography "by insisting that no history of a medical institution can be complete that does not explore both the science and the politics of medicine" (p. xx).

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**John A Kastor,** *Governance of teaching hospitals: turmoil at Penn and Hopkins*, Baltimore and London, Johns Hopkins University Press, 2004, pp. x, 356, illus., £40.00 (hardback 0-9018-7420-3).

If historical work on medical innovations to date has demonstrated a consistently lagged response among practitioners to scientific revolutions, this book proves that the medical profession is equally slow to respond to changes in the managerial sciences. The primary focus of

this study of innovation is to determine the factors that bring about, or even hinder, changes in governance at medical schools and their affiliated teaching hospitals. To address these matters, John A Kastor, whose previous books include a study of medical school mergers in Boston, New York and California, focuses on the academic medical centres of the University of Pennsylvania and the Johns Hopkins University, two institutions that experienced dramatic change in governance during the late 1990s.

As this chronology suggests, the book is a work of contemporary history. Given the nearness of these events to us, Kastor has spent little time in archives and many more hours interviewing hundreds of people who were directly involved in the governance of these two venerable medical schools. While several points remain unresolved and even highly contentious, in conclusion, Kastor identifies three key factors that influenced changes in governance at Penn and Hopkins, namely structure, personality conflicts, and current events.

The first section of this volume recounts the rise, fall, and subsequent recovery of Penn, America's first medical school. In particular, one chapter records how the school's CEO/Dean, William Kelly, after spending millions of dollars purchasing hospitals and healthcare practices in what was one of America's most lucrative healthcare markets, coped with huge financial losses following the expiration of an extremely favourable Blue Cross contract and implementation of Medicare's Balanced Budget Act adjustments. The second section deals with events at Hopkins, where conflict between James Block and Michael Johns, leaders of the teaching hospitals and medical school during the mid-1990s, devastated morale and progress and forced a fundamental change in governance at what remains one of America's most renowned medical centres. Finally, a short conclusion outlines a number of important lessons Kastor has distilled from these two case studies.

Supreme among the book's various "lessons" is the belief that success depends on people,

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more than on organization and structure (p. 293). At both Penn and Hopkins, much of the turmoil resulted from the often acrimonious relationships between senior staff, who effectively paralysed their institutions during their terms of appointment. The clashes between Kelly and Penn University President Judy Rodin and between Michael Johns and Jim Block at Hopkins literally crippled their respective institutions during the last decade.

Matters were made worse by the actions of the schools' respective boards. At Penn, the board appears to have surrendered responsibility for reviewing the decisions made by their CEO/Dean. In particular, during Kelly's initial period of reorganization, members appear to have spent little time analysing decisions before approving a string of heavy investments, which, in retrospect, provided little or no value to the organization. In contrast, board members at Hopkins were actively involved in reviewing all major decisions affecting the medical school and its associated teaching hospitals. Moreover, at Hopkins, two boards existed: one provided traditional oversight of the university, while the other used a very corporate, "hands-on" approach to managing its hospital.

Successful management also involves respecting any existing institutional culture, and, according to Kastor, Penn and Hopkins have historically possessed radically different cultures. Penn was the more defensive, eager to improve the school's academic standing and therefore willing to grant Kelly enormous power and control as a reward for initially increasing the school's income. By comparison, Hopkins's culture was more conservative and featured extensive checks and balances between its hospital and school.

The turmoil at Penn and Hopkins finally came to an end with the appointment of leaders who, in marked contrast to Kelly and Block, managed by consensus. Unlike their often autocratic predecessors, the new governors of these institutions have delegated responsibility effectively and tolerated dissent.

Some might argue that the experiences of these two institutions are of limited interest. Each is a unique institution, run by equally unique

individuals, operating in a unique marketplace; or, as one academic states early in the introduction, "If you've seen one medical school, you've seen one medical school" (p. 1). Nevertheless, this book deserves close attention among a select readership, especially those interested in academic medicine, including managers of health care institutions, health policy scholars and medical historians. Above all, the volume contains a wealth of information relating to two important American medical schools undergoing significant structural change. This alone should make the work of considerable interest to historians, who may one day wish to compare the oral testimony collected by Kastor with information contained in both institutions' archives.

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**Penelope Hunting,** *The Medical Society of London 1773–2003*, London, Medical Society of London, 2003, pp. xvi, 344, illus., £55.00 (+postage) (hardback 0905082-35-00). Orders to: Medical Society of London, 11 Chandos Street, London W1G 9EG, UK.

The legacy of the Enlightenment is good historical fodder these days. Ten-a-penny are conferences, workshops and publications that ponder the double-edged sword of reason, the social control in the underbelly of science and the disciplining power of humane institutions. So pervasive is the Enlightenment in the present it is possible to forget to ask whether sometimes it is also just a folk memory, whether its appearances and substance can be acted out without its—and I thought I would never use the word—*Zeitgeist*. The Medical Society of London (MSL), the archetype of an Enlightenment creation, might well have been founded for a future historian to use as a microcosm for demonstrating eighteenth-century medical ideals and enterprise. The MSL could also have persisted to the present day (which it does) for that same historian to explore apparent continuity of form over