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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.

Jonathan Reinartz,
University of Birmingham

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

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nearly 250 years of radical change. This is not quite the task Penelope Hunting has set herself. None the less, this admirably researched and well-written book can be used to address these questions as well as to celebrate what is described by HRH The Duke of Edinburgh in the Foreword as a “thriving professional body in the heart of London” (p. xii).

The Society was founded in 1773 mainly on the initiative of the Quaker physician John Coakley Lettson. From the first it was an orthodox, medical broad church. Its membership comprised apothecaries, surgeons and physicians. The latter were primarily licentiates of the London College and the “High Church” Oxbridge Fellows of the College were less in evidence among the membership. In the eighteenth and early nineteenth centuries case reporting, epidemic disease, natural history, medical education and teaching, military and naval medicine, dispensary practice and exploration busied the Society’s Fellows. Papers were presented to them in rooms where a library and museum were also housed. Besides being a model Enlightenment medical institution, the MSL was also home to the internal factionalism of a profession without a clear identity. It was ripped apart in its early years by medico-surgical jousting for power. Lettson’s status, diplomacy and wealth did much to keep it together.

Hunting gives a distinct sense of being happiest in this era. She conveys a feeling for the richness of her material without being able to present more than a fraction of it. Her journey through the nineteenth and twentieth centuries is slightly more breathless. During this time the Society remained eclectic in its membership although as the profession consolidated it became distinctly more respectable and lost some of the fox terrier qualities that graced its early days. Few were the medical dignitaries who have not been associated with it in the last 200 years. A list of Presidents (appended) is a roll of the great and good. Lister left the MSL his library.

The late twentieth century brought into sharp focus the issue of the role of a medical society still in some indefinable sense committed to

Enlightenment values in a modern age. The Fellows of the Society have been rightly proud of its fine library yet disposing of it was the preferred solution to ensuring the institution’s survival as a research forum and dining club. Yet proud though the founders were of their books, they comprised a *working* library. What was sold was a *heritage*. The issue of continuity and change could hardly have been more clearly drawn.

This book provokes a number of interesting historical questions which it has not been the author’s task to address. For example, to what extent did the MSL function as a London medical club? Unlike Edinburgh, London’s University was never a locus around which the medically successful could congeal. Second, what were the political relations between the elderly, distinguished MSL and the upstart but chartered Royal Society of Medicine? For the Fellows of the MSL this volume is a handsome tribute to their institution. For the historian, Hunting, by her scrupulous chronicling and footnoting, has indicated what a major, largely untapped, archival resource the MSL still is. The author is rarely in error but the painting of Lettson at his Grove Hill home could not have been sold to the Wellcome Trust in 1917 (p. 6). The Trust (which, incidentally, bought bulk of the MSL’s library) was not established until 1936.

Christopher Lawrence,

The Wellcome Trust Centre for the
History of Medicine at UCL

Ian F McNeely, “Medicine on a grand scale”:
Rudolf Virchow, liberalism, and the public health, Occasional Publication, No. 1, London, The Wellcome Trust Centre for the History of Medicine at UCL, 2002, pp. 97, £10.00 (paperback 0-85484-082-6).

Rudolf Virchow is a seminal figure in the emergence of modern medicine, whose iconic status paradoxically has blocked a properly historical understanding. Long-lived, he adopted a critical stance towards the development of state medicine in Prussia, and complex issues arise concerning public health, liberalism, and