

Book Reviews

But perhaps we should be grateful for the effort, both of authorship and of an Institute which is attempting pioneer work in a relatively new field in Canada. The Hannah Institute has outlived Jason Hannah, endured its growing pains, and may do better in the future than it has with its past.

Michael Bliss
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HORACE W. DAVENPORT, *Doctor Dock: teaching and learning medicine at the turn of the century*, New Brunswick, NJ, and London, Rutgers University Press, 1987, 8vo, pp. xvi, 342, illus., \$35.00.

Between 1899 and 1908, George Dock, MD held a diagnostic clinic for senior medical students at the University of Michigan twice a week during the school term. Dock, professor of theory and practice of medicine and clinical medicine, quizzed the student responsible for preparing the history of the patient being exhibited to the group, called on other students to examine the patient and answer questions, and pointed out the broader lessons to be learned from the individual case. What was novel about this particular clinic was not its format but the fact that Dock engaged a stenographer to make a record of everything that he, his students, and their patients said. From these shorthand notes the secretary prepared a typescript, now deposited at the Bentley Historical Library in Ann Arbor, Michigan, a massive account that runs to some 6,800 pages.

This remarkable document is the basis for this book. Horace Davenport, professor emeritus of physiology at Michigan, divides his material into chapters that principally correspond to broad disease groups, such as 'Cardiovascular problems' and 'Kidney trouble'. In each, he intersperses substantial extracts from the clinic record with his own comments and summaries of Dock's teachings. He has been liberal in his cut and paste work, sometimes bunching together quotations from disparate parts of the transcript to create composite portraits of how Dock managed particular medical problems. The resulting pastiche is engrossing. We see students struggling to apply their textbook knowledge to the frustrating complexities of real patients, hear a teacher with a developed sense of irony guide them through a clinical world very much in flux, and listen to Dock's advice on everything from eliciting information from patients to getting started in private practice. The account offers fascinating glimpses into turn-of-the-century American medicine.

From such a rich and perhaps unique source, however, it is a little disappointing that we get nothing more panoramic than glimpses. The fragmentation and rearrangement of material means that the reader never gains a solid sense of what any one entire clinical session was like. Davenport writes he has excluded the "irrelevant parts" (p. xii), but does not spell out his criteria of relevance, leaving the historian curious about what might be missing. Nor is much said about Dock to help the reader gauge how typical or odd his views might have been. The question of why he took the singular step of having such an exhaustive record of his clinic kept in the first place goes unaddressed, though one wonders just what purpose Dock thought it would serve. As it stands, though, this volume is both suggestive and a pleasure to read, and does good service not least by drawing attention to an exceptional source.

John Harley Warner
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WILLIAM WAUGH, *The development of orthopaedics in the Nottingham area*, Nottingham, Harlow Wood Orthopaedic Hospital, 1988, 8vo, pp. viii, 209, illus., [no price stated].

There are many ways of being trained in orthopaedics, and among the best in Britain is to spend some years working north of the Trent. (This reviewer has to declare an interest because, although never at Harlow Wood, he had seen it from not far away where its surgeons were as

familiar and as welcome as on their home ground.) In that work and training Professor Waugh and his colleagues have played a leading part, continuing and realizing the vision of the founders of orthopaedic practice and expanding it into modern times.

Local history, like all other historical disciplines, depends upon a close study of primary sources. These have evidently been abundantly available and well used, and a judicious balance has been kept between antiquarian interest and events of great importance. Nottingham was not unique in its poverty, disease or trauma, in the public spirit of its citizens, or in the munificence of its benefactors. The author has placed its problems and solutions in a national as well as in a local context. He has shown how the care of the disabled, particularly the disabled child, has developed over many years, supported by enlightened philanthropy and guided by the best medical opinion available at the time. It was a time of great social awakening and Professor Waugh has well conveyed, not only the feelings and the efforts of those distant years, but the inspiration which is at the very root of modern endeavours in the same field.

To provide a service for a large population, to teach undergraduates and postgraduates in a new university and to conduct academic research at the same time is a difficult task but it has been exceptionally well performed.

Wherever two or three are gathered together there will be as many opinions. Hospitals and Health Services are no exception and the problems are dealt with honestly and dispassionately. The research has been sound, the prose is straightforward, the illustrations are aptly chosen, typographical errors are very few, the two indexes more than adequate. All in all this is an excellent piece of work.

J. W. Dickson

EVAN M. MELHADO, WALTER FEINBERG, and HAROLD SWARTZ (editors), *Money, power and health care*, Ann Arbor, MI, Health Administration Press, 1988, 8vo, pp. ix, 324, \$32.00

These nine essays by participants in an interdisciplinary MD/Ph.D. program at the University of Illinois Urbana-Champaign deal with “competition theory,” especially in context of the national health insurance schemes legislated in the USA during the 1960s: Medicaid and Medicare. Competition theory is presented as a product, not only of conservative economic theory, but also of the pressure increasing health care expenditure (7.5% of GNP in 1970; 10.7% in 1985) placed on the USA as economic growth slowed in the 1970s. Evan M. Melhado, the only historian in the group, gives an admirably lucid account of why, in this environment, the American agenda for health care reform shifted from government regulation and national health insurance, to deregulation, competition, and market discipline (DRGs, HMOs, and so forth).

The other essays in this collection are ahistorical, with one exception: “The sentimental marketplace: who controls child health care?”, by James E. Black, who is not a professional historian, but a fifth-year medical student. Black challenges an economic interpretation of paediatric ideology he attributes to Kathleen Jones (“Sentiment and science: the late nineteenth century pediatrician as mother’s advisor”, *J. soc. Hist.*, 1983, 17: 79–96). Black argues: “Pediatricians did not adopt . . . progressive values as a temporary ruse to acquire prestige and larger practices” (p. 210). Jones, however, never held that paediatric ideology was a fig-leaf for “classic market forces” (p. 210)—at least, not in the article cited, or at the page Black cites (page 214, but the Jones article ends on page 96—cf., reference above). Her article focuses on the problem of legitimizing paediatrics as a speciality. Most specialities presuppose a division of labour based on a technique (surgery), or a disease (oncology), or “an organ” (ophthalmology). Paediatrics is defined in terms of a life-stage—a difference that renders speciality status suspect, and which puts specialists into competition with general practitioners. Had Jones spoken to the latter issue, Black might have grounds for his critique. But Jones deals only with the former. She sets out the problem with a quotation from Abraham Jacobi, “father” of American paediatrics: “[Paediatrics] is no speciality in the common acceptance of the term. It does not deal with an organ, but with the entire organism” (Jones, p. 80). Her claim, developed in the context of a