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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.

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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

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Randy Shiels has noted (*And the band played on*, p. 596), by the time President Reagan delivered his first speech on the epidemic, “36,058 Americans had been diagnosed with the disease; 20,849 had died”.

Some of the essays in the book do attempt to explain aspects of this extraordinary moral climate. Paula A. Treichler's piece on 'AIDS, gender and bio-medical discourse' is powerfully argued, and exhaustively documented (158 notes, covering 32 pages), and traces the ways in which medical discourse constructed sexuality and gender in such a way that women were at first invisible in the AIDS crisis, precisely because it was defined as a gay disease. Dennis Altman offers a characteristically sharp account of the paradoxical ways in which the male gay community has simultaneously been stigmatized and legitimized by the crisis. Allan Brandt brings to bear his extensive knowledge of past responses to sexually transmitted diseases to reflect on the social policy implications of AIDS.

What is lacking, however, is an essay, or essays, which attempt to situate AIDS in our historical present. Susan Sontag (in *AIDS and its metaphors*, p. 92) has argued that the AIDS crisis is evidence “of a world in which nothing is regional, local, limited; in which everything that can circulate does; and every problem is, or is destined to become, worldwide”. Is AIDS then the first post-modern disease? Perhaps the editors can explore this and related questions in a further collection. This volume is a valuable start, but it only scrapes the surface of the complex historical phenomenon we know as “AIDS”.

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DARLENE CLARK HINE, *Black women in white: racial conflict and cooperation in the nursing profession, 1890–1950*, Blacks in Diaspora Series, Bloomington and Indianapolis, Indiana University Press, 1989, 8vo, pp. xxiii, 264, illus., \$35.00, \$12.95 (paperback).

This work reflects an impressive amount of research pertaining to a huge number of individuals, institutions and organizations throughout the length and breadth of the United States involved in the issue of the entry of black women into nursing. Unfortunately for this very reason it tends to get bogged down in detail which makes it very difficult to see the subject as a whole. While one can perceive the necessity of having the factual details relating to the difficulties facing black women entering the nursing profession and how they actually achieved this aim, a little more analysis would have been welcome. To what extent was the experience of black women reflected in that of other ethnic groups, or indeed by that of lower-class white women? Were there tensions between different groups of the black community, apart from the male/female doctor/nurse tension, which Professor Hine does address? Did black women as nurses, especially in the public health area, feel any tensions over their role as bearers of values identified with the dominant culture into their own community? Professor Hine mentions the notorious case of Eunice Rivers, the black public-health nurse who was for over 40 years involved with the Tuskegee Syphilis Experiment, in which treatment was deliberately withheld from black patients, and does describe her motives as “complex”. The structure of the book, however, means that one paragraph is devoted to this intriguing subject and then the career possibilities and restrictions facing black nurses generally in the public health field are returned to. The conflicts between perceptions of nursing as the ideal fulfilment of the womanly role and its development as a career with increasing professionalization providing an opportunity for social mobility rarely open to women, plus the development of intraprofessional hierarchies, render nursing an area rife with ambiguities and ambivalence. The particular relationship of these to the experience of black women nurses in America is to be found only in the interstices of accounts of the rise of nurse training facilities, organizational history, the exclusionist policies and attitudes of white nurses, and the contributions of outstanding individuals, which by their very nature do not meld into one coherent narrative: they are many stories, not one. Professor Hine is to be commended for her monumental labours in bringing together this essential source book for what one hopes will be further analytical studies.

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