Grmek is admirably receptive to the socio-cultural shaping of responses to epidemic disease. Pointing out the irony of the fact that Susan Sontag's *Illness as metaphor* (1979) appeared on the very brink of the emergence of AIDS, he draws upon her perception that every age gets the symbolic disease it deserves to explore the metaphorical freighting of AIDS. Clearly aware that the ban upon figurative language called for by Miss Sontag in her *AIDS and its metaphors* (1988) flies in the face of all history, Grmek shows how the traditional metaphors surrounding epidemics have been conscripted both to fight the spread of the infection as well as to stigmatize sufferers. Not least, the historian cannot be *hors de combat*. Unashamedly using the language of "la lutte contre cette maladie", Grmek shows in a superb concluding chapter (aptly titled 'Grandeurs et Misères de la Médecine Moderne') that the AIDS epidemic is the creation of a modern world, another of whose creations—scientific medicine—offers us our only hope of conquering it.

Roy Porter, Wellcome Institute

RUSSELL C. MAULITZ and DIANA E. LONG, (eds.), *Grand rounds: one hundred years of internal medicine*, Philadelphia, University of Pennsylvania Press, 1988, 8vo, pp. xvii, 383, illus., £33.20.

All medical historians will have welcomed the initiative taken by the College of Physicians of Philadelphia in founding an Institute for the History of Medicine, named for a distinguished leader in American academic medicine, Francis C. Wood. In March 1986, the Institute held its second national conference, on the history of internal medicine during the last hundred years. The purposes of the conference were to "enrich our understanding of American medicine", and to honour Dr Wood.

This book, which records the papers then presented, succeeds in both these aims. Its account of internal medicine and some of its sub-specialities accurately reflects its historical development in the curriculum of American medical schools and in its practice during the past 100 years. It has been a century during which internal medicine has replaced surgery as the major medical speciality in the United States.

The first presentation, by Paul B. Beeson and Russell C. Maulitz, deals with definitions of internal medicine and its history, describing its metamorphosis from clinical description and observations to the modern scientific era, when non-medical scientists have come so often to replace clinicians in clinical investigation. The impact of the full-time system, diagnosis and therapeutics, and future prospects also receive attention. W. Bruce Fye continues with a wholly admirable account of the literature of internal medicine, its books, periodicals, authors, editors, and readers. His century-old quotation from the Harvard sage, Oliver Wendell Holmes, is as true today as when it was written. "The quarterly, the monthly, and the daily journal," wrote Holmes, "naked as it came from the womb of the press, hold the large part of the fresh reading we live upon . . . the page must be turned like the morning bannock".

There follow five case studies by leading authorities of the sub-specialities of internal medicine: infectious disease (by Edward H. Kass), gastroenterology (Joseph B. Kirsner), rheumatology (Thomas G. Benedek), nephrology (Steven J. Peltzman), and cardiology (Joel D. Howell). There is a remarkable similarity in these presentations. Each sub-speciality developed because a caucus of practitioners sought identity, often independence. This was associated with the emergence of new scientific knowledge, or as in the cases of gastroenterology, nephrology, and cardiology, with the development of new technology. Each sub-speciality then organized itself into a society or association, established one or more journals, and finally satisfied its ambitions by ensuring that the training of young physicians aspiring to join it should be controlled by a board of specialists already established in the discipline. Cynics might argue that such arrangements have a remarkable similarity to a closed shop.

The conference continued with an important contribution on classifications in medicine by Stephen J. Kunitz, and on therapeutics, with particular emphasis on clinical trials, by Harry M.

Marks. In many ways the most successful chapter is the final presentation, 'The curious career of internal medicine' by Rosemary Stevens, who deals skilfully with the vexed issues of general specialist versus sub-specialist and the other tensions which beset internal medicine. Despite the questions of "power, politics and professionalism", which "jostle uneasily for prominence as internal medicine struggles for consensus over purpose and mission in an environment dominated by health care systems", she concludes that "internal medicine holds a pivotal position in American medicine". Its leaders and institutions have great power and for this reason will play an enormously important role in the future development of American medicine and the American medical profession.

Whether they deserve this powerful position is a question not addressed by this conference. The views of the patient are nowhere to be found; nor are those of epidemiologists or health care planners. One has, after all, to remember that for all the successes of internal medicine in the United States during the past century, and despite the undoubted scientific pre-eminence of many American medical schools at the present time, it remains paradoxically true that the patients whom American physicians seek to treat are the most dissatisfied with their health system of any in the Western world.

Sir Christopher Booth, Royal College of Physicians

MARK V. PAULY and WILLIAM L. KISSICK (eds.), LAURA E. ROPER (assoc. ed), *Lessons from the first twenty years of Medicare: research implications for public and private sector policy*, Philadelphia, University of Pennsylvania Press, 1988, 8vo, pp. xxii, 389, £27.95.

When Lyndon B. Johnston signed the Social Security Amendment Act in 1965, he established the principle that government should pay hospital and physician costs for all US citizens over 65. In a nation where organized conservatives in the American Medical Association and Republican Party repeatedly have blocked compulsory insurance legislation and all forms of socialized medicine throughout the twentieth century, it was a significant departure from the *laissez-faire* philosophy that historically dominated U.S. health policy. Medicare was a negotiated compromise that reflected the traditional politics of consensus.

Yet its economic impact jolted conservatives and liberals alike. Escalating Medicare costs and those of its companion, Medicaid, as well as those of other social programmes in the "Great Society" of the 1960s, caused shock waves that vastly altered the health care landscape in the United States. Since then, the American system of voluntary indemnity insurance supporting fee-for-service payment to independent physicians and separate hospitalization insurance has faltered.

The conservative administration of Richard Nixon established a second legislative landmark, which was conceived as an antidote to the economic disaster caused by his liberal predecessor. Under the Health Maintenance Organization (HMO) Act of 1973, corporate-based prepaid health plans that integrate physicians groups, hospital and clinic facilities, and bureaucratized financial and management structures under the auspices of the private corporation, have mushroomed. The HMO is a unique American alternative to socialized medicine. Its advocates have sought to modernize American medical care within the framework of free market competition.

Despite its title, this volume does not convey a portrait of these broad structural transformations in the American health system. Based on a conference sponsored by the Leonard Davis Institute of Health Economics of the University of Pennsylvania in October 1986, it is a compilation of 16 research papers, whose contents reflect the broad diversity of the participants from the fields of economics, sociology, gerontology, medicine, law, and political science. With the exception of Rosemary Stevens, historians of U.S. health care are notably absent from the roster. The historian would find little reward in this survey of Medicare issues, problems, payment mechanisms, professional role, and suggested reforms written in the language and from the perspective of the 1980s. Yet the conference and its published