Medicine in the United States

The Social Transformation of American Medicine. PAUL STARR. Basic Books, New York, 1983. xiv, 514 pp. $24.95.

This book by the sociologist Paul Starr is the most ambitious and important analysis of American medicine to appear in over a decade. In a volume chock-full of novel interpretations and sparkling prose, Starr traces the evolution of American medicine from a predominately domestic enterprise into "a vast industry." Although he focuses mainly on social and economic developments, he integrates a vast amount of information—from the rise of hospitals to the rationale for medical research—into his account and frequently offers illuminating comparisons with non-American cultures and nonmedical institutions. Blessed with a knack for detecting patterns where others have seen only confusion, he has produced an eminently readable work that will appeal not only to specialists in the history and sociology of medicine but to all persons interested in understanding medicine's unique position in American society.

Two "long movements" in the development of American medicine, the rise of the medical profession from a marginal to a dominant position in providing health care and the subsequent transformation of medicine into a big business, provide the themes for two "books," which will soon be available separately in paperback editions. Unlike many sociologists who would impose their theoretical models on the past, Starr believes that "social structure is the outcome of historical processes." Thus to understand the peculiar organization of medicine, past or present, "one has to identify the ways in which people acted, pursuing their interests and ideals under definite conditions, to bring that structure into existence" (p. 7). In other words, American medicine evolved through a process of "social selection," in which the various parties involved chose from a wide range of possible practices and institutions.

In Book One Starr analyzes the transition of medical care from a domestic service given by relatives and friends into a commodity provided by professional healers. The corresponding increase in the status and income of physicians Starr attributes to the growth of their cultural authority, which, he argues convincingly, derived less from the acquisition of scientific knowledge or the monopolization of medical practice than from "lay deference and institutionalized forms of dependence" (p. 144). During the early 19th century American physicians—unregulated, undereducated, and divided by therapeutic differences—played a secondary role in providing medical care. This stemmed in part from the confidence of democratic Americans in their own abilities and their suspicion of self-proclaimed experts, as well as from the inability of most Americans to afford professional medical care. As Starr perceptively observes, the chief economic obstacle was not so much the fees physicians charged for therapy as the indirect costs associated with practicing medicine in the homes of patients, particularly with the time lost fetching a doctor and the time the doctor spent traveling to and from the patient.

Several developments during the late 19th and early 20th centuries dramatically altered this situation. In addition to rapid urbanization, which conveniently concentrated large numbers of patients in small areas, the coming of the telephone in the 1870's and the automobile in the 1890's substantially reduced indirect costs and allowed physicians to double or triple their patient loads. At the same time they shifted the locus of care from their patient's homes to hospitals and their own offices.

Equally important was the emerging consensus among physicians as medical science, most notably bacteriology, provided them with diagnostic and therapeutic tools of immediate practical value. By the turn of the century physicians were quarreling less among themselves and devoting more of their energy to improving their collective position. Scientific medicine also undermined the confidence of laypersons in their ability to treat themselves and thus "helped establish the cultural authority of medicine by restoring a sense of its *legitimate complexity*" (p. 59). In this context, Starr argues, the actual ability of physicians to cure disease assumed less importance than the public's perception of their skills. For example, although the discovery of an antitoxin for diphtheria in the 1890's benefited only a relatively small number of patients, it encouraged parents to consult a physician whenever their children developed sore throats.

A third factor that contributed to the growth of the medical profession's power was the improvement in the quality of physicians and the reduction of their numbers through educational and licensing reforms. These changes, Starr maintains, resulted not so much from Abraham Flexner's scathing exposé of medical schools in 1910 as from shifting economic realities that made it impossible for proprietary medical schools operating on student fees to pay for expensive scientific laboratories and clinical facilities. In response to these financial pressures, most schools either became integral parts of universities or went out of business, and profit-making enterprises fell into disrepute.

Along the road to professional sovereignty physicians encountered numerous threats to their aspirations: drug manufacturers who wanted to deal directly with the public, hospitals that sought to make physicians salaried employees, public health organizations that stole their patients, and businesses that attempted to exploit them. In each instance, however, physicians successfully turned the situation to their advantage. They pressured pharmaceutical companies into marketing many of their products through the medical profession. They took advantage of the hospital's need for paying patients to dictate the terms of their relationship with such institutions. They checked the movement of governmental agencies into therapeutic activities and, aided by the germ theory of disease, deflected public health reform from collective efforts orchestrated by public officials to periodic individual checkups provided by physicians. And to a great extent they prevented the intrusion of third parties—insurance companies, mutual societies, and corporations—that might have siphoned off income generated by medical personnel.

By the 1920's physicians had emerged as the most powerful and respected profession in the country. They accomplished this not because their alliance with capitalism allowed then to create a monopoly, as E. Richard Brown has recently suggested, but because of their new-found authority. "The triumph of the regular profession," writes Starr, "depended on belief rather than force, on its growing cultural authority rather than sheer power, on the success of its claims to competence and understanding rather than the strong arm of the police" (p. 229).

In Book Two Starr narrows his focus to concentrate on the various schemes Americans devised and discussed for coping with the high cost of medical care. For decades the medical profession prevented (or at least limited) state-paid medical care; but as medicine became more and more successful "it seemed deeply unjust to withhold it," and the government increasingly intervened (p. 232). Thus, ironically, the very success of physicians threatened to reduce their independence.

In a series of finely crafted essays Starr relates the 70-year struggle in America to design a system to meet the ever-increasing costs of medical care. His account of the continuing debate over compulsory as opposed to voluntary health insurance is especially enlightening. During the 1910's Progressive reformers, convinced that sickness was the leading cause of poverty, began pushing for a compulsory system, particularly to cover the income workers lost during these times of illness. By the 1930's hospitalization and physicians' services had become so expensive that even middle-class Americans were growing alarmed, a development Starr identifies (p. 259) as "the key to explaining the new direction of the health insurance movement," that is, its shift from replacing lost income to expanding access to medical care. Largely because of the opposition of physicians, the United States, unlike other Western nations, failed to adopt national health insurance. "Instead of a single health insurance system for the entire population," says Starr, America would have a system of private insurance for those who could afford it and public welfare services for the poor" (p. 286). Legislators who sided with the medical profession demonstrated their concern about the nation's health by approving large sums of money for hospitals, medical schools, and medical research—an arrangement by and large acceptable to physicians.

Although organized medicine initially opposed even voluntary health insurance, it soon came to recognize it as a bulwark against the greater evil of compulsory insurance and set out to make sure that control remained in the hands of physicians. "By deflecting insurance first into the private sector and then away from direct services and lay control," writes Starr, "the profession was able to turn the third-party insurer from a potential threat into a source of greatly increased income" (p. 332).

Until the mid-1970's the sovereignty of the medical profession went virtually unchallenged. Although government agencies increasingly involved themselves in medical matters, they almost always did so in ways acceptable to physicians. Even the passage of Medicare in 1965, over the protests of organized medicine, accommodated the interests of the medical community. Few Americans questioned either the efficacy of medicine or the role physicians had come to play in the medical system. However, according to Starr, "Medicine, like many other American institutions, suffered a stunning loss of confidence in the 1970s" (p. 379). Despite the hyperbole in this statement, it is true that for the first time in recent memory many Americans began to wonder about the value of medical care and the desirability of letting physicians or their allies run the health care system. Confronted by such diverse forces as the sagging economy and the women's movement, "American physicians faced a serious challenge simultaneously to their political influence, their economic power, and their cultural authority" (p. 380). In this atmosphere, national health insurance came to represent a cost-control measure rather than a means of expanding medical care.

Starr wisely refrains from offering his own solutions to the problems now facing American medicine, but he does share his vision of the future. What he sees does not bode well for the continued independence of the medical profession. Given the prospect of a physician glut and escalating medical costs, he predicts not only "the weakening of professional sovereignty, but . . . greater disunity, inequality, and conflict throughout the entire health care system" (p. 421). But the greatest threat to the autonomy of physicians, he thinks, will come from a new quarter: medical corporations, such as chains of medical institutions, which will impose managerial control on doctors and perhaps place them on salary. "The failure to rationalize medical services under public control meant that sooner or later they would be rationalized under private control," he concludes. "Instead of public regulation, there will be private regulation, and instead of public planning, there will be corporate planning" (p. 449).

It would be easy in reviewing a book of this scope to identify minor points of disagreement. Suffice it to say that I have rarely read a book on the history of American medicine from which I learned more and dissented less. If you read only one book about American medicine, this is the one you should read.

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Conflagration as a Cultural Phenomenon

Fire in America. A Cultural History of Wildland and Rural Fire. STEPHEN J. PYNE. Princeton University Press, Princeton, N.J., 1982. xvi, 656 pp., illus. $35.

On rare occasions, the historical literature is enriched by the introduction of a broad new field for study, by a book that dramatically expands the boundaries of scholarly investigation. Stephen Pyne's *Fire in America* is such a book. It achieves the Promethean goal of bringing fire to history.

Certain large themes unify Pyne's history of wildland and rural fire, which he treats as a cultural phenomenon. Prometheus did indeed found all of the useful arts and sciences on his theft of fire. Wildland fire was a tool in the hands of aboriginal humans, and fire was employed during the agricultural age to clear land and for range improvement. For centuries fire was a universal explanatory principle; it was gradually replaced by a mechanical philosophy: "Chemistry separated fire from the elements; mechanics separated it from heat; optics, from light. With the development of thermodynamics, the concept of energy assumed the role previously held by fire." The industrial revolution moved the location of fire from the landscape into the new engines, except where industrial logging determined land use. Eventually the new physics put the atom at the intellectual base of our physical world, replacing fire, but fire remains a puissant force in the atomic age. And wildland-rural fire today is 90 percent anthropogenic in origin and only 10 percent natural (that is, caused by lightning). These historical processes may be summarized with the help of Pyne's reclamation concept. Europeans, in the Great Reclamation, burned the forests in the Old World to replace them with farms or pasturage for domesticated animals. In a parallel movement, Indians in the New World burned the woods to encourage the growth of forage for the animals they hunted. During the counter-reclamation, industry needed wood. Fire