while ignoring the broader questions of how accurately the priorities of the mega-center are aligned with the needs of the public. This book provides a detailed history of the structure and process of medical schools, medical centers, medical training, and the growth of the immense academic medical center. It remains for the reader to ask how this self-driven, self-serving, professionalized juggernaut can shift its paradigms so as to serve the public better.

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Crisis Management

The AIDS Bureaucracy. SANDRA PANEM. Harvard University Press, Cambridge, MA, 1988. xiv, 194 pp. $22.50; paper, $9.95.

The AIDS crisis exemplifies the difficulties democratic systems face in resolving problems with broad social and ethical dimensions. Viewing the crisis primarily as a health emergency, many believe the nation's response to AIDS was slow and fragmented, particularly in light of the quality of our scientific infrastructure and in comparison with responses to other recent health threats, such as toxic shock syndrome, Legionnaire's disease, and the Tylenol poisonings. Despite remarkable scientific advances, including the rapid identification of the AIDS virus and the development of a diagnostic test, there is no national policy to prevent the spread of the disease, to reduce risk factors through education or other means, or to organize and finance an appropriate array of services for those already infected and seriously ill.

The failure to respond more rapidly and effectively to the threat of AIDS is attributed by Sandra Panem in *The AIDS Bureaucracy* to the absence of a centralized decision-making apparatus and resources that can be quickly mobilized in the event of a novel health emergency. Panem examines the federal health bureaucracy using AIDS as a case study of its ability to respond to a complex and urgent health problem. The overall objective of the book is to understand better how the bureaucracy might be strengthened for future health emergencies.

Much of the responsibility for protecting the public's health, notes Panem, is vested in state and local governments. The federal government exercises its influence primarily through budget priorities and policies governing publicly financed health services. Moreover, within the federal health bureaucracy there is little centralized strategic planning or adherence to a common agenda.

Panem focuses particularly on the Public Health Service, including the Centers for Disease Control and the National Institutes of Health, both of which were crucial in the early response to AIDS. She notes that competition and lack of communication among the agencies of the Public Health Service impeded progress in research. Likewise, the organizational separation between the Public Health Service and the Health Care Financing Administration contributed to the lag between advances in research and the development of health-services delivery strategies and patient-care policies.

Panem observes that the lack of clearly defined lines of authority and responsibility among officials at varying levels of government, the rivalries among federal agencies, the informal relationships between the public and private health sectors, and the sometimes adversarial relationships between the executive and legislative branches of government all may foster creative tension and provide checks and balances that are useful under normal circumstances. These factors tend to interfere with efficient handling of emergencies, however. Panem proposes a solution that will not be acceptable to all: the establishment of a national plan to facilitate the management of health emergencies that would include a central office or individual with the mandate, authority, and resources for action. Though we commonly feel frustrated by the pace and difficulty of achieving a workable plan of action, this reviewer finds it inconceivable that our society would give responsibility for policy of such far-reaching and complex consequences to a single individual or small group.

A competing explanation for our failure to develop a national AIDS policy has little to do with the organization and structure of government. Successful policy requires either a broad-based public consensus on key issues, such as the provision of clean needles to users of intravenous drugs or the testing of various risk groups, or a narrow consensus among a recognized elite on highly technical issues of a less controversial nature or about which the public appears unconcerned. Neither is apparent in the case of AIDS. There is disagreement about many aspects of the epidemiology and consequences of HIV infection and uncertainty and much conflict about the moral consequences of alternative social policies. These conditions do not usually encourage public deference to experts. AIDS is as much a social problem as a health problem, and AIDS policies have vast implications for the character of our society. An alternative federal health structure is not a substitute for consensus and political will on issues of such importance. Articulate and credible leadership is surely essential, but such leadership does not necessarily arise from a restructured bureaucracy.

Panem's proposal for an emergency plan is more viable as it pertains to research. The research establishment was initially slow in responding to the AIDS threat, and issues of prestige and competition with other priorities interfered with a coordinated scientific attack. Despite this, CDC and NIH made remarkable progress. We did less well in the services area, reflecting our inability to reconcile the recognition of need with budgetary concerns. Under urgent conditions, it should be possible for high-level health officials to tap existing research budgets to initiate a rapid response. Given the complexity and fragmentation of our health system overall, designing and implementing an appropriate response to need for care will remain a more formidable problem.

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A Service Profession

Beyond Monopoly. Lawyers, State Crises, and Professional Empowerment. TERENCE C. HALLIDAY. University of Chicago Press, Chicago, 1987. xx, 388 pp., illus. $29.95.

Lawyers are not as rotten as a lot of people think.

This might be the most valuable teaching of this able and earnest work. It is a welcome message, albeit not surprising, to those who have long associated with lawyers and their organizations. Hostility to lawyers, especially to their collective selves, is endemic and ubiquitous and as old as the profession. Professional work in law was in its adolescence in England in the 16th century when the radical Levellers and Diggers of the time focused on lawyers as the source of most human misery; it was a Shakespearean character drawn from that time who adjured his fellow revolutionaries to murder the lot. Similar rhetoric could be heard to echo along the frontier and throughout 19th-century America, although there were then few enough professionals in law that most states could have cleaned them out in an afternoon. And the spirit abides today, when a respected historian can liken the increase of lawyers to the pestilence or the plague of locusts and frogs that destroyed Egypt in the time of Moses. Yes, it is heartening to see the hard data presented here by Halliday, which show that lawyer organizations are not mere conspiracies