The Rise of a University Teaching Hospital, A Leadership Perspective: The University of Iowa Hospitals and Clinics, 1898–1995, by Samuel Levey, Derek Maurer, Lee Anderson, and Matthew Schaefer, with the assistance of James Hill and Joseph Doebele. Chicago: Health Administration Press, 1996. xxviii, 465 pp. Illustrations, tables, notes, appendixes, index. $48.00 cloth.

Internal Medicine and the Structures of Modern Medical Science: The University of Iowa, 1870–1990, by Lee Anderson. Ames: Iowa State University Press, 1996. xxix, 326 pp. Illustrations, notes, appendix, index. $49.95 cloth.

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Each of these two books outlines the evolution of an organization significant in the development of medical education and health care delivery in Iowa. *The Rise of a University Teaching Hospital* was conceived as a centennial look at the clinics and hospitals at the University of Iowa. The authors were well aware of the pitfalls of such an approach and, therefore, set out to treat these hospitals as a case study that might "illuminate the major themes common to" university teaching hospitals as a whole (xxiv). The theme of the work is that the contemporary form of teaching hospitals is rooted in past conflicts of interest over the nature of medical education and hospitals. From 1898 to 1928 one conflict involved the competitive advantage clinical faculty at the hospitals might have in recruiting patients. This conflict was exacerbated in the early twentieth century when state legislation gave the University Hospitals a virtual monopoly over care for indigent patients. The struggle to balance the frequently high costs of indigent care against maintaining adequate patient loads for educational purposes persisted until the advent of Medicare and Medicaid after World War II.

A second enduring problem was the question of which institutional mission should take precedence in long-term decision making and daily operations. Was the hospital's primary goal to gather patients to provide educational opportunities for the students? Or was it a public service institution designed to treat patients? This conflict most often played itself out as a power struggle between the dean of the College of Medicine and the superintendent of the hospitals, but it was often affected by the nature of university politics, particularly the administrative style of the university president, accreditation standards set by professional organizations, and influence exerted by external funding sources.

This outline of persistent struggles is punctuated by key moments when events irreversibly altered the nature of the hospitals. The pas-

sage of indigent care laws in 1915 and 1919 ensured the hospitals adequate "clinical material" (patients) to educate students. The Flexner Report's indictment of the medical college in 1909 spurred institutional reform that brought medical education in Iowa into line with national professional standards. In 1922 a $2.25 million grant from the Rockefeller Foundation, the General Education Board, and the state of Iowa, won through Abraham Flexner's patronage, allowed university officials to build an up-to-date medical facility in Iowa City. After economic privation in the Great Depression and the struggle to adequately staff and provision the hospitals during World War II, postwar funding for Medicare, Medicaid, and medical research catapulted University Hospitals to among the best in the nation.

The Rise of a University Teaching Hospital offers a refreshing presentation of the hospital as a site of competing interests and political struggle, but the structure of the work suffers from serious flaws. Sections of the work are engagingly written narratives that offer insight into the interests and personalities of the major actors in the institution's history. Unfortunately, these sections highlight the lack of coherence in the work overall, and unevenness in the authors' analysis of the nature of change. Perhaps this is a flaw of any work written by a committee, but the authors seem unable to distinguish what is significant from what is not. The last line in chapter four illustrates this problem: "A long list of other actors, some of greater importance than others, appeared in this chapter, all of them participating in the institutional give-and-take through which national developments took form in the University of Iowa Hospitals" (269). This listing of all actors, as well as presentation of quantitative information without explanation, subdivision of chapters into unrelated topical sections, and frequent use of the phrase "as described in the next chapter" makes the book tedious to read.

Additionally, the authors seem to have no doubts that the current structure of the institution undeniably represents the best health care solution for the state of Iowa. Current problems lie in the seizure of the medical enterprise by corporate, market-oriented forces, not in the technological, impersonal ways of industrial and postindustrial medicine. Individuals who proposed alternatives to the concentration of medical care do not fare well in this work. Elbert E. Munger of Spencer, who proposed using indigent laws to support a decentralized, county-based delivery of medical care to the state's poor, is indicted as "more dangerous than the usual curmudgeon" (154), even though the authors acknowledge that "there was more to his cry than the ravings of an aging crank" (158). Similarly, current critics of centralized, technological medical care are described as "worrisome" (288).

Lee Anderson's *Internal Medicine and the Structures of Modern Medical Science* offers a welcome contrast. First, with only one author, the narrative style remains consistent. Second, Anderson can focus on the development of a single department. He covers the same ground as the other book, but is able to select significant events and elaborate on their meaning. For example, his discussion of Flexner, based on an article previously published in the *Annals of Iowa* (Winter 1992), includes an insightful discussion of the strengths and weaknesses of using Flexner's report as a historical source. This pattern of greater analysis also appears in Anderson's presentation of recurrent strife through the 1950s over allowing clinical faculty to keep fees from private patients, and in his evaluation of the difficulties of integrating women into academic medicine.

The focus on a single department also supports Anderson's contention that the relative freedom from market forces of the post–World War II era was an anomaly in medical history. Indeed, both studies indicate that medicine in the United States has been persistently affected by economic forces beyond the control of doctors and academicians. Money talks, whether that money comes from Iowa legislators who insist on increasing enrollments, or the Rockefeller Foundation, which proposes candidates for deanships, or the federal government, which determines the nature and focus of research projects. But Anderson is more direct in noting that current gloom about a financial crisis in medicine is more perception than reality, since the University of Iowa College of Medicine has remained well funded even in an era of shrinking resources.

Finally, although Francois Abboud, department head since 1976, in his prologue to the work reiterates concerns about the impact of corporate medicine on professional standards, Anderson raises questions about the way past social investment in centralized, technological medical care has created a vested interest in the current system. He notes that the real challenge to academic medicine is to address "a set of deceptively simple questions: what has medical science accomplished and for whom; what ought to be the goals of medical science; and how would these goals be attained in a workable health care system" (260)? Answers to these questions will not be adequate for the future if they are not grounded, as Anderson's are, in a historical understanding of the opportunities and costs created by past decisions about medicine.

Overall, I recommend *The Rise of a University Teaching Hospital, A Leadership Perspective* as a tool for historians of medicine and institutional development, and for members of the University Hospitals community who seek information on their particular history. The wide-ranging interests of the authors provide a great deal of raw

material for these audiences, including the full text of the Flexner Report and the indigent care laws. But the general, educated public will find Anderson's work more accessible in terms of the overall history of the institutions and more interesting for the questions it raises about the nature of medical care in Iowa and the nation.

The Life of Herbert Hoover: Master of Emergencies, 1917–1918, by George H. Nash. New York: W. W. Norton, 1996. xiii, 656 pages. Illustrations, notes, bibliography, index. $45.00 cloth.

REVIEWED BY SILVANO A. WUESCHNER, WILLIAM PENN COLLEGE

The third volume in George Nash's definitive biography of Herbert Hoover is a well-written and well-researched account of Hoover's activities as U.S. Food Administrator during the Wilson administration. Nash skillfully recounts Hoover's appointment as food czar and his efforts to develop the Food Administration into an effective component of the American war effort in World War I. That job, as Nash points up, was not an easy one. First, the concept had to be sold to a skeptical Congress. And second, Hoover had to mobilize public support. The latter, the reader learns, was easier to obtain.

There emerges in this account a picture of Hoover that is different from the one readers may be accustomed to. Hoover has usually been portrayed as opposing government intervention in the private sector. Indeed, the Hoover most are familiar with is an energetic, behind-the-scenes manager working to marshall a force of volunteers to achieve a specific goal. Nash's picture does support this image, but at the same time we see a Hoover who is not at all hesitant to employ decisive government intervention in the economy to achieve the goals of his organization.

If there is a criticism of this work, it is that Nash did not include Hoover's reliance on the fledgling Federal Reserve System (FRS) in carrying out the work of the Food Administration. In the same way that the Treasury Department at the time was using the FRS to establish an artificial money market, Hoover sought to use it to establish artificial commodity markets. Like other war administrators, he tended to treat the FRS as a part of a larger apparatus intended to redirect credit expansion in accordance with war needs. Two examples, in particular, point up Hoover's willingness to rely on the Federal Reserve Board's intervention. The first was in 1917 when he sought the board's help to hold down interest rates on cattle loans. At the time he had undertaken a campaign to bring about a larger amount of cattle feeding in the United States in order to be prepared to furnish not

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