

tale—the sick received treatment at home, visited by the family doctor, a father figure who had his patients' best interests at heart. He alone made the life-and-death decisions concerning his patients' treatments. But today, writes Rothman, professor of social medicine at Columbia University, "the discretion that the [medical] profession once enjoyed has been increasingly circumscribed, with an almost bewildering number of parties and procedures participating in medical decision making."

This change in the way medical decisions were made for thousands of years occurred in only a single decade, between 1966 and 1976. In 1966 Henry Beecher, Door Professor of Research in Anesthesia at the Harvard Medical School, published an article that caused a sensation: It cited case after case in which physicians and medical researchers had performed clinical experiments "for the good of society" without informing their subjects (usually poor or retarded) of possible negative consequences. Suddenly the sacrosanct world of medicine came under public scrutiny, and soon peer-review groups, hospital boards, and governmental commissions would all determine what an individual physician could or could not do in treating his patients.

A second factor contributing to the doctor's demotion was the advance in medical technology. Breakthroughs in kidney dialysis (1960) and heart transplantation (1968) raised disturbing, unprecedented questions. Who would be selected to receive such highly costly treatments? And when should treatment be withheld? In 1973, Senators Walter Mondale (D.-Minn.) and Edward Kennedy (D.-Mass.), to the disdain of the medical community, established a commission to explore medical ethics. Then in 1976, in a much publicized case, the courts forced doctors to remove Karen Ann Quinlan, who lay in a coma without hope of recovery, from a hospital respirator. It was clear, Rothman writes, who had won in this "contest between physicians, on the one hand, and patients and their legal advocates, on the other." It became even clearer. In a 1989 Gallup Poll, 40 percent of the doctor-respondents admitted that if they had known how little control they would one day have of their own profession, they would never have gone to medical school in the first place.

HISTORY OF AIDS: Emergence and Origin of a Modern Pandemic. By *Mirko D. Grmek*. Trans. by *Russell C. Maulitz and Jacalyn Duffin*. Princeton. 279 pp. \$29.95

Although a definitive history of AIDS cannot yet be written, Grmek, the director of the Ecole Pratique des Hautes Etudes at the Sorbonne, offers a modest alternative—"a look back by a physician trained in historical method." A bestseller in France, Grmek's retrospective may strike those suffering from HIV infection or those grappling with the scientific or social ramifications of AIDS as needlessly academic. His central concern is whether AIDS is a new disease or a little recognized entity that has always been with us.

Grmek admits that AIDS, a disease defined by its epidemic spread, is new, but he argues that the HIV virus has been around, possibly for centuries, "scattered and manifest only at a low level, in sporadic cases." Recently, three Belgian physicians proposed that the celebrated Renaissance humanist, Erasmus, died of AIDS. More convincingly, frozen blood and tissue samples from the 1950s and '60s appear to conform to the symptoms of AIDS.

If Grmek is right, why during the 1980s did this virus suddenly mutate into a highly virulent strain and spread to epidemic proportions? He introduces an intriguing concept, "pathocenosis," to describe the state of equilibrium and health that occurs in an ecologically stable population. When this equilibrium is disrupted, disease occurs in epidemic proportions. The pathocenosis of modern society may have been ruptured, he argues, by the coincidence of a number of factors, ranging from an increase in homosexual and heterosexual promiscuity to expanded air travel to widespread blood-product transfusions. Grmek calls AIDS "the first of the postmodern plagues." "With its link to sex [and] drugs," he writes, "and with the sophistication of its evolution and its strategy for spreading itself, AIDS expresses our era." Although one can doubt that a disease "expresses" anything—much less a whole era—this perspective permits Grmek to distinguish between HIV as a virus causing physical suffering and AIDS as a disease for which there may be a wide variety of societal responses quite distinct from the biomedical ones.