band's position.” This is not so. Sources of status for women included very individualistic characteristics such as personality, special skills, and leadership in the community. One of the main points I made in that book and related works is the independence of Polish-American women, which goes back to the Polish family system of all the social classes.

In all, Krause’s is a very interesting book, with contributions made to both history and sociology.

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Strangers at the Bedside: A History of How Law and Bioethics Transformed Medical Decision Making
by David J. Rothman

WHO are the strangers at the hospitalized patient’s bedside and how did these outsiders gain authority in medical decision making? Why have written directives replaced word-of-mouth orders in hospital proceedings? How have the successes of medical technology, including organ transplantation, undermined physicians’ former total authority in deciding their patients’ fates? These are some of the major questions examined by David Rothman, a leading and often controversial medical historian who has authored numerous studies exploring the relationship between medicine, government, and society (The Discovery of the Asylum, The Willowbrook Wars). His lucid narrative, focusing on the decade 1966 to 1976, portrays a tangled web of forces which have changed the classic doctor-patient relationship forever.

Rothman begins his study by describing the changes in medicine, particularly medical research, which created the 1966 setting for dramatic alterations in medical decision making. Prior to World War II, physicians were empowered with almost complete authority by the public, and what little human experimentation was undertaken was primarily therapeutic for the patients and raised no serious political concerns. World War II, with the emphasis placed on encouraging everyone to contribute to the war effort, changed the basic nature of acceptable human experimentation. A new utilitarian approach legitimized the use of prisoners and the mentally impaired in experiments to develop treatments for various diseases (influenza, malaria) and other war-time health problems (exposure to the elements, for instance). The two decades following the war were the gilded age of medical research, with large-scale funding flowing from the National Institutes of Health and other federal agencies to a myriad of medical research projects. The public eagerly awaited new miracle discoveries, such as penicillin, and no restrictions were placed on medical researchers in their efforts to satisfy these expectations.

These circumstances, with no

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Guide to the State Historical Markers of Pennsylvania
By George R. Beyer

SCATTERED across the state are over 1,500 historical markers erected by the PHMC since 1946. This guide will tell you where they’re at and what they say.

The new edition is a great improvement over the previous booklet. The book now divides the state into 12 regions, and each region gets a one-page introduction and a map showing marker locations. Although the maps aren’t very detailed, each entry gives a marker’s specific location. Also new are listings of the old Pennsylvania Historical Commission plaques erected between 1914 and 1933. One of the simplest but best features is a tiny state map with each section, to show where the region is located.

Steel/City: A Docudrama in Three Acts
By Gillette Elvgren and Attilio Favorini

The early history of Pittsburgh, from pioneer days to the iron and steel industry, is told in the script to this stage play. The emphasis is on the steel industry, and in fact the climax is the Homestead Strike of 1892, the anniversary for which the book was reissued.

Act III presents a flowing conversation at a 1975 picnic for retired steelworkers and their families. These Eastern Europeans reminisce about the old days — working conditions, living conditions, union troubles, and how their parents arrived here.

The easy-to-read text, enjoyable without seeing the play, gives a brief but broad introduction to the area’s steel history and its legacy.
making and a shift in public trust. Where before the doctor was in nearly sole control of the medical workplace, these 10 years saw the public turn to outsiders to protect patients from their physicians. Government commissions, courts, and the emerging field of bioethics came to share the burden of making medical decisions with patients, their families, and physicians. A new, much more complex and formal process had been created during this turbulent decade.

Any book attempting to cover such a broad subject will have weaknesses, and Rothman’s work is no exception. He fails to discuss the creation and evolution of the legal doctrine of informed consent after 1957, which has had a major impact on how medical decisions were made. The author strongly overstates the impact of both living wills and hospital ethics committees. Why has he discounted the influence of the clergy at the patient’s bedside? By focusing on the bioethicists’ roles in the hospital setting, Rothman is greatly underplaying the impact of lawyers, leading directly to defensive medical practices. At times this book reads like a series of interesting but disconnected stories, with the LaGuardia Hospital case and the “Brother Fox” court ruling merely thrown in out of chronological order, and the transition missing between the issues of human experimentation and the care of defective newborns. Perhaps the major challenge to Rothman’s claims is whether they apply outside the hospital setting, which is where most doctor-patient interaction occurs.

Despite these concerns, this is an important book for anyone trying to understand the changes in post-World War II medical decision making in the United States. Hopefully other scholars will follow Rothman’s provocative lead and will examine the evolution of other aspects of our new medical world.

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