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specialist opinions was such as to enrage the medical establishment, why did not paediatricians emerge to supply that demand? Perhaps the GPs already had too firm a grip on the family, while the hospital staff, recruited from the teaching hospitals' high-flying physicians, had, unlike the Germans and Americans, little experience of infants and preferred to move on to the adults. Dr Lomax has not been able to analyse the work of the Hospitals for Women and Children where infants might have been seen more often. There was remarkably little paediatric research, the prominence given here, as elsewhere, to Barlow's description of infantile scurvy emphasizes the rarity of such advances. Surgical readers will have some queries about technical points and regret that the 1900 cut-off date precludes the period in which a sepsis at last allowed a wider scope for operation. The orthopaedic children's hospitals really deserve a monograph to themselves.

It is one of the joys of this excellent book that it will be the starting point for many further fascinating studies of the pre-war children's services.

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Ann Dally, *Fantasy surgery, 1880–1930:*
with special reference to Sir William Arbuthnot Lane, *Clio Medica* 38, Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, GA, Rodopi, 1996, pp. viii, 359, Hlf. 180.00, \$112.00 (hardback 90-420-0026-0); Hlf. 45.00, \$28.00 (paperback 90-420-0009-0).

A consummate Guy's clinician and one of the most distinguished surgeons of his day, Sir William Arbuthnot Lane was well-regarded for his meticulous attention to technical detail in the operating theatre and admired for his smooth and urbane manner outside it. Lane was also enthralled by an idea about disease causation known as "auto-intoxication", a theory loosely based on the concept that the accumulation of decomposing material and the

associated bacteria in the colon produced toxins, which could lead to all manner of disease. Auto-intoxication found ready resonance in a Victorian society strikingly concerned about (some might say obsessed with) the nature and frequency of the bowels. If simple solutions to a sluggish bowel such as purgatives and enemas failed to effect a cure, the seemingly obvious approach, especially in an era in which surgery was the dominant form of medical intervention, was simply to take out the colon. Fundamentally, Lane and his followers believed in either an "empty big gut" (p. 141) or one that had been surgically removed. Ann Dally takes surgery for constipation as the central example of "fantasy surgery", the theme around which she organizes this excellent book.

Much of Dally's attention is focused on Lane's ideas and career; her critical analysis of this influential surgeon is a marked improvement over existing biographies. Included as an appendix to the book are 85 pages of Lane's manuscript papers that were left unpublished at the time of his death. Dally integrates notions of auto-intoxication into other medical theories of the early twentieth century, most notably the idea of dropped abdominal organs, or "ptosis", a condition in which the abnormal mobility of some organ (often the kidney) would cause symptoms due to abnormal mobility, and where the surgical fixation of that organ could afford the patient relief.

Dally does medical historians a great service by bringing into clear view a set of theories held to be vitally important by patients and medical people of the day, even if we do not today believe that auto-intoxication is an important clinical entity. By listening throughout to voices on both sides of the issue Dally treats the matter with the subtlety that it deserves. Her reading of the 1913 very public debate over "alimentary toxæmia" at the Royal Society of Medicine in London is a tour de force, a wonderful example of how to look beyond what people said and hear what they meant. I only wish that Dally did not feel it necessary (or possible) to distinguish between

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what she terms “fantasy” surgery and “empirical” surgery. For what any given group of practitioners sees as solid empirical evidence in any historical era may well be seen as fantastic by another group of practitioners in another era.

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Roy Porter (ed.), *The Cambridge illustrated history of medicine*, Cambridge University Press, 1996, pp. 400, illus., £24.95 (0-521-44211-7).

Until recent times, historians of medicine have almost exclusively written monographs and articles intended for a scholarly audience of their peers, and, in spite of the universal interest in health we now share with the public at large, little of this information has found its way to a general readership. This richly illustrated volume seeks to remedy such a deficiency, and in that endeavour succeeds admirably in providing a timely and instructive synthesis of the evolution of medicine under the skilful editorship of Roy Porter. In fact, Porter introduces the book with a brief essay sketching the current crisis in medicine and stressing the irony that the healthier Western societies experience a disproportionate appetite for medical care. He insists that to understand medicine's triumphs and trials, the events must be placed within their proper historical framework.

The book begins with a background chapter on the history of disease written by Kenneth Kiple. The shifting ecology of disease stretches from prehistoric hunting times to the changing conditions created by the agricultural revolution. Other sections emphasize the unhealthy character of cities and the disease exchanges that followed the conquest of America, including the importation of slaves from Africa. Further issues address the relationship between nutrition and disease, the mortality declines of the eighteenth century and the morbid consequences of colonialism.

Modern viral scourges such as influenza, polio and AIDS are also presented.

Vivian Nutton takes the reader through a panorama of ancient medical systems from Babylonia and Egypt to ancient Greece and Rome. Separate inserts are devoted to the Hippocratic writings and oath, as well as Galen of Pergamum. Christian and Islamic views of healing follow, and the chapter ends with a treatment of Byzantium and the Middle Ages in Europe. Medievalists, however, may object about the author's characterizations of the latter as the “Dark Ages”. Porter himself writes on the changing perceptions of illness, from the pagan magico-religious views to Christianity's vision of the sick and their bodies. Hippocratic humoralism, in turn, is followed by the seventeenth-century mechanical and chemical interpretations. A discussion of metaphorical views of disease, the sick role, and alternative medicine follow. A chapter titled ‘Primary care’ by Edward Shorter reviews traditional treatments such as bloodletting and technical innovations in medical care including X-rays, thermometry, and ways to measure blood pressure and heart activity.

Porter's additional contributions focus on the development of medical science, hospitals and surgery, and mental illness. There is also a chapter on drug treatment and the rise of pharmacology written by Miles Weatherall. Early materia medica derived from ancient Greece, China and India is contrasted with Paracelsian chemical remedies, followed by a discussion of chemotherapy, clinical trials and antibiotics. Another article from John Pickstone on medicine, society and the state reviews the political and professional influences on the medical marketplace, imperialism and social welfare, and the eugenics movement. A concluding look into the future by Geoff Watts is concerned with medical progress, the promise and pitfalls of genetics, designer drugs, robotics surgery, computers, and transplantation. Besides a general index and list of key medical personalities, the book also contains a chronology of major medical events, a list of common diseases and their causes, and a