

of the 1930s and 1940s, the internal turmoil of the 1950s and 1960s, and the school's renewed emphasis on serving the region in the late twentieth century. Biographies of staff and students are employed to good effect to overcome the relative paucity of evidence related to the nature of teaching, particularly for the nineteenth century.

One consequence of this approach and Putnam's detailed exploration of the administrative history of the medical school is that the broader context of American medical education and medicine receives less attention. Hence there is not always a sense of what was happening elsewhere, or of the major debates that came to shape the nature of medical training. In addition, a top-down approach ensures that the experiences of the students and a sense of the nature of teaching and research at Dartmouth are frequently lacking. These criticisms aside, in *The science we have loved and taught* Putnam has delivered an administrative history of Dartmouth Medical School that is absorbing and rich in detail and personalities.

**Keir Waddington,**  
Cardiff University

**Diana E Manuel** (ed.), *Walking the Paris hospitals: diary of an Edinburgh medical student, 1834–1835*, *Medical History*, Supplement No. 23, London, Wellcome Trust Centre for the History of Medicine at UCL, 2004, pp. xii, 211, illus., £32.00, US\$50.00 (hardback 0-85484-074-5).

On 1 November 1834, a medical student in his twenties arrived in Paris to study medicine. He stayed until 30 June 1835. It is not known for certain who he was, but he was probably James Surrage from Clifton, Bristol, the son of a medical man and a non-conformist. He attended the winter session at the Paris medical school while he was a student at the Edinburgh medical school. Fortunately for us, the daily diary he kept while in France has survived, and it is a diary of immense historical interest.

To undertake such a visit was not as rare as one might suspect. Apparently some 300 English

medical students travelled to Paris every year in the 1830s, not because they thought that Parisian medicine was necessarily more advanced than medicine in Edinburgh, Glasgow or even London and they got no credit, no certificate or licence by going abroad. They went because they wanted to know how medicine was practised in France and, as the editor says, they got “the best of both worlds”. To do so, they had to pay for lodgings, coals, food and drink, and also the fees to attend lectures. In Edinburgh, a student might manage the winter session on as little as £10, but a few spent up to £500. Most English students in Paris were studious, but a few behaved as hooligans outside the hospitals, “singing, music, blowing horns etc.” (p. 6).

This diarist (let's call him Surrage) seems, as the editor says, to have been “a highly organised but by no means boisterous young man of cultivated tastes” (p. 2). As well as attending lectures, ward rounds and dissections, Surrage showed great interest in French architecture such as the Cathedral of Notre Dame, and he was thrilled by the Louvre. He was also interested in, and often scornful of, politics in France. Unlike most of his contemporaries today, he was fluent in French. He seems to have been an intelligent, industrious, enterprising, and critical young student.

Almost every page of the diary provides at least one new insight, often slight, into French medicine and medical education. Two examples: first, he attended a lecture on midwifery and was shocked when “two women were introduced & we had, one after another, to examine them [vaginally]—Sages Femmes, & students together”, adding that it was “a pity that some of our old maids in England did not pop in . . . it would furnish them with scandal, & tabletalk for the next month” (p. 62). The teaching of medical students and midwives together was not something he would have seen in Britain.

Secondly, there is a lot about Pierre Charles Alexandre Louis who specialized in diseases of the lungs, and many other physicians and surgeons who will be familiar names to medical historians. Surrage had firm opinions on who was worth hearing and who was not, but he was most impressed by Louis. Today Louis

is famous for his statistical approach to therapies, known at the time as the “numerical method of Louis”. First published in 1832, it was highly praised by many physicians in Britain. Indeed one elderly English physician said in the 1830s that it was by far the most important advance in medicine during his lifetime. But Surrage, while admiring Louis’ lectures on diseases of the chest, seems not to have heard of the “numerical method” either from Louis or anyone else in Paris. It suggests that Louis’ method was out of kilter with the ideas of the Parisian medical establishment.

It is often a thankless task to write an introduction to a diary. Many editors content themselves with a few biographical details. Here, however, Diana Manuel has written a long and absolutely excellent introduction which cannot be recommended too highly. She has managed to write what is, in effect, a broad, scholarly and very readable survey of European medicine and medical education in the 1830s without in any way eclipsing the importance of the diary itself. It is this, as well as the exceptional diary that makes this such a notable addition to the series of supplements to *Medical History*. And I guess that Surrage would have been delighted by his editor.

**Irvine Loudon,**  
Wantage, Oxon

**Mart J van Lieburg** (ed.), *Isidore Snapper’s notes for memoirs 1889–1973: the autobiographical recollections of ‘the champion of bedside medicine’*, Rotterdam, Erasmus, 2004, pp. 239, illus., €35.00 (paperback 90-5235-172-4).

When Hitler came to power in Germany in 1933, the Nazis at once ensured that Jewish physicians, medical scientists and teachers of medicine would be removed from their posts. The same removal of Jews took place in Austria following the Nazi occupation in 1938. In countries bordering Germany there was much discussion amongst Jewish medical men as to their course of action. In Holland, for example, there were those who thought that in the forthcoming war, which all foresaw, their

country might be able to maintain the neutrality of 1914–18. Isidore Snapper, a distinguished Jewish research worker and professor of medicine in Amsterdam, thought differently. He was perceptive enough to predict that Jewish physicians in Holland might suffer the same fate as those in Germany and elsewhere and he prudently emigrated to the United States in 1938.

*Notes for memoirs* was written in the two years that preceded Snapper’s death in 1973 at the age of eighty-four. It is derived from a pile of papers written in English in his characteristic shorthand. It describes first his early education in Amsterdam, his pre-clinical education and his clinical years between 1908 and 1911. After clinical experience with A A Hijmans van den Bergh, the pioneer of bilirubin research and with Pel, of the Pel-Ebstein fever that occurs in Hodgkin’s Disease, he became at the age of thirty the youngest professor appointed in Amsterdam. For the next twenty years he was recognized as a superb teacher and research worker who did particularly important work on bone disease.

Moving to New York in 1938, he was encouraged by the Rockefeller Foundation to take a post as professor of medicine at the Peiping Union Medical College in China, where he stayed until the outbreak of war with Japan after Pearl Harbor. Here he continued his interest in bone disease, rickets being particularly common among his Chinese patients at that time. He was highly regarded by his Chinese colleagues who saw him as a true professor since he had a bald head, indicating that he read under a lamp every night. He also wore spectacles, which meant that he even read the small print of the articles. Finally his *embonpoint* showed that he had been invited to many consultations about rich patients.

After Pearl Harbor he then had an interesting odyssey being exchanged for Japanese diplomats. After a long journey through South Africa and England, he arrived in the United States in 1942. There he worked first in the War Department in Washington and then in 1944 became a clinician, teacher and research worker in the Mount Sinai Hospital in New York. He then moved in 1952 to the Cook County Hospital in Chicago. Chicago, however, was not congenial