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nervus ophthalmicus Willisii, nervus accessorium Willisii and the otological symptom, paracusis Willisii. But Hughes probes much further than merely tracing the etymology of these eponyms. Willis’s family, teachers, colleagues and pupils are chronologically paraded past the reader’s view in five early chapters. Additionally, Hughes, a neuropathologist, devotes four chapters to a survey of Willis’s medical writings, focusing primarily upon his “contribution to Neuroanatomy and Neurophysiology”. And as a helpful guide for supplementary information about Willis, Hughes has compiled an extensive thirteen-page bibliography.

Although painstakingly accurate in detail, Hughes is prone to overstatement and laudatory comment, especially when describing the family, friends, and fellows of Willis’s acquaintance. Rather than pinpointing Willis’s precise affiliations with his contemporaries, the author seems to be content with speculating about Willis’s associations with the frequent use of statements such as “but must have known of” or “might have encouraged” a particular Restoration figure. Allusions to Willis’s Royalist leanings as a contributing factor to his reversal of fortune are most disappointing. This reader believes Hughes could have more accurately contextualized Willis’s relationship to, or reliance upon Charles II by drawing upon some recent scholarship of the Restoration monarch, especially that of Ronald Hutton. Indeed, all the chapters of this work show a marked unawareness of the historical scholarship written during the past few decades. Readers will also encounter the occasional anachronistic wanderings such as “here Willis speaks as a twentieth[-]century pharmacologist rather than one 300 years earlier” (p. 79).

Despite general Whiggish historiographical shortcomings, Hughes’s brief synopses offer the most concise yet complete account of Willis’s seven medical publications to date. To use the words of a commentator on Willis, J. Trevor Hughes has become a “gifted gatherer of data”. His data have been gathered into a useful ready reference filled with details, illustrations, and synopses about the life and work of this “Great Doctor” in English medical history.

Philip K. Wilson, University of Hawaii


It is a commonplace and richly warranted complaint among those who teach survey courses on the history of medicine that we have no historiographically up-to-date textbook introducing the field. Lois Magner seeks to fill this gap with A history of medicine, a serious work of synthesis that explores themes in western medicine from classical antiquity to the present and offers several chapters on non-western traditions. The writing is engaging, and the author recognizes the pedagogic value of relating past to present (tapping into contemporary fascination with AIDS, for example). At the same time, the volume encourages an ahistorical perspective on the medical past, and, assigned to students, would tend to undermine any instructor’s efforts to convey an historian’s way of thinking about medicine.

What is most disturbing about this work, and what most undercuts its potential to make past medical worlds understandable or to convey a sense of change over time, is the author’s practice of indulgently wandering out of chronology. Although the chapters are placed in roughly chronological order, the author is inclined to move from the period under discussion to a digression that carries the reader rapidly through time, sometimes traversing centuries in the course of a few pages. The chapter titled ‘Selected aspects of clinical and preventive medicine’ is a representative hodgepodge. A discussion of Thomas Sydenham merges into a review of quinine use and anti-malarial campaigns of the mid-twentieth century. Later in the same chapter, an account of James Lind and scurvy includes the perils of Zen macrobiotic diets in the 1960s and the claims of Linus Pauling. One heavy price for such roaming across time is the subversion of any meaningful placement of Sydenham and Lind in their respective historical contexts. The student would find it very difficult to come away from this volume with any solid comprehension of the character of seventeenth- or eighteenth-century medicine.

This achronological treatment goes far toward sacrificing historicity, but it is hardly the only choice the author has made that lends toward that end. Another particularly regrettable decision is to

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devote so much of the text to initially amusing but gratuitous and eventually tedious recitations of what the author regards as bizarre therapeutic agents. We hear far too much about such remedies as crocodile dung, dried earthworms, and mummy powder. The overall effect is to trivialize the question why, for example, a practice like bloodletting persisted in use for so long. The reader is invited to smile at past ignorance more than to ask what made such therapies—odd to our eyes—meaningful to healers and sufferers alike.

A history of medicine may well entertain students, but it is unlikely to bring them the deeper and more lasting exhilaration of historical understanding. Despite their shortcomings, Andrew Wear’s edited collection Medicine in society (1991) and even Erwin Ackerknecht’s Short history of medicine (1955; revised edition 1968) offer much sturdier narrative frameworks upon which instructors and students can lean.

John Harley Warner, Yale University

MARQUE-LUISA MIRINGOFF, The social costs of genetic welfare, New Brunswick, NJ, Rutgers University Press, 1991, pp. xviii, 210, $35.00 (hardback, 0–8135–1706–0), $12.95 (paperback, 0–8135–1707–9).

The New Genetics is very topical. Considerable resources are being expended on a project to map the genetic structure that makes us what we are and the technological achievements seem to increase day by day. But in practical terms, what the technology has produced is not the ability to change human genetic material by sophisticated intervention, but by the rather more basic, and old-fashioned, technique of removing “impaired” material from the genetic pool. This latter approach has become possible as the ability to identify certain gene carriers has improved: this leads to the possibility of either selective abortion or persuading against reproduction. For example, it is now possible to screen a population for cystic fibrosis gene carriers, identify the one in two hundred who carry the gene, and advise them that if they reproduce with someone with a similar genetic make-up one in four of their children is likely to have the disease. But should this be done? And at what economic, psychological and social cost? And if for cystic fibrosis, what about other diseases? These are the real dilemmas of the new genetics.

But there is another strand to examining the psychosocial implications of the new genetics and that is the literature—mainly popular—which talks wildly of the possibility of engineering our own futures. This book belongs to that genre. It ignores virtually completely the current problems associated with the possibilities of genetic screening and instead addresses hypothetical futures. But as it deals with speculation it is rather light on evidence; indeed, the book’s idea of “evidence” seems to be to quote someone else’s opinions. For example, a certain Linda Bullard is quoted approvingly, “If the present trend continues, genetic engineering will soon permeate every facet of human activity…” Wow! To which the author adds “Few doubt the momentous changes that are to come”.

Few? Do not imagine for a moment that this claim—and hundreds like them in the book—is supported by a shred of evidence. This is exclusively argument by hearsay: if enough people write about it and cite each other it must be true.

The book is an embarrassment to those social scientists concerned to develop a proper research basis for the social impact of the new genetics. Perhaps you might like some science fiction written in the style of the Reader’s Digest, but you will learn nothing about the social aspects of the New Genetics from this book.

David Armstrong, Guy’s Hospital, London


Here is an account of the inventor as great man that contains much to interest more sociologically minded historians of technology and medicine. Ada Romaine-Davis seeks her insights into the invention of the machine that became the basis of modern cardiac surgery largely in the character and immediate, often family, circumstances of its inventor, the thoracic surgeon John Gibbon. The