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widely spread, notably in scholarly publications and in the advertising trades, than would seem likely for a “secret malady”. Yet reference to it was far more heavily censured than in the rather sexually free-wheeling late seventeenth century, when the disease had wielded a powerful charge as political metaphor—the gaze on the diseased bodily constitution could subtly shift to meditation on the diseased political Constitution. This chronology seems more English than many of the contributors seem to spot: late-seventeenth-century France was far more sexually buttoned up than England, and the metaphorical freight carried by the diseased body tended to be more in evidence—witness poor Marie-Antoinette!—on the eve of the French Revolution. Only two of the chapters in this second half of the volume are devoted to France, and though of high quality, they focus on somewhat unusual and unrepresentative literary figures, *Rétif de la Bretonne* (Diane Fourny) and *Sade* (Julie Candler Hayes—who offers an interesting study on pornography which transcends its bounds to develop into an analysis of how twentieth-century participants in pornography debates ignore the very different concepts of the body and its diseases available to Sade). The English contributions are more strictly confined to the mainstream: satire in the visual (Rose A Zimbardo and, on Hogarth, N F Lowe) and literary media (Leon Guilhamet and, on the novel, April London). In both countries late-eighteenth-century debate was highlighting the dangerous links of the disease to depopulation. Surprisingly perhaps, many of the cultural historians and critics of Part Two seem less secure about medical theories on the disease than the historians who dominate Part One—a fact which points to how much there is still to be done before this particular malady offers up all its secrets.

Colin Jones, Warwick University

Peter Fleming, *A short history of cardiology*, Clio Medica, Wellcome Institute Series in the History of Medicine, Amsterdam and Atlanta, GA, Editions Rodopi, 1997, pp. xviii, 241, Hfl. 35.00, \$21.50 (paperback 90-420-0057-0).

This refreshing addition to the history of cardiology will be welcomed by clinicians, historians, and students. Its many virtues include a concise but lucid presentation of what, to the uninitiated, can seem to be a labyrinth of ideas and language, previously described in selective, Whiggish fashion without reference to scholarship in social and intellectual history.

Fleming begins by acknowledging the anachronistic problem of terminology (“cardiology” being a relatively new word) and by conducting a historiographic review of his predecessors. The eighteen short chapters, each provided with its own set of endnotes, survey the medical literature on symptoms attributable to derangements of the heart from the Egyptians to approximately 1970 and the transplantation triumph of Dr Christiaan Barnard. A clinician, Fleming focuses on clinical ideas about disease of the heart: the interpretation of symptoms through signs and their management. His work is solidly connected to a wide range of primary sources, which are carefully analysed well beyond the tendency to find only the traces of current practice. The impressive reduction of sources sparkles with confidence and clarity and reflects vast clinical experience. The narrative is woven around mini-biographies of certain key players; often, as in the case of James Mackenzie, a single life story conveys a chronological account of the larger professional theme. Other vignettes add grace and style: “Ffelenge the powlse” as the Royal College of Physicians of London described “feeling the pulse”, in 1546; or the breathtaking moment when a spotlight shone on the “pink and healthy” little girl who had been operated on by Alfred Blalock only a week before.

Without neglecting his distinguished clinical predecessors, Fleming has enriched his discussion with consideration of the relevant

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social and intellectual history of medicine and science, citing the work of J Gabbay, Gerald Geison, June Goodfield, Joel Howell, Christopher Lawrence, Stephen Toulmin, and George Weisz. The doubly successful result will help to orient the non-medical reader to the technical aspects of his subject, and it will invite clinicians to appreciate the merits of theoretical analysis and interpretation. I wish only that I had been able to read this book long ago.

Jacalyn Duffin,
Queen's University, Kingston, Canada

Raymond Hurt, *The history of cardiothoracic surgery from early times*, Carnforth, Parthenon Publishing, 1996, pp. xviii, 514, illus., £58.00 (1-85070-681-6).

Thoracic surgery is not now the most glamorous of specialties, eclipsed in the public eye at least by the dramas and triumphs of open-heart surgery. Earlier this century however, and in the second half of the previous one, it was indeed perceived as an heroic enterprise. Thoracic surgeons included the heart within their legitimate territory. The fortunes of their discipline, inevitably bound up to some extent with tuberculosis, rose and fell as that disease passed from challenging prominence to relative surgical obscurity. But it was the beginning of the open-heart era that marked a final parting of the ways between "cardiac" surgeons who chose to pursue heart surgery using cardiopulmonary bypass, and "thoracic" surgeons who did not.

Raymond Hurt records the changing nature of cardiothoracic surgical procedures up to this parting of the ways, that is from ancient times to the start of the open-heart era. He does so comprehensively and with clarity. The first third of the book provides an overview of the history of surgery and of some procedures now central to modern surgical theory and/or practice: the circulation of the blood, antisepsis, resuscitation, and blood transfusion. Specific coverage of thoracic surgery in early

periods usefully brings together much material scattered through primary sources. For insights into the context of surgical practice and theory more generally one might wish to consult other authors—Marie-Christine Pouchelle, for example, for the Middle Ages—but, Hurt, formerly a consultant cardiothoracic surgeon, provides glosses these authors cannot.

It is for the modern era in particular that the volume comes into its own, with a wealth of detail on the twentieth century covering not only the UK but Europe and North America as well. Three further authors provide two additional chapters, the former on electrocardiography, cardiac catheterization and angiocardiology, and the latter on the development of thoracic anaesthesia. Thereafter the book is organized under the various thoracic pathologies that have become amenable to surgical correction, in all some twenty-one chapters, which begin with empyema and end with acquired heart disease. For each thoracic pathology, the views of earlier authors as to diagnosis and treatment are presented in chronological sequence.

As might be expected from this type of organization, the book is strong on case descriptions and operative detail. We hear rather less of professional and institutional changes in the specialty as a whole, but there are compensations. A biographical section provides thumbnail sketches of the major figures in the field, some written with obvious affection. Many are enlivened by anecdotes drawn from the author's wide personal acquaintance with leading thoracic surgeons of his day. This entertaining section of the book conveys something of the atmosphere of post-war cardiothoracic surgery with immediacy and at times humour. It is here that we learn, for example, of the sometimes mystifying nicknames given to several thoracic surgeons. Understandably, Sir Thomas Holmes Sellors was "Uncle Tom", and Alphonsus d'Abreu "Pon", but why was Norman Barrett always known as "Pasty"? The only clue offered is that he "regularly travelled to Cornwall and Wales".

Such anecdotes add to rather than detract from the volume's more weighty attributes. It