

the “eugenically desirable middle class had to be persuaded to have children”. Abortion was the extreme, but often the only effective form of birth control available to married women. It was devastating when it went wrong. Between 1931 and 1935, the death from septic abortion of 109 married women in New Zealand left 338 motherless children. It is a part of the story often forgotten. I have one minor criticism. The thesis on which this book is based covered the period 1920–35. By extending it to 1939, Smith took herself into the very beginning of the world-wide and dramatic fall in maternal mortality. Yet she barely mentions this and, wisely perhaps, does not venture into the dispute over what caused the fall. No matter. At a time when so many histories of maternity come with the deafening sound of grinding axes, here one has a thorough, balanced, and lively account of what it was really all about.

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BERT E. PARK, *The impact of illness on world leaders*, Philadelphia, University of Pennsylvania Press, 1986, 8vo, pp. xxiii, 373, £22.00

The thought of a world leader deprived of his health and possibly his sanity but still in office with his finger on the nuclear trigger, may have become dim through familiarity but it is hardly a comforting one. We may reassure ourselves by saying, “Surely, somebody responsible would do something?” Historical evidence suggests, however, that at best the leader’s family, colleagues, and doctors would conspire to suppress the evidence, acting out of motives of misplaced loyalty, and at worst they would use the leader’s disability for their own ends. There is the well-known example of Woodrow Wilson, an emotional and intellectual cripple from a left-sided stroke, presiding from his sick-bed where visitors were kept on his right and the paralysed arm was hidden under the blankets. New details of this story are published here. Roosevelt’s paralysis from poliomyelitis was well known, and it was no disqualification for the office of President. What was suppressed at the time, however, was the extent to which he was disabled between 1940 and 1944 by a combination of severe anaemia, hypertension, congestive heart failure, and pulmonary insufficiency. He was certainly impaired mentally, but his physician constantly reassured both the patient and the public. Ramsey MacDonald’s pathetic decline (from Alzheimer’s disease) is an awful example of no one having the courage to stop a Prime Minister from clinging to power long after he should have resigned. Hindenburg was so senile in his final year in office that he would sign anything put in front of him — including a packet of sandwiches left behind by one of his staff. If Hindenburg and Ramsey MacDonald had not suffered from senile and pre-senile dementia, could the rise of Hitler (whose rantings and rages are attributed by the author in part to temporal lobe epilepsy) have been prevented? One doubts it. But it is probable that Roosevelt’s illness affected vital wartime decisions and also that Eden’s conduct over the Suez affair was influenced both by physical illness and the attempt to cope by an excessive use of amphetamines.

Dr Park, a practising neurosurgeon with a graduate degree in history, has provided a detailed account of the illnesses of a number of world leaders and he speculates on the effects of illness on world history. The analysis of clinical records provides the basis of his cogent plea for the historical validity of retrospective diagnosis, although his accounts of the illnesses of Wilson and Roosevelt are more comprehensive and more convincing than those of Churchill and Eden. The sum effect of these accounts is to suggest the depressing if banal conclusion that the temperament dominated by overpowering ambition and vanity which is a *sine qua non* to get to the top, and the tremendous strains of office when the leader is elected, are a prescription for breaking the health of an individual. The unambitious easy-going politician, good at delegation and early to bed, never stands a chance. One also wonders whether some of the past and present leaders are (or were) more of a liability healthy or ill? It depends on the illness, of course, and to me the most terrifying possibility is the slow onset of mania when mania in its early stages can be seen to be no more than a prolonged burst of energy and high spirits; evidence that would suggest an ability to cope with the strains of office rather than incipient insanity. Mania, in

which insight into the condition is totally absent, is far more dangerous than the examples of anaemia, heart failure, or gall-bladder disease that are considered here.

It is a consideration to bear in mind in reading the final chapter in which Park discusses the implications for the future. His conclusions are not comforting. Now, it is true, constant exposure by the media, especially television, makes it harder to disguise the evidence of gross illness — at least in democracies. Moreover, if a sick leader recognizes and acknowledges his disability (Eisenhower did), there is hope. It is much more sinister if the illness robs a leader of insight. What then?

If his colleagues try to intervene they will be accused of acting for their own political advantage. How can a vice-president or deputy prime minister who says 'It is time for you to stand down' hope to escape such a suspicion? And if he calls on his political colleagues, of whichever party, they will suffer from the same disadvantage. Section 4 of the Twenty-fifth Amendment to the Constitution of the United States was designed to meet this problem. It confers on the Vice-President the power to take over if the President shows signs of inability to discharge the duties of his office, but "inability" was left undefined (deliberately), and the President still has powers to challenge any decision. Should power of dismissal be delegated to a panel of doctors? Of course not. No one, including the medical advisers themselves, would want it, nor could such a panel escape the suspicion of political prejudice. And what about the problem of medical confidentiality, which would be a major consideration in Britain? To Park and probably to most Americans, confidentiality is not the main issue for leading politicians. Indeed, we have become familiar with the way that the details of a President's illness, even the functioning or non-functioning of his bladder and bowels, are broadcast to the world from the USA. Superficially such openness appears to be a welcome safeguard, but it is doubtful if it is.

The worry that lies at the centre of this book is how to devise a system, free from suspicion of improper influence or corruption, which can cope with taking the executive power from a leader who is gravely sick but does not, or will not, recognize the fact and agree to stand down. The urgent need for such a system is obvious. As the author points out, "*the chances are good that the real emergency will come in the area of presidential neurologic disability, either temporary or permanent*. It has arisen on at least three occasions already in the twentieth century". But he admits when all possibilities have been reviewed they are "found wanting, and for the obvious reasons, the most obvious of which is the inescapable political entanglement of the decision". He urges the need for greater accountability by those charged with overseeing the health of our leaders. "The medical profession left us with a disturbing legacy in our recent past. Blinders must never be worn again." But how to implement such admirable sentiments is not clear. One ends with the frustrating conclusion that the problem may be insoluble.

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VINCENZO DI BENEDETTO, *Il medico e la malattia: la scienza di Ippocrate*, Turin, Einaudi, 1986, 8vo, pp. xii, 302, L.24.000 (paperback).

In this collection of new studies, di Benedetto deliberately avoids the vexed question of which, if any, of the works of the Hippocratic corpus were written by Hippocrates, and instead concentrates on "Hippocratic medicine" as a chronological category referring to those treatises dating to the late-fifth and early-fourth centuries BC. In particular, he looks at two major groupings within the corpus: those which he calls the "technico-therapeutic treatises" (*Aff. int.*, *Morb.* 2(A) and 3, and the most ancient sections of *Mul.* ) and, in the third and final part of the book, the anatomical works (*Fract.* and *Artic.*).