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his unwillingness to publish" (p. 102); he points out that misunderstandings "were Semmelweis's fault and no one else's" (p. 100). But there is no reason to think these judgements inaccurate or unfair; Semmelweis was, and remains, a difficult figure. If Loudon has introduced nothing new, he has recounted Semmelweis's part in the puerperal fever story with an admirable lack of sentimentality.

Loudon demonstrates that sporadic and epidemic puerperal fever were both important (ch. 4); he clarifies the highly ironic connection between lying-in hospitals and puerperal fever (ch. 5). Historiographically noteworthy is Loudon's review of the myriad theories about puerperal fever—its causes, treatment, cure—through history. 'Puerperal fever: causes and contagion' (ch. 6) and 'Monocausalists, multicausalists, and germ theory' (ch. 8) show Loudon at his explanatory best. "What we are trying to do in discussions such as this is to get under the skin (or into the minds) of past practitioners as they struggled to make sense of the vagaries of fevers and epidemics. . . ." (p. 83). Assuming there was "a clear and agreed system of beliefs that it is our job as historians to interpret and understand," he insists, "leaves no room for plain, ordinary, muddle and confusion, which, I strongly suspect, was, in many instances, the prevailing state of mind" (p. 84).

Loudon has updated an old story; he has made comprehensible the disease of puerperal fever (ch. 1) and its epidemiology (ch. 12). He has introduced a more complete cast of players in this drama than most writers have done, adding, for instance, Simpson, Cullingworth, Hervieux, and Colebrook. He has exposed the most tragic feature of the story, the stumbling and wholly inadequate efforts well into the twentieth century to cope with a very curable disease. This connects directly to the way Loudon uses the story of puerperal fever to convince us that "questions of disease specificity and changing virulence"

in the past are key to understanding such questions in the present.

Constance Putnam,
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Michael Bliss, *William Osler: a life in medicine*, Oxford University Press, 1999, pp. xiv, 581, illus., £27.50 (hardback 0-19-512346-8).

In *The four doctors* John Singer Sargent positions the founding fathers of Johns Hopkins Medical School in front of a globe, reflecting their universal contributions. But, ever since Lytton Strachey's *Eminent Victorians* (1919), we have examined great men with revisionist eyes. Such an approach is certainly justified for three of Sargent's doctors. Not only did William Halsted, arguably the most important surgeon in American history, run his department with withering scorn and bullying, but his long absences were to be explained by cocaine and morphine addictions. Howard Kelly, the brilliant professor of gynaecology, spent little time on teaching, but much on reforming prostitutes and evangelical Christianity. William Welch, the pathologist and dean, was remote, soon stopped research and publishing papers, and never opened correspondence, let alone answered it.

So did the fourth doctor, the only one widely remembered, William Osler—whose pen is the painting's focal point—have similar feet of clay? Michael Bliss started his new biography feeling that the eulogies had been overdone and that the legend could be explained if not punctured. For the legend has persisted. Osler's works have stayed in print. A library, societies, medals, and prizes have been created in his name. Although nobody has attempted the scale of Harvey Cushing's hagiographic biography (reduced from 1 million to a mere 600,000 words at the publisher's request), there have been

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essays, pamphlets, and catalogues galore. And the 1930s and 1940s saw the claim that the world had had only three great men: Christ, Shakespeare, and Osler.

Osler liked to say that man's life fell into three phases: achievement (ages 30 to 45), consolidation (45 to 60), and uselessness (after 60). His contention that many evils could be traced to the sexagenarians created a storm far worse than that evoked earlier by Anthony Trollope's novel *The fixed period*, where men retired to a Pacific island before euthanasia at 68. Certainly Osler's own life reflects these concepts. At 28 he was appointed to Montreal General Hospital, at 35 to the University of Pennsylvania, and at 39 to the foundation chair at Hopkins. At 56 he then followed his principles: "I am going to retire from active life; I am going to Oxford", accepting the Regius chair offered by A J Balfour, the Prime Minister.

Yet which of Osler's clinical achievements produce the immortality? He made no original discoveries; his eponymous descriptions—Vaquez-Osler disease or Rendu-Weber-Osler disease—had already been documented. He was an inspired teacher, but so were some contemporaries, while his brilliance as an administrator was outshone by others, in particular the Flexners. He had some of the great and the good as patients—not only tycoons and the Prince of Wales but also Walt Whitman and Henry and William James—but so did many of his colleagues, and a few of these must have shared Osler's characteristics: optimism, humour, and good cheer. And he was too grounded in gross pathology to absorb the shift towards laboratory studies occurring in clinical medicine by the end of his career. "We want a university professor who will conduct his medical work along laboratory lines", Osler's colleague Frederick Mall wrote in 1902, "and will not continue publishing cases."

Nevertheless, as Bliss demonstrates in this well-crafted biography, Osler has one unique claim to immortality. His *Principles and practice*

of medicine may not have been the first textbook of medicine, but it was brilliant—the most comprehensive and readable, revised continually between successive editions, and achieving world-wide circulation. Many of Osler's other writings reflect contemporary pomposity and smugness, often garnished with other men's flowers (his Ingersoll Lecture at Harvard began with five quotations; in the first four paragraphs he quoted nine other authors; and he added eight pages of notes and further quotations). In the textbook, conversely, the language is direct, simple, and concise and even today there is often no better source for the natural history of a disease. As an influence not only on medical education of its time but of the future, then, Osler's work was unique.

(Recently, moreover, the holistic medicine and the "good death" movements have rediscovered him as an icon for their causes.) As befits the author of *The discovery of insulin* and the biographer of Frederick Banting, Michael Bliss, a history professor at the University of Toronto, has covered the ground skilfully, extracting from a vast number of documents the essence of an interesting life in interesting times. Less happily, as one has now come to expect even from university presses, there are the literals—"chaisson disease, typhitis, and obstetrics" (and surely a sub-editor should have told Bliss what "disinterest" really means). But Bliss's balanced account has done Osler proud, and nobody need attempt it again.

Stephen Lock,
Aldeburgh

Stephen Halliday, *The great stink of London: Sir Joseph Bazalgette and the cleansing of the Victorian capital*, Thrupp, Stroud, Sutton Publishing, 1999, pp. xiii, 210, illus., £19.99, \$36.95 (0-7509-1975-2).

The cast of characters contributing to the history of Victorian public health reform is a distinguished one, including as it does such vivid personalities as Edwin Chadwick,