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mentioned, others (lacteals) each of which ends at a portion of spongy flesh (mesenteric lymph gland) specially associated with itself.'

Knowing that Galen remains our richest source of information about the activities of such great predecessors as Erasistratus one looks for reference to this great anatomist here; and one finds a pearl. Describing the descending aorta Galen notes:

I say then look immediately at that small twig which is single, unpaired, and lies beneath the lung at the place where it (the aorta) joins the vertebral column. This is the twig of which some of the followers of Erasistratus believe that offshoots from it distribute themselves in the lungs. But in the dissection of the lung we find no other fourth class of vessel except those which all anatomists have recorded, I mean the class of 'rough arteries' (bronchi) that is to say the subdivisions of the trachea, the class of 'smooth arteries' that is to say the subdivisions of the 'venous artery' (pulmonary vein) which goes from the heart to the lung, and the class of the 'veins' (branches of the pulmonary artery).

Here Galen not only reveals Erasistratus as the discoverer of the left bronchial artery, but he does it in such a way as to leave us in no doubt that he himself did not believe it.

Galen wrote this great work 'On Anatomical Procedures' because, as he put it, 'Already I see some who have been taught by me grudging to share their knowledge with others. Should they die suddenly after me these studies will die with them.' His forebodings were almost justified. Mutilated and for many centuries ignored, the fragments of this work have lain in obscure places in Europe and Asia. Now through the skill and effort of men like Hunain ibn Ishaq, Andreas Cratander, Charles Singer, and Wynfrid Duckworth, these fragments have been pieced together into a wonderfully vivid and English whole. We are surely fortunate in our heritage.

K. D. KEELE

A History of Medicine, vol. II: Early Greek, Hindu, and Persian Medicine, by HENRY F. SIGERIST, London, Oxford University Press, 1961, pp. 333, 75s.

We must be grateful to Ludwig Edelstein, to the late John Fulton, and to the Henry Sigerist Research Fund Committee for the editing of this second volume of the monumental *History of Medicine* planned by Henry Sigerist. Although written in the throes of a severe illness and not revised or completed by the author, it maintains the erudition, the spirit and philosophical outlook of the man, justly considered as our greatest contemporary medical historian. The great legacy of Sigerist is a new conception of the history of medicine. For many years the writing of the history of medicine as a 'chronicle' artificially isolated from the general frame of history did not satisfy many and although more than fifty years ago that pioneer in medical historiography, Julius Pagel proclaimed that medicine being an aspect of human culture and civilization, its history should be considered parallel to the other aspects of human culture—religion, philosophy, social background, general history and geographical environment—Sigerist is the first who applied this principle. He has given us in the first volume of this work and in the present volume a history that is real living history, in the sense of the ancient Greek historians, and not a mere chronicle divorced from the comprehensive Heraclitean 'becoming' of human development, restricted to a special corner of the earth. History can only be studied in the frame of universal history.

In his first volume Sigerist studied (I do not use the inadequate term 'described') the cultural and medical development of the Egyptians and the Semitic people.

In the present volume he discusses from that point of view the first Aryans, the Greeks, the Persians and the Indians, who moved in the regions they occupy today about the twelfth century B.C. This parallel study of Greek and Indian medicine, shown for the first time in medical historiography, will help us to solve many historical and actual medical problems.

The Greeks, the Eastern Aryans, brought with them when they occupied Greece about the twelfth century B.C., the common Aryan religion, culture and medicine. Their medicine, like that of all archaic people as Sigerist points out, was a mixture of religion, magic and empiricism. But perhaps as a result of inherent racial factors, and the influence of the Minoan-Mycenean civilization they found in Greece, the subsequent development of their medicine differed from that of the Indians and Persians. There was less magic, their religion was clearer and less mystical, their empiricism, thanks to an uncommon power of observation and of thought, more developed. Even in that ancient period there was a tendency to separate religious from empirical medicine, and in fact religious medicine, completely separated from the empirical and later from rational medicine, flourished in Greece principally in the days of scientific Hellenic medicine. The fame of Epidauros dates from the end of the fifth century B.C.

Sigerist describes well the great turning-point in the history of Greek medicine—and of medicine in general—the miracle of the sixth century B.C., the appearance of the first Greek philosophers who ‘discovered reason’ and gave the instrument of thought for the emergence of a scientific medicine, supplanting the old empiricism and separating religious and magic methods. He describes well the pre-Hippocratic Greek physicians, but when he comes to Hippocrates, his description is somewhat disappointing. One feels that illness did not allow him the vigour with which one has to tackle the Hippocratic problem. One feels that a great part of his description is made of disjointed secretarial paragraphs which he had not the strength to integrate and to revise. He does not give the impression of the power, the fire, the life that is in Hippocrates. Even if contemporary evidence of the greatness of Hippocrates is scanty, on account of the scarcity of writings in those days, and apart from that, from the fact that most Greek writings have been lost, there is sufficient evidence, in the tradition of the Greek physicians up to the work of Galen, of the greatness of Hippocrates. It is true that in the Hippocratic collection many books reflect ideas that are not those of the School of Cos, but the ancient Greeks were never one-sided and, on the contrary, were always on the look-out for new ideas and it is possible that even these books belonged to the teaching of the Hippocratic Group. At all events, there is a core of writings in the Hippocratic collection showing a great unity of thought and of style, writings in which we find the great concept of the natural determination of diseases, the environmental and constitutional factors in physiopathology, the classification of the chaos of morbid phenomena in categories, in ‘diseases’, the study of the reactions of the patient to help his resistance to disease and, above all, the accuracy of clinical observation and the deep humanity that points out to one supreme Master.

These writings, should be read, not with an artificial grammar in hand nor with philological acrobatics, but with the deep sense of the Greek language (the most untranslatable of all languages).

Indian Medicine is described with the same plan. The Indians, the Eastern Aryans, had also the common Aryan cultural stock, but they came under difficult geographical and climatic influences and mixed with a different pre-Indian civilization. The intense

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heat of their country, so different from the bracing mountain and sea air of Hellas, directed them to more intense mysticism and to less action. Religious and mystical medicine was preponderant. Later, empiricism developed, but the difficulties of chronology of ancient Indian history does not allow us to place there a more rational turning-point, as in Greece. We hope much from Indian medical historians (and India seems greatly interested in the history of medicine) to unravel the problem.

The term 'History' means in Greek 'Investigation', and the object of Hecateos, Herodotus and Thucydides, the founders of this branch of learning, is 'understanding' of human behaviour. There is a great movement among contemporary historians under the influence of Wilhelm Dilthey to bring back this role of history and make away with pure literature and chronicle. Sigerist brings that spirit into the study of the history of medicine. What a difference from the traditional histories of medicine. He devotes to religion, philosophy and general cultural and geographical background as much space as to medicine proper. This is, however, the method of 'understanding' medicine and the role of history of medicine is not to give us a chronicle of past times but to help us to 'understand' medicine. *Historia Magister Vitae*.

The last contact I had with Sigerist was a telephonic conversation from Sils Maria, in Switzerland. I knew from one of his doctors that his condition was deteriorating. He appeared cheerful and full of courage and when I replaced the receiver I remembered the message of that great hermit of Sils Maria, Nietzsche, which could be the message of Sigerist 'This is my way, which is yours.'

A. P. CAWADIAS

William Harvey, Lectures on the Whole of Anatomy, an Annotated Translation of Praelectiones Anatomiae Universalis, by C. D. O'MALLEY, F. N. L. POYNTER, K. F. RUSSELL, University of California Press (Cambridge University Press), 1961, pp. vi, 239, col. port, 64s.

The work under review introduces the reader directly into the presence of a youthful and energetic Harvey. In this lies its great charm and significance. We overhear Harvey preparing his Lumleian Lectures on Anatomy, carefully sifting the extensive literature, adding many original observations and groping for and finally achieving the concept of the closed circulation of the blood. Indeed here is a mine of information on Harvey, on his position in the history of biology and medicine and on these subjects themselves at a time when the foundations for their scientific treatment were being laid—by Harvey himself. The text of the lectures is not new; the facsimile of the manuscript together with the transcription made by Edward Scott was published under the auspices of the Royal College of Physicians in 1886. The book has become rare. Moreover the original script consists of scrawls which defy any attempt at straightforward reading and the transcription gives the notes as they are, mostly jotted down in a rough Latin which sorely tries the patience of the bold reader. It is for this reason that the invaluable source which we possess in these lecture notes has never been properly investigated. What is worse: owing to the difficulties of script and presentation of the contents, a number of errors found their way into the transcription—errors that have misled generations of Harveian scholars (see F. N. L. Poynter in *J. Hist. Med.*, 1957, 12, 152–3). With the present publication the whole situation has been drastically changed and Harveian research placed on a different and higher footing. We have now a version corrected in many places—a version that can be read in the vernacular. Moreover the translation has been equipped with a multitude of scholarly annotations in which the numerous traditional doctrines and quotations