

Book Reviews

epithets, attorneys remain shadows in the background throughout the text. He ignores, however, the legal profession's view of the malpractice phenomena as found in contemporary legal journals.

Several problems hinder De Ville's analysis. He never explains how his causal factors interacted and contributed to the rise of malpractice suits, nor does he weigh their relative importance. While he shows what made suits likely, he never states what initiated the rash of litigation. Yet his work demonstrates the advantages of integrating surveys of case precedents, medical technological development and social change into an ambitious search for the origins of medical malpractice. Further fine-tuned research, perhaps the tedious search of original cases which he shuns, will help scholars to understand better how the complex interaction of professional, technological, legal, religious and societal interests affected the relationship between the medical profession and public in the legal arena.

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JOSEPH B. KIRSNER, *The development of American gastroenterology*, New York, Raven Press, 1990, pp. xiv, 466, illus., \$77.50 (0-88167-603-9).

When Dr Joseph Kirsner was born in 1909 the American Gastroenterological Association was already 12 years old. His distinguished gastroenterological career in the 58 years since his MD gives him unrivalled authority for relating the history of his speciality in the USA.

However, we are overwhelmed with the largesse of this personal anthology. Much of what he describes, lists, details and tables lies outside the scope of this book. He begins with ancient humoral and meteorological beliefs of health and European seventeenth-century medical concepts before we are led into American colonial and Indian medicine. There are then two chapters on the nineteenth and three on the twentieth centuries.

Thirteen pages are devoted to the story of William Beaumont: Kirsner follows Cannon's hero worship of Beaumont's "devotion to telling the truth as he saw it", irrespective of the evidence that Beaumont failed to acknowledge either previous studies on human gastric fistulas or Dunglison's contributions to his own research. William Prout's epoch-making contribution was not so much a qualitative "conclusive demonstration of hydrochloric acid in gastric juice" (p. 4), as a quantitative measurement of the concentrations of free and total acidity and chloride in human gastric juice in health and disease. Ryle should not be denied his tube (p. 304) or moved three decades forward into the 1950s.

This book should be in every gastroenterological library because it amasses material from thousands of articles. But this tome should have been split into two smaller attractive, reader-friendly and identifiably different texts. The first would be a short history of American Gastroenterology and comprise Tables 5, 6, 11, 12, 13, 17, 20, 24-29 and the related textual material. The early years of the AGA could be abbreviated because of Boyle's 1973 historical supplement in *Gastroenterology*, which contains all 116 pages of Appendixes A-E. The reader then needs a critical section explaining not only the how, what and when of American gastroenterology, but why it achieved world supremacy.

The second would be a Source book of the History of Gastroenterology, which would be based on Tables 1-3, 9 and 31-38 and their related textual material, supplemented by similar tables dealing with other parts of the alimentary tract, liver and pancreas.

The publishers should procure the best available photographic prints and reproduce them adequately. They should ensure that every historical fact is given a citation of impeccable bibliographic standard, preferably supplementing details of the original publications with any recent facsimile reprinting or translation of old or inaccessible texts. References would be amalgamated at the end of the book, preferably citing on which page each numbered entry appeared. Above all the subject index needs massive augmentation.

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