

Book Reviews

Ministry prepared dutifully to administer the service, and Britain obtained health care free at the point of delivery for all—a system which, despite exceeding all original financial estimates, became, in fact, the most cost-efficient in the world.

Bevan realised a socialist dream, but Honigsbaum claims that the real ideological roots of National Health provision were the Christian principles of nineteenth-century reformers, such as the Conservative prime minister Benjamin Disraeli, who acknowledged that without a healthy people a nation possessed nothing. Recent historians, such as Charles Webster in his history of the Cabinet Office politics of the NHS, would challenge this assumption. In Webster's story, Labour politics were critical to the outcome. Honigsbaum's study, however, largely complements rather than contradicts Webster's analysis. Honigsbaum greatly enhances our understanding of the role of the civil service way beyond the review by John Pater, which suffered the inevitable limitations of being written by an insider. The book marvellously helps complete the jigsaw of the origins of the National Health Service.

Dorothy Porter, Harvard University

JOHN A. RYLE, *The natural history of disease*, 2nd ed., 1948, repr. ed. with an introduction by Michael Shepherd, London, The Keynes Press, 1988, 8vo, pp. xxiv, 427, £50.00, abroad £57.00, USA \$95.00.

John Alfred Ryle, a leading member of London's clinical élite in the 1930s, became Regius Professor of Physic at Cambridge in 1936. In an unprecedented and dramatic career change he resigned this appointment in 1942 to embark on an educational adventure, trying to establish a new discipline called "social medicine" as a fundamental feature of a revised medical curriculum. Already famous for his clinical achievements, Ryle became the centre of reform of both therapeutic and preventive medicine in Britain in the 1940s. Equally he impressed his contemporaries in the United States and was a comrade-in-arms of such European pioneers as René Sand, the first Belgian Professor of Social Medicine.

In these essays, first published in 1936 and then in 1947, Ryle articulated his view of the physician as a natural historian, an exploratory observer of the organic functions of man, as opposed to a simple healer of the sick. As a natural historian, the physician, Ryle believed, fulfilled a much more expansive role as both a student and teacher, or proselytiser, of health in the true Hippocratic tradition. In this context he saw the practice of the physician as more akin to that of an ornithologist rather than of a therapeutic technician, watching a bird called man using the classic observational methods of Gilbert White and Charles Darwin. He used examples of physicians who excelled as naturalists, such as Richard Bright and William Gull, to illustrate how this method had vastly advanced the study of medicine.

Ryle's reason for highlighting the physician as naturalist was not simply a quaint nostalgia, or cultural snobbery. His aims were much more concrete and purposeful. Ryle was disquieted by the technological take-over of modern medicine. He feared for the future of the medicine practised in his own time, with its increasing dependence on biochemical testing, drug treatments, and "heroic" surgery. The seductive efficiency of the laboratory gave the false impression of rendering the observational skills of the physician redundant. But, warned Ryle, laboratory medicine was only successful in enhancing the prevention and treatment of a narrow range of largely infectious diseases. Chronic conditions and inborn errors of metabolism remained therapeutic mysteries to the medicine of his era. Their ever-rising incidence amongst a changing demographic structure indicated to Ryle that the observational skills of the physician must by necessity become more acute, firstly to fathom them, then to anticipate their development, and finally to develop effective therapies.

Ryle noted that the finest clinicians, such as William Heberden, relied upon observation at the bedside to predict the course of the diseases of whose origins they were ignorant. He believed that the art of accurate prognosis still offered the best opportunity for successful management of diseases where medicine remained largely in the dark. He gave his experience in treating such conditions as duodenal ulcer as a classic example of how these clinical methods could successfully manage the disease and avoid the horrors of unnecessary surgical intervention.

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These essays prefigure many of Ryle's later ideas on "social medicine". For Ryle, the biomedical sciences had narrowed the scope of medicine in an era when it most needed to expand its horizons, epistemology, and aims. He was later to recruit the methods of the modern social sciences to enhance his idea of clinical practice as the natural history of disease in order to place it on a preventive basis. Social medicine, in Ryle's schema, would deal with the health of populations as well as restore the health of "whole" individuals.

Ryle's holistic medicine was controversial in its day and remained so. As Michael Shepherd points out in his excellent Introduction to the book, contemporary medicine needs to recapture something of Ryle's philosophical approach in order to face its current challenges. The moment seems appropriate to reflect upon the messages of John Alfred Ryle.

Dorothy Porter, Harvard University

LEONARD F. PELTIER, *Fractures: a history and iconography of their treatment*, Norman Orthopedic Series 1, Norman Surgery Series 3, San Francisco, Norman Publishing, 1990, 4to, pp. xxiii, 273, \$195.00.

This is an altogether admirable book, not least because it is written by a practising surgeon who is also an academic and administrator of distinction and a scholar able to take both a wide and a long view of his subject. From an enormous literature, he has skilfully selected the cardinal accounts, illustrated, even from antiquity, by instantly illuminating pictures: that on the dust cover comments silently that it was no accident that related the *Scamnum* to the rack. One is constantly reminded of the ingenuity of our predecessors, even as we use it and that of our contemporaries. The study of history teaches those willing to learn, that we are not so clever as we think. Dr Peltier has given this message fresh impetus, backed by authority based upon catholic reading and much experience.

The title is misleading, since the text deals almost entirely with fractures of the long bones and associated dislocations. Fractures of the skull vault are not mentioned, nor are those of the maxillo-facial skeleton, though the classical description of reduction of the temporo-mandibular dislocation is there. Apart from the Egyptian description of traumatic paraplegia, there is little mention of vertebral fractures or of their management.

The standard of production is excellent: paper, type, illustration, general organization, proof-reading (though there are slips, e.g., "Gemenschaft"), a good index and binding. In sum, the book is a notable addition to the history of fracture treatment.

J. W. Dickson, Ipswich, Suffolk

MILTON WAINWRIGHT, *Miracle cure: the story of antibiotics*, Oxford, Basil Blackwell, 1990, 8vo, pp. xi, 196, illus., £16.95.

Dr Milton Wainwright has published a number of interesting papers on the history of antibiotics and his book is therefore an opportunity to incorporate new perspectives to an old story. The bulk of the book is devoted to the histories of penicillin and streptomycin: to each of them Wainwright brings new and interesting characters. Cecil G. Paine, who trained at St Mary's Hospital and had been shown Fleming's original plate, was the first person to obtain a cure using the medium on which *Penicillium* had grown. Wainwright and Dr Harold Swann have found some of the original clinical notes from 1930, reproduced in the book. Selman A. Waksman, who received the Nobel prize for discovering streptomycin, had many research students to whom he was a father figure and friend. However, one of these students, Albert Schatz, was the co-discoverer of streptomycin and sued Waksman. Wainwright has interviewed Schatz and investigated the controversy; he writes sympathetically about both men.

Wainwright quotes the obituary of a soldier, wounded at Alamein, who is said to be the first treated with penicillin, in Cairo. Major Robert Pulvertaft, who was not a surgeon, published the case notes in the *Lancet* in 1943 and the first case was treated on 17 August 1942, months before