

## Book Reviews

*Revels in madness* will be a useful reference tool for students and scholars, especially for those looking for more obscure figures, like the German Romantic psychiatrists J C Reil, J C A Heinroth, and K W Ideler, whom Thiher describes in detail since few medical libraries have their books. In his introduction, Thiher indicates his distance from Foucault's "brilliant, influential . . . but misguided" *Histoire de la folie*. Although he sees both literature and medicine as discourses, or "language games", Thiher disagrees with Foucault's theories of historical discontinuities and ruptures. Instead, he emphasizes the continuities in the ways of speaking about madness, including the continuities between literary and medical perspectives. "Madness and literature", he contends, "spring from the same imaginative capacity to entertain present worlds that do not (really) exist." The literary imagination "has historically shared certain features of the insane imagination"; and the content of madness is "often an imaginative form of fictional construct". Since the madman and the writer are both experts on these imaginative worlds, then "literature gives access to madness", and poets, novelists, and literary critics ought to be able to help doctors and psychiatrists understand mental phenomena. But is the opposite true as well; would we look to the insane and their physicians for literary expertise and critical insight? Thiher does not ask this kind of question, and his study is more that of a literary scholar organizing psychiatric texts and theories in accordance with literary history, than a contribution to the more interdisciplinary studies of the past two decades. He knows Pope, but not the work of Roy Porter; he discusses J-J Rousseau, but has not heard of George; in short, he has an exhaustive knowledge of European and American literature, and a familiarity with the basic texts of psychiatry; but he does not know the immense secondary literature on the cultural history of psychiatry that would

make this study part of a conversation, rather than a learned monologue.

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**Leon Michaels,** *The eighteenth-century origins of angina pectoris: predisposing causes, recognition and aftermath, Medical History, Supplement No. 21, London, Wellcome Trust Centre for the History of Medicine at UCL, 2001, pp. xvii, 219, illus., £32.00, US\$50.00 (hardback 0-85484-073-7).* Orders to: Professional & Scientific Publications, BMA House, Tavistock Square, London WC1H 9JR, UK.

During the summer of 1768, William Heberden gave a presentation to the Royal College of Physicians of London in which he described and, probably for the first time, named the disease now known as "angina pectoris". Heberden's clinical description of the disease rings true today as an elegant description of a common condition, one usually attributed to coronary artery disease. Early in his presentation, Heberden said that he could not "recollect any mention [of this disease] among medical authors". Indeed, before 1768 there is scant evidence in the medical literature of diseases that seem to bear any resemblance to what we now know as angina pectoris. Why not? Perhaps angina pectoris had been there all along, but had never before been named? Or, perhaps, angina pectoris was in 1768 a new disease? The purpose of the book under review is to convince the reader of the second proposition, that angina pectoris was a new disease in 1768, one at first found disproportionately in England, but one that eventually came to be common throughout the world. This is posed as a clinical question; issues about the social construction of disease are not the point of this book.

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The author's style is both pleasantly idiosyncratic and numbingly methodological. He first looks for instances before 1768 in which clinicians described diseases that resemble angina pectoris, and finds only ten clinical reports that could possibly represent angina. This paucity of cases is contrasted with the rapid proliferation of clinical reports after 1768. It is also striking that for the first few decades after Heberden's presentation reports of angina pectoris came almost exclusively from England. To explain these findings, the author carefully examines changes in food intake resulting from the agricultural revolution of eighteenth-century England, including changes in the ingestion of fats, fish, fibre, sugar, and coffee. He concludes that the most important result of the agricultural revolution was an increase in the year-round consumption of animal fats from meat, poultry, eggs, and dairy products. In addition, a decrease in strict observance of religious constraints on diet may have led to a decrease in the intake of fish and an increase in the intake of fatty animal foods. These nutritional changes were, the author argues, the main reasons that angina started to become a common disease. Michaels also considers the effects of tobacco, hypertension, stress, and exercise on the incidence of angina. He examines an extraordinarily wide range of sources for his arguments, including many contemporary clinical studies, the detailed analysis of which may be tough sledding for non-clinically trained historians (but which may not be essential for the book in any event). Many of these clinical studies take the reader on dizzying leaps from past to present and back into the past again.

Much of the reader's reaction to the book will rest, first, on whether one is willing to take absence of evidence (for angina pectoris before 1768) as evidence of absence (of the disease). Next, the reader will have to decide whether she or he is willing to accept clinical and scientific data from the present applied to the past. The author

assumes multiple continuities between past and present, but there is little evidence to support (or to refute) almost all of these assumptions. Whether or not one winds up agreeing with the author's primary hypothesis, anyone who wonders about the question of whether angina pectoris existed before 1768 is likely to learn something interesting from this book.

**Joel Howell,**  
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**Mel Greaves, *Cancer: the evolutionary legacy*, Oxford University Press, 2000, pp. xi, 276, illus., £19.99 (hardback 0-19-262835).**

Contrary to the view held by some that cancer is a product of industrialized societies, no more than around 5 per cent of cancers can be ascribed to exposure to noxious modern products. Moreover, cancer has been with us from the earliest of times and cancer-like lesions have been found in a female skull from the Bronze Age and possibly in a fossil human some two million years old. Breast cancers were removed surgically in Greek times and Galen ascribed cancer to black bile. And even in the eighteenth and nineteenth centuries it was regarded as a female illness related to stress, a view promoted, for example, by the surgeon Herbert Snow at the Cancer Hospital in London at the end of the nineteenth century.

Cancer is a particularly complex disease that arises from disorder in the chromosomes and the genes in the cells, and Greaves wishes to explain it within a Darwinian evolutionary framework. It is a penalty clause in our evolutionary history—we are made of cells whose genes code for proteins that determine their behaviour. Genes can become disorganized through faulty copying and rearrangement, and, since many of our cells need to