

King devotes four chapters to those physicians who struggled to make sense out of the bewildering phenomena of febrile diseases so prevalent during the eighteenth and nineteenth centuries. He examines the writings of William Cullen, Benjamin Rush, Henry Clutterbuck, François Broussais, Charles Caldwell, John Armstrong, Nathan Smith and many others. A strength of these chapters is King's attention to nuances of confusion, insight, or both, as these physicians tried to characterize and differentiate the essential fevers, both continued and intermittent. In the remaining chapters, King depicts the influences of microscopy, bacteriology, and experimentation in shaping the emergence of late nineteenth-century scientific medicine. A dominant theme in all chapters is the slowness of scientific transformation, with a step backward here, a step forward there.

Except for the ruminations of relatively obscure nineteenth-century authors about the nature of fevers, there is little that is new in this book. It is replete with the viewpoints and characteristics of the author's previous books. It should appeal to those who have an interest in the history of pathology, who want more examples of rationalist-empiricist controversies, and who enjoy the bio-bibliographical and exegetical style of King's writing.

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KENNETH ALLEN DE VILLE, *Medical malpractice in nineteenth-century America: origins and legacy*, The American Social Experience Series, New York and London, New York University Press, 1990, pp. xvi, 319, illus., \$34.95 (0-8147-1832-9).

For Kenneth Allen De Ville, Jacksonian America marked the birth of the "medical malpractice phenomenon" in the United States. *Medical Malpractice* traces the origin of this increased rate of malpractice suits by exploring changing community outlooks, medical technology, legal precedents and cultural developments. These "factors", De Ville concludes, fuelled a malpractice "epidemic" by inflating expectations of medicine's ability to heal and by removing the social and religious stigmas from initiating such suits.

De Ville points out that regular physicians fell victim to more suits than their irregular colleagues. Poor patients, those least likely to be able to pay either medical or legal fees, were feared by physicians as most likely to sue. The bulk of litigation resulted from orthopaedic and obstetrical cases, especially fractures, because these treatments were "perceived" as mechanical procedures with predictable and perfect results. Yet, De Ville fails to explore adequately the extent to which this fear of malpractice charges permeated the medical profession's consciousness and influenced therapeutic choices. Furthermore, while technological developments certainly contributed to rising expectations, women during this period did not, on the whole, view obstetrics as mechanical, predictable or safe. Jury verdicts during this period survey only one half of public opinion.

Defective medical education, lack of professional unity and Jacksonian anti-professional sentiment, De Ville notes, undermined the respect of the medical profession, thereby making it vulnerable to lawsuits. The breakdown of eighteenth-century organic local communities removed the social pressure against litigation which existed in closely knit societies, while the rise of religious perfectionism induced individuals to search for earthly causes and remedies for their misfortune. Finally, the increased concern with physical well-being coupled with a transformed view of the human body as a fixable mechanical entity, created inflated expectations of medical practice making suits more likely. That the malpractice epidemic continues to the present day, demonstrates for De Ville the fundamental role medical progress has played in generating litigation, even after the immediate exciting causes like the social changes surrounding Jacksonian Democracy were removed.

De Ville traces the development of malpractice suits from British common law writs through the American contract law settlements of the 1830s and 1840s. He then explains the incorporation of medical malpractice under tort law as the result of medical doctors asserting themselves as professionals, not as craftsmen bound by contracts. De Ville notes that although doctors' view of the "noble sister profession" changed, giving rise to various unfriendly

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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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