

Book Reviews

However, considering that Elizabeth Garrett qualified in medicine in 1865 and the University of London opened its doors to women in 1878, it is surprising how few women had taken up physiology by 1914. Only Winifred Cullis at the London School of Medicine for Women had achieved the status of head of a department by that time.

The author has selected his subjects on the ground that they were either members of the Physiological Society, teachers of physiology, or authors of papers in the *Journal of Physiology*. This would appear to be a tightly-knit group, but it does include a number of people who might be surprised to be recognized as physiologists. Many joined the Physiological Society on their first academic appointment and then left or lost interest when their careers took them elsewhere. Thus the connection of some of the subjects with physiology is very tenuous. But one of the purposes of the *Dictionary* is to identify all those who made up British physiology, not just those who are well known today and in this respect the author has been assiduous. The book could have been much shorter had it adopted a more telegraphic style, but the author has been allowed to write as he pleases with the result that the entries for such distinguished physiologists as Bayliss, Haldane, Dale, and Starling, amount to full biographies which may in future be quoted as sources. This freedom also allows him to add many serendipitous remarks which add greatly to the enjoyment of the book: McMunn's brother-in-law was Captain Webb, the Channel swimmer; H. R. Dean, a man of substance at the London Hospital, used gold-plated Spencer-wells forceps; A. E. Garrod had a street named after him in Aix-les-Bains; Noel Paton's father was the Queen's limner for Scotland.

At £55 only dedicated physiological historians will buy their own copy but, nevertheless, it will become an essential source book for many who want to look up the history of their department or to know something of former workers in their own subject. Apart from the author's use of the term "Vivisection Act" for the Cruelty to Animals Act (the distinction is important) there are very few misprints or mistakes.

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RICHARD B. WELBOURN, *The history of endocrine surgery*, with contributions by Stanley R. Friesen, Ivan D. A. Johnston, and Ronald A. Sellwood, New York, Praeger, 1990, 8vo, pp. xix, 385, illus., £52.50.

Endocrine surgery is not the easiest of subjects for historical study, but Richard Welbourn—a retired Professor of Surgical Endocrinology at the Royal Postgraduate Medical School—is well qualified to attempt it; and he has enlisted an Anglo-American team of specialists to assist him with some of the obscurer topics. But the subject remains obstinately untidy, and it is probably inevitable that, after the familiar organs have been dealt with in orthodox fashion, his book should end with a nondescript flurry of pluriglandular and para-endocrine syndromes. By the use of a particularly neat system of numbered paragraphs and frequent cross-referencing, Welbourn has largely succeeded in pulling these miscellaneous topics together into a more or less coherent whole. But it does seem a bit odd that he could not find "time or space" to include a chapter on the gonads, surely the father and mother—in a historical sense—of the whole endocrine system.

It can be said at once that this is an exceptionally well-crafted account of how leading surgeons have progressively improved the understanding and treatment of endocrine disorders, and on its own terms it would indeed be difficult to fault. These terms, however, are somewhat restricted for a book claiming to describe the history of a whole branch of medicine or surgery. For it is exclusively concerned with the doings of the small band of particularly able surgeons who have specialized in this field. Welbourn justifies this narrow focus by quoting Thomas Carlyle's well-known dictum that history is the biography of great men; and no one would deny its applicability to the history of medicine and surgery. But in another context Carlyle wrote that "history is the essence of innumerable biographies", and that apparently contradictory remark is also relevant to medical history. Great discoveries are made by great men; but to be of any use to mankind they have to be applied by a host of lesser practitioners. So it is not

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unreasonable to expect that a history of endocrine surgery would indicate to what extent the innovations of the leading surgeons were applied by their humbler colleagues, and with what effect. Difficult though it may be to ascertain the facts, it is surely part of the remit of the historian of medical progress to assess the impact that the advances he describes have had on the sum-total of human suffering.

Another class of person whose contribution to surgical progress is seldom acknowledged is that of the patients who were the subjects of these historic operations. They are not often mentioned even by name, but Welbourn is to be commended for including photographs of Marie Bichsel before and after Theodore Kocher had removed her thyroid, and of her sister who did not have the operation; for these two photographs—without the need for any further comment—demonstrate unequivocally that removal of the human thyroid causes myxoedema. But there must be many other patients who by submitting to untried procedures have advanced medical knowledge, whose existence scarcely gets a mention in this and other similar works of history. Yet, as my father (Wilfred Trotter) once remarked at the commemoration of another pioneering operation, they “have borne more substantial witness than has yet been produced by any philosopher or any theologian that all suffering is not in vain”.

Although one may regret the omission of other actors who have played their part in the history of endocrine surgery, it cannot be denied that the enterprising surgeons who devised and performed the seminal operations are the star performers. Welbourn recognizes that readers would like to know more about these men, and has attempted to satisfy their curiosity both by a biographical appendix, and by large numbers of black-and-white photographs; but neither of these manoeuvres provides much real insight into personality. In the biographical notes, most of the participants are allotted only two lines, describing when they were born and died, and where they worked. Some of the leading performers get a few more lines, but these are mostly devoted to their appointments and technical accomplishments; thus the only hint of the charismatic personality which so dazzled Victor Horsley's contemporaries is the curt statement that he was “of artistic family”. Similarly, the large numbers of passport-size photographs which appear after each chapter do little more than provide evidence that their subjects were once alive.

I have tried to indicate that there are several respects in which Welbourn might have stepped back a little further from the purely technical aspects of his subject, and taken a wider view of it than he has elected to do. But within his chosen remit he has written what is likely to be the definitive account of how surgeons in the leading centres have progressively improved the treatment of endocrine disorders.

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VICTORIA A. HARDEN, *Rocky Mountain spotted fever: history of a twentieth century disease*, The Henry E. Sigerist Series in the History of Medicine, Baltimore and London, The Johns Hopkins University Press, 1990, 8vo, pp. xvi, 375, illus., £28.50.

Histories of specific diseases rarely attract historians. Only the great infections—smallpox, plague, cholera, and tuberculosis—have received substantial attention. The complex social reactions which they provoked have intrigued many able scholars, and the historical records of these diseases, fuller than those for many less spectacular afflictions, have facilitated the study of their epidemic history and of their impact on historical communities.

The scientific histories even of the great infections, however, remain largely unwritten; for the most part it is their social history which has excited interest. There is a divorce between these two approaches within the history of medicine which medical historians often seem reluctant to bridge. A closer integration of the scientific with the social would enhance the vitality of medical history as a discipline, and would permit new perspectives on the social significance of science as well as a better understanding of man's relations with the natural world.