

## Book Reviews

suffering and illness. In his view, such relentless probing of the body through the ages yielded an ever-more detailed map of its innards, from the gross anatomical location of organs to microscopic tissues, cells to chromosomes, enzymes, genes and proteins. By its very universality, such knowledge of human structure has global appeal and shapes the battle against disease in our days.

The book is chronologically arranged and divided into twenty-two chapters, including a very useful introduction that presents Porter's aims and main themes. This is followed by another chapter on the pre-literate "roots of medicine" in which the author presents an updated and useful synthesis of McNeill's "plagues and peoples", describing the shifting ecology of disease. A brief treatment of ancient medical systems in Mesopotamia and Egypt is followed by more detailed accounts of classical Graeco-Roman medicine, followed by medieval and Renaissance developments. Subsequent entries take up scientific medicine, bacteriology and public health, tropical medicine and psychiatry, surgery and clinical research, ending with a chapter on the current dilemmas of biomedicine.

Perhaps it would be unfair for professional historians to point out omissions, criticize particular interpretations, or object to the balance imposed on the various topics presented in the book. Such quibbles are inevitable in a work of this scope and size, but they matter little and say more about the divergent backgrounds and expertise of the reviewers. We all dream of writing some day our own medical histories based on knowledge and understanding of the topics we deem most relevant. Porter, in his inimitable style, has actually done it, and only general readers will be the ultimate judges of a book that fills an obvious niche in everybody's library despite the inevitable shallowness inherent in any one-volume history. Positive feedback has already come from an assorted readership ranging from high school students to movie producers. I, for one, feel that *The greatest benefit to mankind* adequately presents the essential contours of medical history and serves as a welcome

introduction to the field. Indeed, the book can be warmly recommended to anyone who wishes to grasp the evolution of our medical past and reflect on its nature.

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**Jack D Pressman, *Last resort: psychosurgery and the limits of medicine*,** Cambridge History of Medicine series, Cambridge University Press, 1998, pp. xv, 555, illus., £40.00, \$49.95 (0-521-35371-8).

With the introduction of chlorpromazine in 1954, the reputation of lobotomy as a psychiatric treatment plummeted, becoming, by the time of the film *One flew over the cuckoo's nest*, a symbol of psychiatric barbarity. In seriously attempting to put the history of this recently failed treatment, as opposed to a more remote example such as bloodletting, in its social as well as medical context, the late Jack Pressman took the risk of being called an apologist for psychiatry's abuses. He has however, wonderfully avoided both bashing psychiatry and whitewashing the historical record by writing both "an intensive case study of the rise and fall" of a treatment and "an extended musing on how we tell our stories of triumph and failure in science".

One could give numerous examples of Pressman's "musings on how we tell our stories". Consider the priority dispute between John Fulton, the influential Yale physiologist, who claimed that his work on lobotomies on chimpanzees critically influenced Egas Moniz, the Portuguese neurologist, who won the Nobel Prize in 1949 for introducing lobotomy as a treatment for psychiatric patients. For Pressman the story of this priority dispute emphasizes a traditional narrative of scientific discovery. Pressman accepts the view that Fulton did not deserve recognition for priority. What makes his chapter on priority interesting, however, is that Pressman retells the story to show how Fulton's insistence on the importance of his work on chimpanzees

## Book Reviews

contributed enormously to legitimizing lobotomy by giving the procedure a veneer of scientific credibility as well as the imprimatur of Yale science.

Many of the chapters in this book attempt similar reworkings of accepted versions of the lobotomy story. Perhaps the most significant of these is Pressman's detailed study of the records of patients who underwent lobotomies at McLean Hospital in Massachusetts. Since I was familiar with the story of Walter Freeman taking an ice pick to the brains of many indigent patients in state hospitals, reading Pressman's account of thoughtful psychiatrists deciding which affluent patients in this elite hospital would receive the benefit of lobotomy made it easier to see a parallel between the practice of lobotomy and the treatment of severely ill psychiatric patients in the 1990s. Far from whitewashing lobotomy, Pressman's approach provided an historical lens through which to see my own work more critically.

In addition to reconstructing clinical decision-making practices at a single hospital, Pressman also puts the lobotomy story in the context of the evolution of the treatment of severely mentally ill patients in the United States in the twentieth century. One limitation of this is that he has nothing to say about treatment in other countries. Limiting himself to one national context is, however, a wise choice because it allows him to demonstrate social and intellectual synergies that otherwise would have been blurred. Of particular interest is his demonstration of how Adolf Meyer's notion of psychobiology, the most influential psychiatric philosophy in the United States in the first half of this century, provided an intellectual rationale for the practice of lobotomy. Given psychobiology's previous reputation as providing fertile soil for the growth of psychoanalysis, Pressman's observation of its role in supporting the ultimate biological treatment gives the reader a new understanding of just how eclectic psychiatry was in the mid-twentieth century.

*Last resort* is a fine book that deserves a wide readership. Unfortunately the author's penchant for repeating his arguments again and

again makes the book longer than it needed to be and will probably put off one group who would benefit from reading it—clinical psychiatrists. For historians, however, it is, as the author hoped it would be, both a detailed case study and a fascinating musing on how we tell stories. Gerald Grob's introduction spells out how much we have lost by the untimely death of this talented historian.

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**Louise H Marshall and Horace W Magoun,** *Discoveries in the human brain: neuroscience prehistory, brain structure, and function*, Totowa, NJ, Humana Press, 1998, pp. xi, 323, illus., \$59.50 (0-896-03435-6).

The history of the study of the brain and the emergence of modern neuroscience, an umbrella assemblage of a wide range of complementary scientific concepts, techniques, approaches and heritages, is of considerable interest to historians and practitioners. In recent years a number of authors have attempted to analyse that history, these include Mary Brazier (*A history of neurophysiology in the 17th and 18th centuries*, New York, 1984; *A history of neurophysiology in the 19th century*, New York, 1988), Anne Harrington (*Medicine, mind, and the double brain*, Princeton, 1987; *So human a brain: knowledge and values in the neurosciences*, Boston, 1991), Marcus Jacobson (*Foundations of neuroscience*, New York, 1993), Stanley Finger (*Origins of neuroscience: a history of explorations into brain function*, New York, 1994), and Charles Gross (*Brain, vision, memory: tales in the history of neuroscience*, Cambridge, Mass., 1998), and perhaps the most successful of them, Edward Clarke (with K Dewhurst, *An illustrated history of brain function*, Berkeley, 1972; with L S Jacyna, *Nineteenth-century origins of neuroscientific concepts*, Berkeley, 1987; with C D O'Malley, *The human brain and spinal cord* (2nd ed.), San Francisco, 1996). Others have focused on