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essays, pamphlets, and catalogues galore. And the 1930s and 1940s saw the claim that the world had had only three great men: Christ, Shakespeare, and Osler.

Osler liked to say that man's life fell into three phases: achievement (ages 30 to 45), consolidation (45 to 60), and uselessness (after 60). His contention that many evils could be traced to the sexagenarians created a storm far worse than that evoked earlier by Anthony Trollope's novel *The fixed period*, where men retired to a Pacific island before euthanasia at 68. Certainly Osler's own life reflects these concepts. At 28 he was appointed to Montreal General Hospital, at 35 to the University of Pennsylvania, and at 39 to the foundation chair at Hopkins. At 56 he then followed his principles: "I am going to retire from active life; I am going to Oxford", accepting the Regius chair offered by A J Balfour, the Prime Minister.

Yet which of Osler's clinical achievements produce the immortality? He made no original discoveries; his eponymous descriptions—Vaquez-Osler disease or Rendu-Weber-Osler disease—had already been documented. He was an inspired teacher, but so were some contemporaries, while his brilliance as an administrator was outshone by others, in particular the Flexners. He had some of the great and the good as patients—not only tycoons and the Prince of Wales but also Walt Whitman and Henry and William James—but so did many of his colleagues, and a few of these must have shared Osler's characteristics: optimism, humour, and good cheer. And he was too grounded in gross pathology to absorb the shift towards laboratory studies occurring in clinical medicine by the end of his career. "We want a university professor who will conduct his medical work along laboratory lines", Osler's colleague Frederick Mall wrote in 1902, "and will not continue publishing cases."

Nevertheless, as Bliss demonstrates in this well-crafted biography, Osler has one unique claim to immortality. His *Principles and practice*

of medicine may not have been the first textbook of medicine, but it was brilliant—the most comprehensive and readable, revised continually between successive editions, and achieving world-wide circulation. Many of Osler's other writings reflect contemporary pomposity and smugness, often garnished with other men's flowers (his Ingersoll Lecture at Harvard began with five quotations; in the first four paragraphs he quoted nine other authors; and he added eight pages of notes and further quotations). In the textbook, conversely, the language is direct, simple, and concise and even today there is often no better source for the natural history of a disease. As an influence not only on medical education of its time but of the future, then, Osler's work was unique. (Recently, moreover, the holistic medicine and the "good death" movements have rediscovered him as an icon for their causes.) As befits the author of *The discovery of insulin* and the biographer of Frederick Banting, Michael Bliss, a history professor at the University of Toronto, has covered the ground skilfully, extracting from a vast number of documents the essence of an interesting life in interesting times. Less happily, as one has now come to expect even from university presses, there are the literals—"chaisson disease, typhitis, and obstetrics" (and surely a sub-editor should have told Bliss what "disinterest" really means). But Bliss's balanced account has done Osler proud, and nobody need attempt it again.

Stephen Lock,
Aldeburgh

Stephen Halliday, *The great stink of London: Sir Joseph Bazalgette and the cleansing of the Victorian capital*, Thrupp, Stroud, Sutton Publishing, 1999, pp. xiii, 210, illus., £19.99, \$36.95 (0-7509-1975-2).

The cast of characters contributing to the history of Victorian public health reform is a distinguished one, including as it does such vivid personalities as Edwin Chadwick,

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Florence Nightingale, William Farr and John Simon. All of these have received a good measure of historical attention, but the engineer Joseph Bazalgette, architect of London's main drainage system, and arguably originator of the blueprint for modern city sanitation, has been neglected by historians. This is a pity, because the conception of Bazalgette's grand plan for London's drainage, the techniques he used in its construction, and the scientific and technical debates which surrounded the project are surely worthy of the type of critical analysis which Christopher Hamlin has devoted to the science of water analysis and the work of Edwin Chadwick. Stephen Halliday's history is not of this calibre. Welcome though it is as the first study to focus specifically on the great engineer, this is a general narrative account which skates across the surface of history without pausing for reflection on the depths below the waterline, or on the wider contexts within which the basic story could be placed. Lavishly illustrated, and with distracting biographical insets of such relevant personages as Sir Francis Bond Head, Sir Goldsworthy Gurney and W H Smith, this is spiritually a coffee table book.

As a general narrative introduction to Bazalgette's life and achievements, *The great stink* is satisfactory. It covers not only Bazalgette's work on the main drainage system, but also on London's Embankment, gas-lighting provision and street clearances. It does, however, leave the academic reader hungry for a fuller, more historically perceptive account. Little of Bazalgette's real personality, and less of his thought processes, come across here. There is no attempt to place the main drainage system in its wider context—to explain, for example, the enormous local authority effort which abolished cesspools, ensured the connection of house drains with the main drainage system, and made the latter effective. Halliday persistently suggests (e.g., pp. 143, 187) that Bazalgette “banished epidemics” from London, notably cholera in 1892, but

he fails to give due attention to the water purification systems and the extension of constant water supplies (let alone of the port sanitary surveillance system) which were an essential complement of effective drainage in the struggle against waterborne disease. The chapter on cholera is innocent of any deeper appreciation of the existing historiography, recording the disease as “one of the main impulses” towards drainage reform while ignoring the greater scourge of endemic typhoid, and noting, with naive surprise that “despite compelling evidence, the connection between good sanitation, clean drinking water and good health was long overlooked or denied by many of the most important reformers of the Victorian era” (p. 124). Neither of the important Hamlin studies, *What becomes of pollution* (1987) and *A science of impurity* (1990) feature in the bibliography, and although they might be considered tough going for the general reader, it would have been nice if Halliday's work had been informed by the perspectives which they throw on the processes of Victorian public health reform. A book like this once again raises questions about the nature of the link between popular history and historical scholarship, and the failures of the former to absorb and transmit, even in the most general way, the more novel and exciting interpretations of the latter.

Anne Hardy,
The Wellcome Trust Centre
for the History of Medicine at UCL

Michael R Finn, *Proust: the body and literary form*, Cambridge Studies in French 59, Cambridge University Press, 1999, pp. xiii, 207, £40.00, \$59.95 (0-521-64189-6).

Marcel Proust was a *world-class* patient and *world-class* writer, even if the latter was more quickly recognized. Dead at fifty in 1922, and by then famous all over Europe, he had spent most of his adult life enclosed in