

Book Reviews

that scholars and medical men alike have been fooled by a series of attributions devised by Dioscorides and Artemidorus Capito c. A.D. 125 and given greater and almost unshakeable authority by the verbose, argumentative, and persuasive Galen. The main thesis, that the interest in “the true doctrines of Hippocrates” postdates Erasistratus and is the result of the cataloguing in the Alexandrian library of a miscellaneous assemblage of early medical writings; that the commitment to certain “Hippocratic” texts brought with it a desire to explain away divergent tracts and to reassign authorship; and that this process was canonized by Galen and accepted by Western writers from Mercurialis to Deichgräber, all this is provocative and convincing. Almost half the book is devoted to a careful and justly sceptical examination of Galen’s Hippocratism, which is shown to rest on a combination of fallible learning and tendentious prejudice. Rightly, we are reminded that Galen’s arguments are often *ad hominem*, and that his methods in both scholarship and polemic became more and more refined. The divine Galen is at last revealed as human, and what he saw as his greatest achievement, the completion of the unfinished work of Hippocrates, is exposed to much-needed scrutiny.

English readers familiar with the recent work of Lloyd and Lonie will not be surprised at the demonstrable fragility of the “true Hippocrates” thesis, and they may not be convinced by Professor Smith’s attempt, perhaps forced on him by the same academic tradition he criticizes, to find in *Regimen* the one surviving authentic work of the historical Hippocrates. They may also look in vain for a more detailed confrontation of the literary evidence with the epigraphic and archaeological tradition of Cos as expounded by Susan Sherwin-White in *Ancient Cos*, 1978, but that would well require another long article, if not another book. The weakness of the literary tradition, coming largely from one source, Galen, also casts doubts on the validity of some arguments from silence. “Hippocratism” seems to arise in late-third-century Alexandria: does the debate over authorship have to wait almost four hundred years for the first attributions to Polybus, Thessalus, and other Hippocrates? Can we reconcile Smith’s snarling Galen with Ballester’s genetic theory of Galenic development as a result of increasing academic and Hippocratic learning? One should also emphasize Galen’s antiquarianism, typical of his age, when, for example, he could write a tract on *Regimen in Acute Diseases according to Hippocrates*, for Victorinus (not Victor, as on pp. 115, 137), without once mentioning the treatment he himself would recommend in such cases.

Despite its title, this book is about Galen and his influence on European thought. While less sure in his mathematics than his anti-hero, Professor Smith is wittier, more concise and more courteous in debate. No student of medical history can afford to neglect this book, which, even if not convincing in all its details, stimulates and by its fine methodical scepticism compels us to re-examine a major tradition of scholarship and of medico-historical dogma.

BERNARD DIXON, *Beyond the magic bullet*, London, Allen & Unwin, 1978, 8vo, pp. [iv], 249, £5.50.

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Bernard Dixon's *Beyond the magic bullet* is an extended essay on the failure of modern medicine to cope with the important problems of health care. This failure, he contends, is the result of the confrontation of an inappropriate idea and the real world. "The dazzling achievements of [the idea of] specific aetiology have been followed by a situation where all our major health problems . . . represent areas where the theory has failed" (p. 3), and elsewhere "the notion that there is a specific cure for everything . . . has retarded our thinking about alternative approaches to health and disease." (p. 226). Except when he enters the historical arena, where the errors are too numerous to mention, Dr. Dixon buttresses his contention with an impressive array of well-researched evidence that displays the vast amount of money, resources, dedication, and intellectual output that is channelled into searching for *the* cure for cancer or *the* cause of heart disease. Conversely he shows how little effort, even in the third world, is directed towards sanitation schemes and health education programmes.

Dr. Dixon's idealist case is plausible and utterly false. To begin with the *idea* of specific aetiology does not *necessarily* negate the possibility of what he calls "the interpretation of ill health in terms of bodily or social disharmony" (p. 3). Quite the reverse: for a long time now anthropologists have been at pains to point out that the people they study have remarkably well-developed ideas of specific aetiology, witchcraft, soul loss, possession, etc., coupled with therapeutic systems whose aim is the promotion of bodily harmony and social integration.

It is hardly the idea of specific aetiology alone that maintains the bizarre deployment of resources sometimes found in the third world. Dr. Dixon is being peculiarly disingenuous when he states ". . . in Asia, Africa and South America improved sanitation is infinitely more important than supplies of the newest antibiotics from multinational drug companies" (p. 227). The unscrupulous behaviour of some multinationals, which a journal as bland as *The Listener* can catalogue in horrifying detail, can hardly be interpreted in terms of a failed idea, a sort of misguided philanthropy.¹ Any reader of this book will find it a repository of alarming facts about twentieth-century medicine. Only the most intransigent Platonist will take comfort from the author's interpretation of them.

¹ Bill Breckon, 'In sickness or in wealth', *The Listener*, 1979, 102: 290-292.

THOMAS McKEOWN, *The role of medicine. Dream, mirage or nemesis?* Oxford, Basil Blackwell, 1979, 8vo, pp. xvi, 207, £12.00 (£3.95 paperback).

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Thomas McKeown's theses must by now be well known to the medical, demographic, and historical professions. These theses are, to make a bold *précis*, that the major determinants of health are outside the medical system, that nutritional change was primarily responsible for the population increase of the eighteenth century, that this latter fact is not fully recognized because the former is not, and this is so because of the undue preoccupation in medicine with disease mechanisms instead of causality. He re-presents these familiar contentions with a clarity, force, erudition, and humanity that ought to, but probably will not, command attention. With regard to the