

Book Reviews

Some are well known, such as Fernel, Malpighi, Baglivi, and Lancisi: some are historically obscure, such as Capivaccius, Sebizius, and J. C. Hufeland. The “grand climax” is reached with Ippolito Francesco Albertini (1662–1738). Albertini worked with Morgagni: he was a kinsman and assistant of Malpighi, and a close friend of Valsalva. Such a distinguished medical entourage seems to have overshadowed Albertini’s clinical achievements. Indeed, it has needed a seasoned medical practitioner to recognize “that Albertini was a clinician of extraordinary ability – perceptive, knowing, resourceful and experienced”. When one realizes that percussion and auscultation had not yet been introduced, one is amazed to learn that Albertini revealed the complex syndrome of heart failure by using the clinical history, inspection, and palpation alone.

This book is a rich mine of information, carefully selected in such a way as to tell the interesting tale of the composition of this common and important clinical entity. It must represent many years of diligent historical research, sometimes in obscure corners of medical history. Its construction is described by the author in his preface. Here he emphasizes his preference for *long* quotations on the grounds that their misinterpretation may thereby be avoided, particularly when unfamiliar concepts and terms are involved. Since his quest was unusual, he has provided here many passages never previously translated into English.

One regrets the omission of Hippocrates, Galen, and the ancient Greeks – an omission the author attempts to correct under the heading, “ancient commentators”, after each excerpt. The clinical observations of Harvey also escape attention on account of his predominantly experimental approach to cardiac physiology. This is indeed turning the tables on the more orthodox historians of medicine! In Harvey’s second letter to Jean Riolan, however, his concept of failure of the heart as a pump, from “obstruction”, is described both experimentally in a snake and clinically in the case of his friend, Sir Robert Darcy.

However, such relatively trivial gaps should not detract from the outstanding merit of this original and mature organization of a difficult conceptual and terminological problem. It is an approach deserving emulation in other fields, though but few possess both the clinical and historical qualifications for doing so.

Kenneth D. Keele

ARTHUR KLEINMAN, *Patients and healers in the context of culture. An exploration of the borderland between anthropology, medicine, and psychiatry*, Berkeley, Los Angeles, and London, University of California Press, 1980, 8vo, pp. xvi, 427, illus., £15.00.

Dr. Kleinman has written a curate’s egg of a book. On the debit side, it is verbose, sometimes illiterate (“disinterested” and “uninterested” merge), and rather pretentious. Over a quarter of the book is given over to proving that medical anthropologists have not yet developed adequate theories, and to suggesting new theoretical approaches which Dr. Kleinman hopes will echo “down the corridors of clinical faculties, health science schools and anthropology departments”. Yet these prescriptions are themselves just commonsense and commonplace: that the construction of the clinical reality between doctors and patients should be a central focus of such

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studies, that “illness” as well as “disease” should be understood, and this within a holistic perspective of all the forms of therapy available within the “health care system” of a culture.

Yet the empirical research embodied in this book is fascinating and important. Over the better part of a decade, Dr. Kleinman did field-work in Taiwan, investigating, from the point of view of the patient as well as the doctor, the pyramid of medical services available. These ranged upwards (in prestige) from self-medication within the family to shamans (*tang-ki*'s) operating through divination, *ch'ien* oracles, orthodox Chinese-style medicine, and finally Western medicine, with many intermediary forms (e.g. traditional bone-setters and herbalists). Since Taiwan has no state health service, and permits effective *laissez-faire* in medical practice and the sale of medicines, each group of doctors had made a niche for itself in treating particular types of patients and conditions, and patients were found to have made shrewd choices as to which kinds of physicians to consult. The sick often visit more than one kind of practitioner – e.g. going to a Western doctor for a shot of antibiotics but also to a *ch'ien* oracle to have their fate explained. Similarly, healers often pass patients on to other kinds of doctors – thus shamans, adept at handling “psychosomatic” complaints, will pass tuberculosis cases on to Western physicians.

Dr. Kleinman details the cultural contours well. Western doctors' “magic bullet” approach carries high prestige (and is expensive) yet is also expected to work almost instantly and infallibly – and thus creates high dissatisfaction when it fails. By contrast, the holistic ritually based therapy of the *tang-ki* is often adjudged successful amongst the generally poorer people who attend the shrines even when disease symptoms show little improvement.

Dr. Kleinman documents these dimensions, using extensive case-studies, against a background of basic health assumptions in Taiwan – e.g. that medical interventions ought to be family-based, public affairs, rather than private doctor–patient consultations, or that mental illness is shameful, leading to a “somatization” of mental disturbances. Dr. Kleinman's book opens up major questions concerning the cultural determination of illness, and choice in diagnosis and therapy in a society where a multiplicity of treatments is readily available. His data will prove invaluable in assessing these issues.

Roy Porter
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HELEN TURNER, *Henry Wellcome. The man, his collection and his legacy*, London, The Wellcome Trust and Heinemann, 1980, 8vo, pp. vii, 96, illus., £7·95.

Henry Wellcome was what the Victorians would have called a monomaniac. In other words he was single-minded, some might say obsessed. What marked him out in this respect was that from early youth he pursued a vision so grandiose as to confound not only himself but his successors. He died old, immensely successful in business, but lonely. That is the way sometimes with dreams. The miracle is that this particular dream persisted so long and that it eventually half materialized. That was thanks to Wellcome's will followed by his Will.