

Book Notices

DAVID PENDLETON and JOHN HASLER (editors), *Doctor-patient communication*, London, Academic Press, 1983, 8vo, pp. x, 293, £16.80.

Studies of doctor-patient interactions are in vogue, whether one sees this principally as a welcome breaking out of overly mechanical models of healing, or merely as an extension of the medical and behavioural scientists' gaze. The editors have here collected sixteen new essays, mainly summarizing various dimensions of previous work in this area. As so often, the experiments conducted into doctor-patient behaviour, and the models constructed therefrom are sophisticated, but the conclusions banal. David Pendleton concludes: "satisfaction of the patient is more likely when the doctor discovers and deals with the patient's concerns and expectations; when the doctor's manner communicates warmth, interest and concern about the patient . . . [etc. etc.]"

Few of the contributors seem aware of how historical (or even cross-cultural) perspectives could be illuminating (hence the book itself conveys few historical insights). This is largely because the contributors' gaze is focused so narrowly on transactions within the consulting room; myopically, little interest is shown in health beliefs, values, and practices within the patient's own culture.

JEROME J. BYLEBYL (editor), *Teaching the history of medicine at a medical center*, Baltimore, Md., and London, Johns Hopkins University Press, 1983, 8vo, pp. viii, 162, £12.00.

This interesting series of essays and comments reveals the variety of approaches, aims, methods, and aspirations among our American colleagues. The virtues of such a generous pluralism are obvious, as is the frequent reference to the individual teacher's ability and enthusiasm as the prime necessity for good communication.

What practical assistance British medical historians can draw from these American examples is hard to say. True, the saga of Colonel Joy shows that even in the most difficult times remarkable progress can be achieved by individuals with determination (and contacts), but British medical institutions have been singularly reluctant to admit medical history at all, even in the days of plenty. Historians may speculate on the reasons for this, and professional medical historians may use these American experiences as arguments towards convincing doubtful administrators. Demands on curriculum time are always growing, but there may be opportunities for approaching doctors on the regular courses that are being held to familiarize them with new drugs and new techniques. Medical history may also have a part to play in saving the NHS, particularly if, as the misprint on p. 120 states, US medical centres include courses on thaumatology.

PERRY P. VOLPITTO and LEROY D. VANDAM (editors), *The genesis of contemporary American anaesthesiology*, Springfield, Ill., Charles C Thomas, 1982, 8vo, pp. xvi, 246, illus., \$29.75.

The history of the growth of modern medical specialities has not received much attention since George Rosen gave American ophthalmology a great deal of thought in 1944, and Rosemary Stevens produced her excellent *Medical practice in modern England* in 1966. Good studies on the history of individual specialities are still thin on the ground. This book looks at the history of American anaesthesiology and dates its appearance as a speciality to the 1940s. The editors and all the contributors except one are anaesthesiologists. The chapters are fully referenced and organized as biographies, not only of people but also of institutions, societies, boards, and journals. Biography is an appropriate description since the history of these inanimate things is recounted in biological metaphors, such as growth, evolution, and coming of age. Nevertheless, given its aims, this is an extremely useful volume. It is only a pity that no one in the work reflected on the significance of the linguistic transition from anaesthetics to anaesthesiology.

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GERALD LARKIN, *Occupational monopoly and modern medicine*, London and New York, Tavistock Publications, 1983, 8vo, pp. ix, 212, £12.50.

Gerald Larkin examines the special conditions of the process of "professionalization" in the twentieth century by investigating the case of ophthalmic opticians, radiographers, physiotherapists, and chiropractors. Their bids to rise in status and autonomy (from the shop counter, or from the position of glorified lab technicians) were simultaneously impeded by the medical profession itself (which claimed some kind of control or overlordship over them) yet favourably received by the state (which recognized the need for regulation of these occupations, and perceived the value of professional self-regulation). In these struggles, Larkin shows, the occupation/consumer relationship was of minimal importance, as compared with similar professionalizing episodes in earlier centuries. This well-researched, if slightly laborious, book is thus valuable in pointing to the shortcomings of excessively abstract and timeless discussions of the processes of professionalization.

ROBERT DINGWALL and PHILIP LEWIS (editors), *The sociology of the professions. Lawyers, doctors, and others*, London, Macmillan, 1983, 8vo, pp. ix, 314, £17.50.

The idea of the "professions" has taken quite a hammering of recent years, not just from radicals such as Illich who regard the professions as "disabling" rather than "enabling", but also from sociologists who have contended that "professionalization" is an empty analytical category, being over-embracing, normative, and teleological. Most of the fifteen authors in this collection are concerned – even obsessed – with what can be salvaged out of the wreckage of the old "sociology of the professions", several of them finding helpful Johnson's idea that a profession isn't an occupation, but the means of controlling an occupation. The medical historian may find, however, that the predominant interest in conceptual stocktaking is a form of sociological narcissism, and the volume as a whole contains little extended empirical analysis of the professions in society (although Celia Davies contributes a stimulating, if rather brief, examination of intraprofessional conflict within the hospital).

WILLIAM H. HELFAND and SERGIO ROCCHIETTA, *Medicina e farmacia nelle caricature politiche italiane 1848–1914*, Milan and Rome, Edizioni Scientifiche Internazionali, 1983, 4to, pp. 184, illus., [no price stated], (paperback).

This handsome book contains black and white reproductions of 151 Italian political caricatures which make their point through medical or pharmaceutical metaphors. The reproductions are in chronological order, but a guide to broad medical subjects is included and there are indexes of personal subjects, artists, and source-journals. Each print is accompanied by a brief text in Italian giving the original caption, an explanation of the political subject, the exact bibliographical reference, and the library in which the original was found. Four prints are also reproduced in spectacular colour plates. Subjects include Cesare Lombroso, obstetrics, leeches, bedside manners, hypochondria, hospital wards, dispensing, hydrotherapy, cholera, tooth-extraction, hypnotism, etc. A salutary reminder to the nineteenth-century historian that not all of medical history is contained in scientific works and institutional reports.

MICHAEL RUSE (editor), *Nature animated*, Dordrecht, Boston, and London, D. Reidel, 1980, 8vo, pp. xiii, 274, Dfl. 115.00.

Conference proceedings are almost invariably a mixed bag and this, the second of two volumes, is no exception. The conference was apparently intended to draw philosophers and historians of science into greater proximity, a much-pursued chimera these days. The contributions range from Robert Joly's attempt to resolve Coan/Cnidian distinctions to a very well argued modification of the "strong program" by W. R. Albury. There is also a useful survey piece on the history of British psychiatry by W. F. Bynum and a philosophical analysis by Michael Moore of the idea of self used by psychoanalysts. Moore concludes that "shrinks" practise on the basis of an "anthropomorphic mistake". Commentaries are included, but at this price it is likely that institutions alone will pay for the privilege of having all these essays collected between boards.

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A. D. FARR, *Learn that you may improve: a history of the Institute of Medical Laboratory Sciences*, Billingshurst, Sussex, Denley Instruments, 1983, 8vo, pp. xi, 214, illus., £10.75.

This book might have been more appropriately titled "Bathing in reflected light". It is a classic "in-house" history of an organization devoted to making itself a "professional body" rather than a trade union for "laboratory assistants" – a designation dropped from its title in 1942. Not for fifty years after its foundation, in 1912, did the organization have a president who was actually a member rather than a distinguished pathologist. Indeed, at its foundation the rules were virtually dictated by two eminent pathologists (p. 12). Of such things the author feels justifiably proud. Some day, someone might write a very good history of the IMLS in terms of class and English society.

JAMES M. EDMONSON, *Surgical garb (1870–1920)*, (Occasional Contributions to the History of the Health Sciences from the Historical Division of the Cleveland Health Sciences Library, no. 1, November 1982), 8vo, pp. 19, illus., [no price stated], (paperback).

Studies like this could be extremely useful. This work chronicles, through illustrations, changes in surgical dress during the antiseptic and early aseptic eras. Unfortunately, what could be a fascinating study in medical iconography, is, in fact, a functionalist history of operative clothing. "Germs alone dictate dress" is the author's interpretative maxim.

A. L. BEIER, *The problem of the poor in Tudor and early Stuart England*, London, Methuen, 1983, 8vo, pp. ix, 42, £1.50 (paperback).

This book is the latest in the Lancaster Pamphlets series, intended to give up-to-date accounts of major historical topics for Advanced Level students and those pursuing introductory courses in higher education. The author describes briefly the medieval origins of Poor Law legislation, and then discusses the implications of poverty during the period 1500–1650. An appendix summarizes the Poor Laws, and there is a useful bibliography.

JOHN A. SHEPHERD, 'The evolution of the provincial medical schools in England', *Transactions and Report of the Liverpool Medical Institution*, 1981–2, pp. 14–39, illus. (Copies available free of charge from the Liverpool Medical Institution, 114 Mount Pleasant, Liverpool L3 5SR; please send 21p postage.)

This publication is based on the Tenth Henry Cohen History of Medicine Lecture, delivered on 4 November 1981 in the Liverpool Medical Institution. The author gives a summary of medical education in the provinces from the fifteenth century, stressing the influence of London, Oxford and Cambridge, the Scottish universities, and Leyden. He then describes the rise of the provincial medical schools against the background of a general movement towards reform, the repercussions of the Apothecaries' Act of 1815, and the problems caused by rivalry with London establishments and their vested interests. The development of the schools at Birmingham, Bristol, Exeter, Hull, Leeds, Liverpool, Manchester, Newcastle, Sheffield, and York are described, and their failures and successes discussed. Useful maps and tables are provided, and there is a comprehensive bibliography.

HAKIM MOHAMMED SAID (editor), *Diseases of the liver. Graeco-Arab concepts*, Karachi, Hamdard Foundation Press, 1982, 8vo, pp. 131, \$12.00.

This book attempts to relate the thoughts of the Greeks about liver disease, as mediated through Avicenna, to serve as a guide to modern treatment. The claims made for Galen are exaggerated, and unscholarly in their general lack of precise references.