

Book Reviews

established New York University Medical School, who offered the Lyceum three rooms in the Medical School, a step which proved beneficial to both institutions.

In the succeeding years several unsuccessful efforts were made to find larger accommodation. A fire in 1863 destroyed the Medical School building, causing the Lyceum to lose everything, including John James Audubon's collection of birds, an unrivalled mineralogical cabinet accumulated through its work on the New York Geological Survey, and a large ichthyological collection. Fortunately, the loss coincided with a rising American interest in cultural pursuits and stimulated a number of New York's leading citizens to promote a museum of natural history. After considerable political infighting, the American Museum of Natural History opened its doors in 1874 and offered the Lyceum a home. In these same years Columbia University, under new leadership, became a leading centre for scientific research. The Lyceum had always envisaged itself as functioning as a museum and a research institution, but the appearance of the new museum and the emergence of Columbia forced the Lyceum to seek new functions.

In 1876 the Lyceum changed its name to the New York Academy of Sciences and expanded its membership to absorb a number of specialist scientific organizations. In 1887 it sponsored the annual meeting of the American Association for the Advancement of Science, thereby confirming its role as the major New York scientific group. The Academy was a leading force in establishing a federation of local scientific associations and in promoting the establishment of the New York Public Library. At the same time it was sponsoring exhibitions and lectures in an effort to arouse public interest in science. The fortunes of the Academy declined in the early twentieth century, but were given a temporary stimulus when the organization promoted a "physical and natural history survey of Porto Rico". The appointment of Eunice Minor as executive secretary in 1939 brought new life to the Academy, and by 1950 it was once again housed in its own building.

In this well researched and stylishly written history, Simon Baatz does a fine job of depicting the social and cultural milieu in which the New York Academy of Sciences operated. He is equally good at relating its activities to those of other New York scientific groups and to American scientific developments in general.

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LESTER S. KING, *Transformations in American medicine: from Benjamin Rush to William Osler*, Baltimore and London, The Johns Hopkins University Press, 1991, pp. 268, £27.50 (0-8018-4057-0).

As a historian of medicine, Lester King's legacy has been rich and provocative. Studying and explicating many medical texts originally written in Latin, German, French, and English, King has focused on the origins, development, and transformations of modern medical science. With *The growth of medical thought* and *Medical thinking: a historical preface*, he provided overviews of the history and philosophy of Western medical science. With a translation of Friedrich Hoffmann's *Fundamenta medicinae* and *The road to medical enlightenment 1650-1695*, and with *The medical world of the eighteenth century* and *The philosophy of medicine: The early eighteenth century*, he offered detailed analyses of transformations in seventeenth- and eighteenth-century medical thinking. This new book is King's analysis of the transformation of eighteenth-century physician-theorizing into nineteenth-century medical science.

King argues that eighteenth-century physicians shared a particular form of thinking about disease that emphasized system, comprehensiveness, logical coherence, and reductionist patterns. Using the *febres* of William Cullen as a fulcrum, King traces the transformation of this eighteenth-century approach into a nineteenth-century philosophy of medical science that emphasized careful observation of many phenomena, acquisition of quantitative data, critical analysis, experimental proof, and the use of technically precise instruments.

King devotes four chapters to those physicians who struggled to make sense out of the bewildering phenomena of febrile diseases so prevalent during the eighteenth and nineteenth centuries. He examines the writings of William Cullen, Benjamin Rush, Henry Clutterbuck, François Broussais, Charles Caldwell, John Armstrong, Nathan Smith and many others. A strength of these chapters is King's attention to nuances of confusion, insight, or both, as these physicians tried to characterize and differentiate the essential fevers, both continued and intermittent. In the remaining chapters, King depicts the influences of microscopy, bacteriology, and experimentation in shaping the emergence of late nineteenth-century scientific medicine. A dominant theme in all chapters is the slowness of scientific transformation, with a step backward here, a step forward there.

Except for the ruminations of relatively obscure nineteenth-century authors about the nature of fevers, there is little that is new in this book. It is replete with the viewpoints and characteristics of the author's previous books. It should appeal to those who have an interest in the history of pathology, who want more examples of rationalist-empiricist controversies, and who enjoy the bio-bibliographical and exegetical style of King's writing.

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KENNETH ALLEN DE VILLE, *Medical malpractice in nineteenth-century America: origins and legacy*, The American Social Experience Series, New York and London, New York University Press, 1990, pp. xvi, 319, illus., \$34.95 (0-8147-1832-9).

For Kenneth Allen De Ville, Jacksonian America marked the birth of the "medical malpractice phenomenon" in the United States. *Medical Malpractice* traces the origin of this increased rate of malpractice suits by exploring changing community outlooks, medical technology, legal precedents and cultural developments. These "factors", De Ville concludes, fuelled a malpractice "epidemic" by inflating expectations of medicine's ability to heal and by removing the social and religious stigmas from initiating such suits.

De Ville points out that regular physicians fell victim to more suits than their irregular colleagues. Poor patients, those least likely to be able to pay either medical or legal fees, were feared by physicians as most likely to sue. The bulk of litigation resulted from orthopaedic and obstetrical cases, especially fractures, because these treatments were "perceived" as mechanical procedures with predictable and perfect results. Yet, De Ville fails to explore adequately the extent to which this fear of malpractice charges permeated the medical profession's consciousness and influenced therapeutic choices. Furthermore, while technological developments certainly contributed to rising expectations, women during this period did not, on the whole, view obstetrics as mechanical, predictable or safe. Jury verdicts during this period survey only one half of public opinion.

Defective medical education, lack of professional unity and Jacksonian anti-professional sentiment, De Ville notes, undermined the respect of the medical profession, thereby making it vulnerable to lawsuits. The breakdown of eighteenth-century organic local communities removed the social pressure against litigation which existed in closely knit societies, while the rise of religious perfectionism induced individuals to search for earthly causes and remedies for their misfortune. Finally, the increased concern with physical well-being coupled with a transformed view of the human body as a fixable mechanical entity, created inflated expectations of medical practice making suits more likely. That the malpractice epidemic continues to the present day, demonstrates for De Ville the fundamental role medical progress has played in generating litigation, even after the immediate exciting causes like the social changes surrounding Jacksonian Democracy were removed.

De Ville traces the development of malpractice suits from British common law writs through the American contract law settlements of the 1830s and 1840s. He then explains the incorporation of medical malpractice under tort law as the result of medical doctors asserting themselves as professionals, not as craftsmen bound by contracts. De Ville notes that although doctors' view of the "noble sister profession" changed, giving rise to various unfriendly