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constantly threatening him with death. The irony is that it is precisely that control over nature through scientific knowledge which he wanted to achieve so desperately in order to be able to lead a secured and civilised life, which is now threatening mankind with the very destruction with which it once felt threatened by nature.

Here we find an identification being made between the modern medical technology used to save or prolong life and the technology of modern warfare described elsewhere in the prologue as directed towards the “holocide” of the human race. But if the author’s aim is, as stated, to save us from the latter, then he should also base his claims on analytically convincing arguments. The need for a more consistent argument is also shown later when World War I and not World War II is taken as a turning-point in the modern perception of death. For if the “holocidal” technology spoken of earlier as the main concern of modern man is to be regarded as the most representative form of both modern technology and of our modern relationship to mortality, then some may ask why it is that World War II with its practices of mass genocide and civilian destruction is not chosen as the turning-point to our present condition.

Although some of the essays that follow the prologue touch on some of the points made in it, most reflect the individual interests and/or disciplines of their authors, and are, moreover, of varying quality. While none presents any wide-ranging analysis of all the issues relating to the Western attitude to death (save perhaps Clive S. Kessler’s account of the variety of approaches taken by anthropologists to the subject), they do at least raise some of the issues needed for such a study. Although there is very little in the essays on the medical dimensions of attitudes to mortality, those readers interested in a more general approach to that subject might find some things of interest in Ian Webster’s brief account of the mortality rate for tuberculosis in Australia in his essay on the ‘Youth determinants of ageing mortality’ and Duncan Waterson and Sandra Tweedie’s “work-in-progress” on the funeral industry in New South Wales.

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RONALD D. MANN, *William Withering and the foxglove*. A bicentennial selection of letters from the Osler bequest to the Royal Society of Medicine, together with a transcription of ‘An account of the foxglove’ and an introductory essay, Lancaster, MTP Press, 1985, 4to, pp.xi, 178, illus., £79.95.

The bicentenary of the appearance of Withering’s small pharmacological classic has been lavishly commemorated in two separate publishing initiatives. This is the grander and more expensive of them—intended just for the likes of a few specialist libraries and collectors, to judge from the price. The very handsome production, however, should not be allowed to deceive scholars into dismissing the volume as a mere confection for connoisseurs, for it certainly lives up to its description as in the main a source book and a preliminary to the still-needed full-scale scientific study.

In effect, it is three publications in one: a short account of Withering’s life and career (appropriately short because of the existence already of the 1950 Peck and Wilkinson biography, inadequate though that is); transcriptions—by Dr Helen Townsend—and in some cases facsimiles of seventy-six letters and other papers contained in the collection of Withering memorabilia acquired by Sir William Osler about a year before his death and bequeathed by him to the Royal Society of Medicine; and a transcript (in preference to a facsimile, for reasons that are explained) of the monograph on the foxglove and the uses and abuses of digitalis. There is also a valuable appendix listing the many other items in the Osler bequest which have not been included in the book, mostly because they are concerned with botany more or less exclusively.

The biographical section, which is marred by a certain repetitiousness, opens with an outline of Osler’s career and the circumstances in which he made this particular purchase. Withering’s steady rise to fame and fortune is then charted, from his birth to a well-to-do Wellington apothecary, through Edinburgh University, where he obtained an MD and was deeply

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influenced by Cullen, to the eight initial years of practice in Stafford. It was during this period, perhaps around 1770, that he seems to have taken up field botany seriously. In 1775, seeking a larger stage for his abilities, he was told by Erasmus Darwin of a promising opening in the nearest city, the then fast-growing Birmingham. There, he speedily prospered, to such an extent that eleven years later he was wealthy enough to lease one of the local big houses, Edgbaston Hall. The career was not without its traumas, however, and latterly he fought a losing battle with consumption, twice having to spend winters in Portugal. He died a year or two just short of sixty.

It was soon after the move to Birmingham that a patient asked him for his opinion of a recipe for the cure of dropsy which had been handed down within the family. It had come from an old Shropshire herb-woman, he discovered, and consisted of a "cocktail" derived from twenty or more different plants. Thanks to his botanical knowledge, Withering spotted at once that the foxglove was the key one of these, and there then followed ten years of patient experimenting by him to establish the therapeutic limits of the drug. The methods he used, his detailed and careful reporting of his results, the attention he gave to product quality and standardization, and his development of the technique of dose titration were all very advanced for the time and are what he primarily deserves to be remembered for—rather than (as popular legend wrongly has it) as the discoverer of digitalis.

At the same time, Withering is rightly hailed today as a pioneer of the view that there is something to be learned of the properties and virtues of natural substances from "the empirical usages and experience of the populace". Here his expertise in botany came into its own. How far that expertise was crucial in his digitalis detective work is a matter for conjecture, but it is clear that it was important in a general way in giving him a wider awareness. It is therefore disappointing that the treatment in the book of the botanical dimension is so thin, for Withering is a figure of almost equal significance in the history of field botany as in that of clinical pharmacology. Indeed the second (1787) edition of his *Botanical arrangement*, the other publication he is known for, was the first handbook on the British flora to be cast in a deliberately popular mould—to the extent of being written in English and even bowdlerizing the Linnaean sexual terms for fear of alienating its many hoped-for women purchasers. It became the bible of a generation, which it was chiefly instrumental in introducing to those two central items of equipment, the vasculum and the plant-press. Deservedly, it went through three editions in Withering's lifetime and eleven more after his death. Any future biography of Withering will be seriously imbalanced if it fails to deal adequately with this other aspect.

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JOHN DOUGLAS, *Medical topography of Upper Canada*, reprint of 1819 ed., with introduction by C. G. Roland, Canton, Mass., Science History Publications, 1986, 8vo, pp. xii 45, \$9.95.

John Douglas, Assistant Surgeon to the 8th Regiment, published this work in 1819 to record the medical history of the British forces in Canada in the war of 1812 and to prepare his fellow medical men for any future hostilities in North America. It is now reissued with an introduction by Dr Charles G. Roland and is a useful addition to the short shelf of works of this period available to medical historians of Canada. Douglas allows us a glimpse into the mind of a conventional military medical man of the period. He believed in rigorous intervention, copious bleeding, liberal use of mercury, and quick battle-field surgery. Douglas's careful description of the fly-infested wards of York general hospital and the maggot-ridden wounds of the patients gives a vivid glimpse of the conditions under which he worked in the war. Battle-field casualties are recorded in the standard medical topographical approach, which describes geography, climate, and the seasonal pattern of disease associated with climatic changes in particular locations. There are some tentative comparisons drawn between Canada and the West Indies, where Douglas had previously served. Douglas chose not to attempt any statistical analysis of