

Book Reviews

It has footnotes and a bibliography but a historiographical chapter would have been invaluable for teacher and student alike. More particularly, Berliner does not situate his work in relation to E. Richard Brown's *Rockefeller medicine men*, which appeared in 1979. This provocative work Berliner acknowledges, saying: "Despite the clearly dominant role that Rockefeller played in the transition from a sectarian to a scientific medical education system, it is surprising that only . . . [Brown] . . . has specifically told this story" (p 4). There are a couple of points about this: first, Brown did not tell a "story" but gave an interpretation; second, Berliner's book in structure and argument seems, to me, to be very close to Brown's. Berliner has worked and published on this material for many years, and there seems a curious failure on his part to advance the debate. Although Berliner deals at length with some things, such as the Chicago episode, which are only outlined by Brown, he never suggests where he differs from him or agrees with him, where he would change the emphasis and so forth. A Marxist not engaging in dialectics is a very strange business indeed.

Christopher Lawrence
Wellcome Institute

JOSEF-HANS KÜHN and ULRICH FLEISCHER (editors), *Index Hippocraticus, Fasc. I, A-Δ*, Göttingen, Vandenhoeck & Ruprecht, 1986, 8vo, pp. xxxiv, 200, DM. 155.00 (paperback).

After over thirty years of preparation by members of the staff of the Hamburg Thesaurus Linguae Graecae, the first volume of the *Index* to Hippocrates has finally appeared. The tardiness of publication has not been without substantial benefit, for, as the introduction reveals, a growing consciousness of the deficiencies of earlier Hippocratic scholarship led to the complete rethinking and reworking of the original plan. What is modestly labelled an *Index* is now major work of learning in its own right, far removed from a computerized concordance.

The preparation of this first volume involved little more than a total revision of the manuscripts of the Hippocratic Corpus, a list of the most significant being in the Introduction, and a re-edition of the whole text. The deficiencies of Littré's editing are made clear, and the superiority of more scientific editors amply demonstrated. Secondly, each entry includes a translation of the term into Latin, as well as a lexicographical breakdown of the various uses of the word. Most important of all, each entry also includes not only major variants in the text of the passage cited, but also emendations and conjectures. From this it is possible to determine the value of the citation far more accurately than from a straightforward reference, and the reader can judge for himself whether a suggestion for emendation was judicious or not.

What benefits will this *Index* bring to Hippocratic studies? First, and most obvious, it will become easier and safer to determine which treatises, by their very vocabulary, are anomalous in terms of date and, perhaps, of medical theories. Second, it becomes possible to see how far later interpretations of Hippocrates, and particularly that of Galen, were founded on misconceptions or on what a modern Hippocratic editor would term an inferior reading in the manuscripts. Finally, the assemblage of so much material will further the difficult task of understanding the world of early Greek medicine, in which the famous name of Hippocrates has often served to mask just how little we actually know of the medicine and medical ideas of Classical Greece.

All that remains to be done to is congratulate the editorial team on their labours, and to express the hope that the second fascicle will not be long delayed.

Vivian Nutton
Wellcome Institute

FRANÇOIS DELAPORTE, *Disease and civilization. The cholera in Paris 1832*, trans. by Arthur Goldhammer, Cambridge, Mass., and London, MIT Press, 1986, 8vo, pp. xvii, 250, £30.00.

The cholera pandemic of 1832 has exercised a predominant influence over historians in the past thirty years, at the expense of later outbreaks in Britain and on the European continent. Thus François Delaporte's *Disease and civilization* competes with a large field, including Louis Chevalier's justly celebrated works on Paris. At the outset, our hopes are raised that old material will be analysed in new ways, for Delaporte was a student of Michel Foucault, as is reflected in

such statements as “Disease does not exist. What does exist is not disease but practices”. (Practices are contrasted with “the subjective intentions of the actors”). As the work progresses, however, it is clear that models derived from Foucault are, perhaps mercifully, a veneer on what is a traditional, complex but interesting and worthwhile analysis of medical thought in the France of the *Juste-Milieu*.

The book is divided into seven main chapters, with only one, on ‘Fear’, being concerned with viewing the disease from the perspective of the victims of cholera. This is the weakest chapter in the book, failing to go beyond the parameter’s laid down by Chevalier.

The remaining chapters are concerned with the ways in which doctors, hygienists, urbanists, and “reactionaries”—none of these categories is clearly defined or distinguished from the others—used cholera to explain and justify their social and class-based ideas about contemporary French civilization. He demonstrates effectively how the epidemic tipped the balance from a concentration on traditional Hippocratic categories of disease causation—the “contagionist” view, which looked to climatic and topographical features of the environment—towards a more modern, “bourgeois” emphasis on localized sources of disease—the “infectionist” position. In Delaporte’s account these extreme positions have a monopoly and appear immovable; there is no mention of an intermediate position being developed in France in 1832, as happened in Britain, where a “contingent contagionist” philosophy, a *via media* between the extremes, was a major consequence of the medical profession’s experiences.

Delaporte is at his most interesting when considering opinions on both western and French civilizations which the epidemic brought forth. Even though the epidemic was so severe in Paris, both “reactionaries” and hygienists rationalized the disaster, either by claiming that savagism, in the shape of the poor, existed at the very centre of civilization, or that the disease would have been even more destructive if urban improvements had not already occurred.

It is unfortunate that Delaporte, presumably as an act of piety to the memory of Foucault, is so dismissive of other historians’ achievements, for his book, in conjunction with others, now makes it possible to accomplish a genuine comparative history of governmental, medical, and philosophical responses to the new disease in 1832. Delaporte’s is a useful contribution to a body of literature which now needs to be extended to incorporate subsequent cholera epidemics in Europe.

Michael Durey
Murdoch University, Australia

DAVID A. E. SHEPHARD, *The Royal College of Physicians and Surgeons of Canada, 1960–80: the pursuit of unity*, Ottawa, RCPSC, 1985, 8vo, pp. xiv, 550, illus., \$Cdn 20.00.

The subtitle of Shephard’s book, “The pursuit of unity”, is a touchstone, both for the author and for Canadians generally. In a country where we believe (at least until we travel elsewhere) that we lack unity, seeking it is an important preoccupation. What goes begging in this book is any approach to the corollary question: had there been less unity, how would things have differed, and how would any differences have affected medical specialists or their patients? Quite rightly, Shephard does not pursue this speculative dead-end.

The chief detail about the pre-1960 years of the College has already appeared in D. S. Lewis’s book, *The Royal College of Physicians and Surgeons of Canada, 1929–1960* (1962). In Shephard’s history of the fourth and fifth decades in the life of Canada’s Royal College, the author perceives unity doggedly sought and usually found. The College is unique and has accomplished much. It is a singular organization that does much to determine how specialists in the various medical and surgical fields are educated, measures that education by means that it devises, and awards a laurel of real significance to successful candidates. It has functional relationships with a wide variety of other regulatory and educational groups in Canada. All of these activities are described in chapters that detail the meaning of membership, the recent change from a two-tier College (containing Certificants and Fellows) to a single-tier organization, the creation of a special centre for evaluating and realigning examination procedures, and the role of the College in continuing medical education.