

Book Reviews

LESTER S. KING, *Medical Thinking. A historical preface*, Princeton University Press, 1982, 8vo, pp. x, 336, £13.80.

This is an interesting and a very readable book, which no doubt owes some of its interest to the author, in addition to having practised pathology, having studied philosophy before his medical studies, and having maintained a life-long interest in medical history. The leitmotiv of the book can be found in three sentences on p. 10 – “An enormous literature recounts the triumphs of modern medicine, and in so doing stresses the aspects of medicine that have changed over the years. Such an emphasis, however, completely distorts the nature of medical science and medical practice. This distortion manifests itself by creating sharp discontinuities and sudden breaks with the past.” Dr King ascribes a contrary view to Lewis Thomas, quoting from him a passage containing the sentence, “It was discovered, sometime in the 1830s, that the greater part of medicine was nonsense.”

Now, it cannot be gainsaid that Lester King is right in arguing that physicians in past centuries were every bit as intelligent and devoted as the physicians of today; that it remains important and valuable to study what they have left behind; and that it is the solutions to medical problems which change, not the problems themselves. On the other hand, I think he seriously underestimates the degree to which thought processes themselves may be modified, and hopefully enhanced, by the framework of established fact and probable hypothesis within which they operate – Karl Popper’s “third world”. Reasoning from faulty premisses may be coruscatingly brilliant, but it is less likely to be effective; and visible good outcomes must be a stimulus to intellectual effort in particular directions.

In concentrating on the main strand of argument, I have done less than justice to thought-provoking observations on the nature of disease and of the diagnostic process. The author is a master of graphic illustration, and his style is gracious. Perhaps I may illustrate this by a final quotation, which also conveys an important message: “[Scientific medicine] lies not in formidable apparatus nor the myriads of available tests, nor in overflowing libraries, but in that still small voice that I call critical judgment. This voice asks the important questions: ‘Do you see a pattern clearly? How good is your evidence? How sound is your reasoning? Can you support your inferences with the means at your disposal? What are the alternatives? What hangs on your decision?’ This voice, I believe, goes to the heart of scientific medicine. It has been speaking throughout the ages, but physicians do not always listen. And those who do not listen are empirics, regardless of the technical facilities at their command.”

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OLIVIER FAURE, *Genèse de l'hôpital moderne. Les hospices civils de Lyon de 1802 à 1845*, Lyons, Presses Universitaires de Lyon; Paris, Editions du CNRS, 1982, 8vo, pp. 269, Fr. 90.00 (paperback).

In a variety of ways over recent years, the Société Française d'Histoire des Hôpitaux has helped to rekindle interest in French hospital history. That Olivier Faure's *Genèse de l'hôpital moderne* comes endowed with the society's Grand Prix Emile Bonnet is sufficient guarantee of the work's scholarship and solidity. It is particularly attractive also in that it deals with a period of hospital history relatively neglected by recent scholarship. Drawing extensively on the superlative hospital archives of Lyons – though neglecting, somewhat surprisingly, the important F 15 (*Hospices et secours*) series in the *Archives Nationales* – Faure offers a far more thorough-going analysis than has appeared hitherto of the functions and the life of the hospitals of provincial France in the post-Revolutionary era.

Down to 1830, Faure argues, the traditional mould of the hospital in Lyons held fast. Directed by an administrative board composed of a self-regarding and self-perpetuating oligarchy of local notables, relying heavily on the services of a semi-regular community of nurses, concerned to open its doors to all forms of distress, the hospitals were less the *machines à guérir* wished for by hospital reformers since the late eighteenth century, than *asiles* which, like their Ancien Régime forebears, assured “*tâches d'accueil, de gardiennage, de contrôle sociale, et non pas du tout, ou presque, des soins médicaux*” (p. 220). From 1830, however, we see the beginnings of a