

## Book Reviews

However, in the final chapter, 'The price of success', Fye provides a valuable analysis to show how this success has also brought greed, prohibitive costs, the rise of managed care, fragmentation, new tensions, excessive numbers of cardiologists, high expectations, and a rise in consumer protection. Ironically, this is at the very moment when the quality of cardiac care in America has become the envy of other countries. He concludes with the cautionary note that "America's cardiologists and their college must work constructively in this new cost-sensitive environment to ensure that people benefit from what has already been learned about the diagnosis and treatment of heart disease—and that our nation's commitment to finding and applying new knowledge is maintained". The book more than serves its original purpose as a record of the American College of Cardiology, it provides a rich narrative account of the development, aspirations, organizations, politics, achievements, and eventual problems of the speciality of cardiology in America.

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**Eric T Dean, Jr,** *Shook over hell: post-traumatic stress, Vietnam, and the civil war*, Cambridge, Mass., and London, Harvard University Press, 1997, pp. xi, 315, illus., £23.50 (0-674-80651-4).

In 1980, the American psychologist Charles Figley declared that the debate over the mental health of Vietnam veterans was effectively over; the issue had become "depoliticized". Yet, two decades later, the debate is very much alive and more political than ever—its flames fanned, not doused, by the "invention" of Post-Traumatic Stress Disorder (PTSD) and the establishment of Readjustment Counselling Centers. Eric Dean's important, but deeply flawed, book offers the now-standard right-wing revisionist critique, blaming anti-war psychiatrists, not the Vietnam war, for the psychological problems of veterans. In

addition, though, it looks back at the American Civil War "through the lens of the Vietnam experience". Energetic, erudite and readable, it remains firmly bifurcated, a poor advertisement for the comparative method.

Two chapters on Vietnam open and close the book. The first, essentially a reprint of a 1992 article, argues that psychiatrists and the American media became so obsessed by the stereotype of the psychologically damaged veteran that they ignored objective indicators showing that most returned soldiers had successfully readjusted to civilian life and come to feel positively about having served in Vietnam. The second is a sustained assault on the role of psychiatrists in foisting PTSD and, with it, a culture of compensation and victimhood, on American society. The tone here is more polemical than scholarly—in sharp contrast to Wilbur Scott's *Politics of readjustment* (1993). Telling points about the dependence on self-reporting in epidemiological surveys of PTSD, the erosion of moral responsibility, and the distortions produced by "oral" military history are offset by Dean's brusque dismissal of the atrocity issue and his shallow and literal-minded discussion of the role of social support to returning veterans.

These chapters, however, are just garnish to the book's main purpose: to deliver an extended historical riposte to the special pleading of the 1970s—by showing that the Vietnam war was *not* unique; that it was just as tough and psychologically demanding to serve in the American Civil War and be a veteran after it. After sketching in the history of military psychiatry, Dean explores the psychological pressures of battle in the 1860s and looks in detail at the psychiatric nosologies of the day and the problems of readjustment faced by veterans. He has uncovered fascinating material from state archives and asylum records, but unfortunately not shaped it with much literary skill or psychological insight. Nor does he give much sense of the underlying *mentalities* of the 1860s—of attitudes to masculinity, social obligation, military duty, and so on. As a result, the reader has no way of gauging the emotions released

by the horrors Dean so lavishly catalogues, and overkill and compassion fatigue soon set in. The account of the psychological sequelae of the war and their clinical treatment is absorbing, but sheds little light on modern problems. It is unclear whether Dean commends or deplors the harshness with which so many of these cases were handled; unclear, too, as the book progresses, whether comparison between two disparate eras serves any real purpose. A full-length study of the American Civil War in its own psychological terms, rather than through the “lens of Vietnam”, might have been more valuable.

In a field as slippery as military psychiatry, comparisons across time have always been hazardous; yet something about Vietnam—the long tradition of rhetorical excess, perhaps—drives scholars to make them. Jonathan Shay’s much mocked invocation of the Trojan war in his *Achilles in Vietnam* (1992) did at least shed light on the importance of rites of absolution in re-integrating warriors into society; whereas Dean’s seemingly more sensible excursion back to the 1860s pays smaller dividends. Simpler comparisons—say, with Australian soldiers’ adjustment after Vietnam—are presumably too obvious to attract publishers.

**Ben Shephard, Bristol**

**Ira M Rutkow**, *American surgery: an illustrated history*, Philadelphia, Lippincott-Raven, 1998, pp. xvi, 638, illus., \$90.50 (0-316-76352-7).

By 1900 American surgeons regarded themselves as the greatest practitioners of their art (science, said some) in the world. A triumph that many of them put down to the individualism and courage that, they said, had made the frontier disappear into the Pacific Ocean. There is much truth in this story. By 1900 Europeans were beginning to make the transatlantic crossing to watch William Halsted operate (or more likely find the work being done by the young Harvey Cushing). Since then American pre-eminence has been widely

acknowledged. It is strange therefore that until now no one has undertaken the challenge of writing this tale (and of course 1900 could be taken as a starting point). Ira Rutkow has now picked up the gauntlet. Historians of surgery will be familiar with and grateful to Rutkow already for his valuable bibliographies of American surgery. The present volume is an impressive piece of work, the more so for being produced by a man whose regular occupation is surgery not history. This book is devoted to the United States, surgery in Canada is not included. It aims at comprehensiveness, starting with ‘Native American surgery’, it follows a chronological path with biographies of eminent practitioners at the end of the chapters. The final ten chapters are devoted to the world since 1946 and are arranged by speciality. This book may possibly be read from beginning to end by devotees of the linear view of the surgical past. It will certainly take its place as an invaluable work of reference. One of the outstanding features of this volume, in which, quite rightly, Rutkow takes pride, is the illustrations. The publishers have done justice to a remarkable range of material some of which has never, as far as I know, seen the light of day in modern print (spot the operating room on the train in 1890 on p. 159). There are many splendid quotes in here too, but, given the care with which Rutkow has identified his illustrations, quotation thieves will be disappointed by the absence of references (particularly surprising in an author interested in bibliography).

Arguably the title of this book is not truly exact, for it is not quite a history of *American* surgery, more one of surgery in America. Under the bonnet there is no engine. It is not enough of an argument that “[g]reat changes in American surgery were soon to *coincide* with the socio-political realities of the early twentieth century” (p. 211, my emphasis). How were those realities present in surgery? In fairness, Rutkow refers to “similar forces” driving both things but generalizations about science will not do. The point might best be made in detail. The word Rockefeller (“visionary businessman” p. 158) scarcely