

## Book Reviews

struggle for peace and self expression was subverted by invisible forces, with agendas quite different to his own.

Clandestine mesmerists were not the only group interested in conscripting Tilly Matthews. At Bethlem, he fell under the control of James Haslam, an ambitious apothecary determined to establish his reputation within the nascent discipline of psychological medicine. Theirs was to be an unhappy relationship. Haslam was harassed by Matthews' wife, who, over the course of a decade, repeatedly raised his detention with Bethlem's governors and issued a writ of *habeas corpus* against the asylum. Believing that his professional authority was being impugned in these proceedings, Haslam responded with a detailed history of Matthews' delusions: *Illustrations of madness: exhibiting a singular case of insanity and a no less remarkable difference in medical opinion: . . . with a description of the tortures experienced by bomb-bursting, lobster-cracking and lengthening the brain* (1810). It was the first book-length study of an individual's madness published in England. If Bethlem had been intended to silence Matthews, its staff would end up preserving his voice.

Haslam might have wanted to convict Matthews out his own mouth but, as Jay demonstrates in his penetrating analysis of *Illustrations*, many other readings are possible. "It is a book that cannot simply be read: but demands to be hijacked" Jay writes, and as Haslam had forced new meanings from Matthews' life, Jay reveals the unintended significance of the *Illustrations*. Jay takes the description of the air loom, not simply as a deranged fantasy, but as a metaphor for the individual's loss of agency within an asylum system bent on breaking the patient's will upon the physician's reason. If Matthews had been a pawn in the mesmerists' scheme, so too was he used by Haslam to advance his own medical agenda. Yet he was never entirely defeated. From his cell he would draw up new plans for Bethlem, which would later be incorporated in the rebuilding of the asylum. From his deathbed, his description of his forced detention would inspire the Parliamentary Select Committee's

investigations into the asylum, investigations that would wreck the career Haslam had so ruthlessly pursued. It is a salutary lesson for those who would give a voice to the mad, whether mesmerists, psychiatrists or historians. Such work demands the same kind of sympathy and insight as Jay demonstrates in his riveting account of *The air loom gang*.

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**Christopher C Booth**, *A physician reflects: Herman Boerhaave and other essays*, Occasional Publication No. 2, London, Wellcome Trust Centre for the History of Medicine at UCL, 2003, pp. xiii, 206, £15.00 (paperback 0-85484-093-1).

Sir Christopher Booth has had a distinguished career both as an academic physician/gastroenterologist and as an historian of medicine. Yet he has always been and remains a challenger of the medical establishment, as some essays in this collection make clear. The essay is not a common literary form at the beginning of the twenty-first century. Yet it has much to recommend it, including brevity and its informality of style. Above all an essay is primarily an expression of personality and, without doubt, Chris Booth's personality shines out from this book.

The collection opens with several remarkable historical pieces. They focus upon great men such as Herman Boerhaave, Samuel Johnson, J C Lettsom, the two Fothergills and Robert Willan. These are scholarly opinionated essays with the special insights of an author who is both a physician and an historian. However, the particular strengths of this collection lie in his personal reflections and interpretations, as he himself was a major player in the development of British academic medicine in the second half of the twentieth century. This includes his appointment as the Sir Arthur Sims Commonwealth Travelling Professor. So for Australians and New Zealanders his account of his visit to the Antipodes in 1968, is of special interest as it reveals that Booth has remarkable

insights into the history of these nations. This, he expanded and developed during his trip. Furthermore, his lyricism, in his descriptions of the visit, are a delight. He describes “gum trees with their various coloured trunks, white, brown, salmon pink, many with bark peeling off them, shaggy like the hair of highland cattle”. As he admits, he is fascinated by the history of Australia and this is transmitted to the reader by his style of writing, so easy to read.

His history of British gastroenterology highlights the roles of both personalities, for example, Sir Francis Avery Jones at the Central Middlesex Hospital, and institutions. In his view, a particular feature of the development of gastroenterology in Britain has been the role of district hospitals rather than “elitist teaching hospitals”. Yet it is the march of technology in gastroenterology that has been such a feature of its modern development. Although quality clinical research undertaken by individuals such as Richard Doll are of key importance. He reminds us that Doll undertook the first randomized controlled clinical trial in gastroenterology in Britain, working with Avery Jones, following upon his own research work on lung cancer.

Elsewhere in an essay relating his conception of the Royal College of Physicians entering the modern world, he again refers to the work of Richard Doll in collaboration with Bradford Hill. This demonstrated the association of smoking and carcinoma of the lung. He relates how the then president “of the elitist college” Lord Brain, doubted very much whether the Royal College should give advice to the public about smoking. However, things changed radically with the election of Robert Platt as president, resulting ultimately in the publication in 1962 of *Smoking and health*, which Booth regards as “the most important contribution of the Royal College of Physicians during the 20<sup>th</sup> century”.

Booth describes “the extraordinary changes in man’s technological development, deeply influenced by scientific discovery, that have affected man’s health more than anything else”, which have occurred during the twentieth century. He does not agree with any “fin de siècle ennui” expressing pessimism about further medical advance, finding it difficult to accept

the views of authors such as James Le Fanu, who believe that the age of optimism for medicine ended with the twentieth century. He points to molecular biology, which offers many prospects of future advance following the sequencing of the human genome, and robustly believes that the pace of advance in medical science and technology will continue to accelerate.

He concludes, however, that the age of medical giants such as Boerhaave has gone and the future for the physician in the twenty-first century is a democratic one.

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**Chris Feudtner,** *Bittersweet: diabetes, insulin and the transformation of illness*, Studies in Social Medicine, Chapel Hill and London, University of North Carolina Press, 2003, pp. xxii, 290, illus., £22.95, US\$29.95 (hardback 0-8078-2791-6).

In 1923, fifteen-year-old Tracy, living at Cape Cod in the USA, contracted diabetes and was one of the first in the world to receive insulin. Twenty-seven years later she was writing to her physician, Dr Priscilla White, about her failure to get a Victory medal from her Boston clinic, despite being “sound and healthy”.

In 1947, Dr Elliott Joslin had created this Victory medal to be awarded to any patients who had diabetes for twenty-five years or longer and were found—after a thorough physical examination, X-rays and an analysis of the urine—to be in perfect health. In Joslin’s view lasting health with diabetes was a Scientific and Moral Victory, and this was imprinted on his other medal—the Life Span medal awarded to those who had diabetes for fifty years. Of course, the premise of this was that patients could control their disease if they followed the rules set down by the doctors; patients were responsible for their health, good or bad. A small step from this was the conclusion that patients were to blame for the long-term complications of diabetes. Tracy’s exclusion was on the basis that