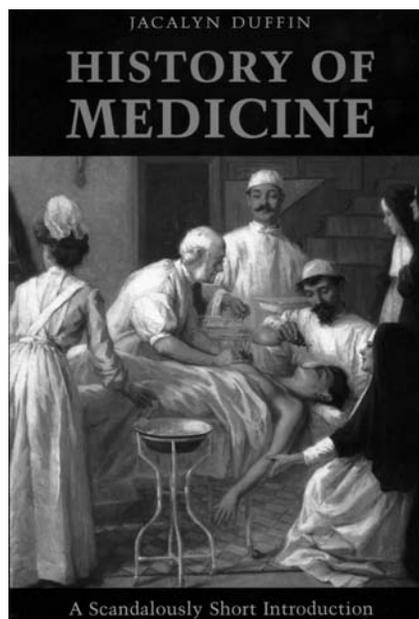


edited by Walter Pagel

HISTORY OF MEDICINE: A SCANDALOUSLY SHORT INTRODUCTION. JACALYN DUFFIN. TORONTO: UNIVERSITY OF TORONTO PRESS; 1999. XVI + 432 PAGES. HARDCOVER \$70.00, SOFTCOVER \$24.95. ISBN 0-8020-0949-2 (HARDCOVER), 0-8020-7912-1 (SOFTCOVER).

ELLEN B KOCH works as a freelance medical writer and editor in Houston, TX. She is also a historian of medicine who has researched and published work on the history of bioengineering and clinical pathology and is writing a book on the history of medical ultrasonography.

To a professional historian, this book is scandalously short; for anyone else, it has the perfect length. It maps out current relationships among different medical disciplines and clinical practice and provides enlightening observations about the evolution of medical thinking that brought us from medical practice in antiquity to current standards. Jacalyn Duffin, both a practicing hematologist and an accomplished medical historian, begins by challenging the reader: Are the “Great Men” associated with “Great Advances” in the history of medicine truly the heroes they are assumed to be, or are some of them villains—or are they a mixture of the two? For example, Alexis Carrel made it possible for future generations of physicians to transplant organs, but he was a Nazi sympathizer. Hippocrates is revered as the father of medicine, but he forbade the use of the knife and refused to teach medicine to women. Under scrutiny the heroes in medicine are found to be simply human, with a mixture of virtues and flaws. The answer to the question depends then on who is asking and why.

With that in mind, Duffin asks her readers to question their own perspectives on medicine and biomedical sciences and to adopt a sense of skepticism about current dogma in medicine. Throughout the book Duffin provides examples of how social context influenced supposedly objective, immutable medical science, and how social values, invisibly buried in medical science, affected clinical practice. The concept of disease differs according to place and time, and it influences the relationship between doctor and patient and therefore the course of treatment. Two views of disease prevail: The physiologic theory holds that disease is caused by something within the individual; examples include cancers that result from genetic susceptibility. Ontologic theory holds that disease is caused by an external entity, such as a pathogen, that is separate from the individual. Both models of disease have been used to blame patients for their own illnesses. When a particular group is identified as being at risk for a disease, the larger public often equates the entire group with the disease just because the potential exists.

While providing a wealth of information and thought-provoking perspective on medical science and clinical practice, Duffin gently debunks many myths about them. For instance,

contrary to popular belief, most effective therapies were discovered by empirical methods rather than by the currently favored scientific method. Control of infection can be effective without any knowledge or understanding of the causative microbial agent in question. In contrast, public-health measures can be ineffective or even detrimental despite knowledge of the microbial agent.

Duffin wrote this book in response to requests from her students at Queen’s University Medical School, where she teaches the history of medicine as an integral part of the regular curriculum, not as a separate course. As a result, rather than follow a chronology more typical of a book on the history of medicine, she unapologetically organized the chapters of the book to follow the medical-school course curriculum. She discusses in turn the historical span of anatomy, physiology, pathology, pharmacology, health-care delivery, epidemic diseases, blood and other vital humors, physical diagnosis, surgery, obstetrics and gynecology, psychiatry, pediatrics, and family medicine.

Each chapter, ranging from antiquity to the present, can be read and understood as a discrete story. Cross references point readers to related ideas in other chapters, so it is just as easy to plunge into the middle of the book and leapfrog from chapter to chapter in pursuit of a particularly interesting theme as it is to read the chapters sequentially. The book is very compelling when read in its entirety. However, many readers may find it most valuable as a resource for history and context for a particular medical subject. Appendix C, “Educational Objectives of This Book”, succinctly states the primary points of each chapter and is especially useful; it can provide context for a single chapter or serve as a useful mnemonic.

For anyone wishing to pursue a topic further, Duffin included well-chosen suggestions for further reading with each chapter, a chapter on how to research a topic in the history of medicine (including tips on avoiding common pitfalls), and an appendix with a thorough guide to resources and research tools for the history of medicine. I plan to keep my copy close at hand even though I already have bookcases full of books on the history of medicine.

Ellen B Koch