

book reviews

A physician reflects: Herman Boerhaave and other essays

By Christopher C. Booth. The Wellcome Trust, London

2003. 214pp. £15.

Simplex veri Sigillum. (Simplicity is the hallmark of truth.)

– Boerhaave¹

The introduction to this book concisely covers the content of the essays and quotes Roy Porter's review of a previous volume by the same author in which he says 'the craft of the essay is no less demanding than the science of the clinic.'² The genre of the essay is demanding and I believe has been largely neglected in favour of fiction, biography, the diary and the concisely scientific. There is difficulty in choosing a model for the form; Montaigne is often accepted as the father of the essay but there are ardent followers of Francis Bacon, Charles Lamb, Richard Steele, Joseph Addison, Jonathan Swift and Samuel Johnson. These latter writers offer a great variety of modes of expression which have proved most apt for the clinical scientist. The essays of Wilfred Trotter and William Osler are excellent examples of the clear-sighted and logical demands made of the medical essayist.

In *A physician reflects*, Christopher Booth takes us from the eighteenth century to the end of the twentieth century and the mechanics of present day science and clinical medicine. The scope encompasses the foundations of the medical schools in Padua, Leiden, Edinburgh, London, Paris and Philadelphia; shifting epicentres of medical excellence. This is a rich landscape, logically and clearly set out by an authoritative scholar and accomplished academic who is fully skilled in science, clinical medicine, university life, literature and history.

The fifteen essays give a compelling momentum to the growth of empirical medicine, the transition through scientific medicine, and the revolution induced by the explosion of technology.

The author writes with a steady enthusiasm, critically, avoiding the dogmatic and didactic. The opinions expressed, however, have a subtle glister to them. There is also a gentle humour – reflected, for example, in the description of Robert Willan's dermatological dispensary for the dispossessed in Carey Street at the end of the eighteenth century. A sharp lesson is drawn from the '42 Club' and its difficulty in maintaining independence of thought and altruism as its democracy expanded. One sees the nature of the social politic in a casual parenthesis.

Overall, the essays convey a sense of balanced content; they are carefully and copiously researched but written with an easy, fluent and persuasive style which one is able to read with a steady interest. This is the essence of good writing. One reads not only for the 'plot' but for the detail and the use of language. As in Hardy novels and some Shakespeare plays the plot becomes absorbed in the quality and range of word usage. These essays are therefore a slow and comfortable read, where one may turn the pages alternately forwards

and backwards to assimilate the opinions, fingerprints and facts. The lasting impression is one of balance in the Mozartian sense, tempered by a humane wit which mixes praise with restraint. After a somewhat heroic essay on 'The greatness of Boerhaave', there is a reminder, bringing us back to earth, of the waywardness of therapeutics in Boerhaave's teaching and aphorisms. Here tradition has become a habit and Boerhaave reflexively recommends 'extensive bleeding and purging'.

A poised essay on smoking and the Royal College of Physicians' conservative reserve in the face of overwhelming evidence opens the current conundrum of political intervention in health issues. The establishment frequently takes its habitual, cautious, chary and perhaps inevitable posture. It was undoubtedly timely that the establishment should, however, shake off its adolescence and assume its mature responsibility and authority.

The author's respect for Sir William Osler and his pleasure in the irascible Samuel Johnson extend the literary interest. We are taken into the constitutional issues that separated Britain from America towards the end of the eighteenth century, and which evolved over the next century and a half with the weakening of the links between, and the eventual separation of, Great Britain and all her colonies. With this emancipation came the development of independent global influences on political reform, social injustice, poverty and disease, as well as the progress and growing status of medicine and its closer relationship to widely different communities, cultures and the problems of the Third World.

The text is robust and accurate with liberal quotations, witty, well focused and at times provocative and ironic. Witness Johnson's inflammatory and at times propagandist criticism of America, which sprang from a just enough condemnation of slavery. The radical Quaker influence in medicine is explored through the characters of Lettsom and the Fothergills. I particularly enjoyed the analysis of the Quaker contribution to social reform. This puritanical sect of fearless and visionary philanthropy gave much. In an interesting vignette the author notes that Sir William Osler had a copy of Anthony Fothergill's will which is now preserved in the Episcopal Church at the College of Physicians of Pennsylvania with a sombre tablet. The text of the tablet reads: 'Reader here make solemn pause... Remember... that on the present day hangs eternity towards which thou art hastening'.

The author strikes a fresher and more optimistic note, more amenable to present day scientists, philosophers and physicians, on the transition from medicine as an art to medicine as a science and the ethical implications imposed by cellular transplantation, genetics and cloning. The art of the possible has become the art of the unbelievable.

Christopher Booth also deals effectively with the iconoclasm that has informed the late twentieth century concept of the anti-hero and the associated critical innuendo against the great and the good. The author's experience of academic life, travel, education, research,

postgraduate development and identity, and the flowering of his own speciality of gastroenterology, sets high standards for medicine as a university preoccupation within the essential historical meaning of the term 'university'. In a culture which myopically diminishes the relevance of the historical process – the meaningful understanding of where we are today and where we are going tomorrow – I wholly recommend the essay on 'How concepts of health and disease changed during the twentieth century' as obligatory reading for the promising baccalaureate student and undergraduates in medicine, science and the humanities.

A physician reflects by Christopher Booth refreshes the intellect. It is written with 'head and heart and hand'. These are strong, welcome and well-articulated essays. It is a privilege to read them. Although I greatly enjoy the essays of Bacon and Montaigne, the language has a stiffness and the metaphysics and conceits have a hint of the archaic. Christopher Booth's essays are of the modern variety; of their own time. They make a nice gift to further enlighten an enlightened friend; a pleasing antidote to the ecstatic boredom of the diaries of André Gide and Arnold Bennett.

References

- 1 Booth CC. *A physician reflects*. London: Wellcome Trust, 2003.
- 2 Porter R. Yes, Minister. *BMJ* 1987;194:1681.

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The healing environment: without and within

Edited by Deborah Kirklin and Ruth Richardson. The Royal College of Physicians, London 2003. 221pp. £15.

Over recent years there has been a gradual realisation that the arts can play a significant role in shaping the environment in which individuals experience illness. This role encompasses all aspects of the arts from literature and poetry, through the visual and performing arts, to architecture and the design of treatment centres. In the space of 12 chapters, often with interesting and evocative colour illustrations, these matters are discussed by several medical practitioners as well as by experts in the arts.

The authors examine the importance of a healing environment through the arts. In 1845, the counties and boroughs of England and Wales were required to finance the building of asylums, and during the Victorian period many large hospitals were built for the care of the sick. Although the motives of the founders of these institutions were essentially good, the buildings were drab and depressing. Thankfully, in recent times we have seen an emphasis on attractive architecture with open designs. This dramatic change is well-illustrated – for example by the Chelsea and Westminster Hospital, opened in 1993. On the advice of patients and staff, works of art are selected and then hung around the hospital for general enjoyment. Many other hospitals have now implemented similar schemes including, for example, the Royal Devon and Exeter Hospital.

Other initiatives being developed include taking groups of young patients who are mobile to art galleries and – part of the National

Gallery's same 'Take Art' project – taking good reproductions of art to hospitals for discussion with those young patients who are less mobile.

But apart from enjoyment, do the arts affect clinical outcome? The results of several carefully designed studies seem to indicate that they do. For example, anxiety and depression levels in patients have been found to be reduced and, in an antenatal clinic, blood pressure levels are lowered.

Such approaches are not necessarily limited to the hospital environment but can also benefit those with mental health problems being managed in the community by helping in rehabilitation and raising self-esteem, and improving the ability to deal with stressful environments.

Jane Duncan, an artist herself, considers the physiological effects of colour, a subject with a long history. Some colours are clearly associated with particular responses and this information can be employed in designing therapy centres.

The value of the arts also extends to literature and poetry. Claire Elliott, a general practitioner, demonstrates how the study of the novel *Trainspotting* can help students and health carers better understand the world of certain patients whose background can be very different from their own. To any who question 'Why bother?', I would suggest that they read this illuminating study.

There are of course other works written by authors whose experiences might help a carer better appreciate particular problems in certain patients; for example Joyce Cary, Mervyn Peake and Virginia Woolf. Writing about a fatal illness in a loved one can be a cathartic and healing process. This is movingly illustrated in the essay by Michael Rowe, a sociologist whose son died at the age of 19 following life-long illnesses which culminated in several major operations.

I have only given a selected summary of the book, but it will be sufficient, I hope, to encourage others to read it and thereby be convinced of the role of arts in clinical care. As Kenneth Calman writes in his thought-provoking epilogue, the role of arts in the healing process is at last beginning to be accepted. Carers and administrators should now be encouraged to pursue the subject further. I hope they will.

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What is the real cost of more patient choice?

By John Appleby, Anthony Harrison and Nancy Devlin. King's Fund, London 2003. 64pp. £6.50.

One of the criticisms of the Government's plan to modernise the NHS has been that it attempts to right too many of the perceived wrongs simultaneously. A result is that some initiatives may be incompatible. Allowing patients greater choice is intended not only to reduce the feeling of totalitarianism in NHS care but also as a way of introducing healthy competition between providers, so as to drive up quality, efficiency and responsiveness. The Treasury, however, emphasised the antithesis: that promotion of choice might prejudice equity and efficiency. Osler pointed out that the desire to take medicine was one of the features which distinguished man