

book reviews

Horizons in medicine

Edited by Dorian Haskard. Royal College of Physicians, London 2005. 384pp. £30.

I once gave a talk at the Cork County Medical Association, and was unwise enough to give it the grandiose title of 'Aspects of colitis'. The after dinner speaker was merciless in his scorn. *Horizons in medicine* is not an entirely ungrandiose title, but it has the advantage – at least for the editor – of considerable ambiguity. Are these horizons as far as the eye can see (long)? Are they defining our limits (short)? Is it an all-round view?...

Fortunately, most people who pick up this book will know that this is the edited report of one of the College's most successful educational ventures, the annual Advanced Medicine conference, now incidentally in its glorious 42nd year. And the ambiguity of those horizons accurately reflects the dilemma of constructing an attractive conference programme. Not even a four-day conference can cover all advances in medicine in depth, so the topics chosen reflect a desire for breadth and topicality, the necessity for avoiding subjects covered the previous year, the desirability of identifying lacunae in peoples' knowledge (particularly when this is associated with a feeling of guilt) – and above all the availability of speakers who can hold, educate and amuse an audience. Those are not necessarily identical to the criteria that would dictate the subjects covered in an annual update text – but the continued production of the *Horizons* series (since 1989; in the more austere years before that they were published as *Advanced medicine*) at a time when the bound printed word is progressively less attractive in medicine shows the series must be doing something right.

This 17th *Horizons* is edited by Dorian Haskard, whose skills combine rheumatology and cardiovascular, and clinical and experimental, medicine. He has produced a typically wide-ranging volume, with an engaging non-uniformity of approach. Topics range from clear didactic expression of straightforward but (to the non-specialist) *recherché* clinical topics (eg audiological disease (Luxon), photosensitivity (Hawk)), lofty overviews of 'big' topics (eg immunosuppression, biological agents) and detailed reviews of topics at the interface of clinical practice and research (the genetics of neuro-endocrine disorders, the biochemistry of vitamin D deficiency). Most are well and concisely written, though some may well have been better in spoken form – I have the feeling the lecture on headache management may have come over well during the conference, but it certainly lacks clarity on the page.

If horizons means 'the vision thing', there are a number of particular contributions to highlight – David Lomas and Andrew Hattersley's chapters both exemplify how elucidating molecular processes is not only enhancing understanding but beginning to direct choices of treatment, and Paul Shiels' piece on the use of stem cells to mitigate diabetes will be of interest to more optimistic readers.

Whilst marshalled into a series of major headings (gastroenterology, dermatology, obesity, immunosuppression, vascular risk factors, cardiology, cardiovascular imaging, rheumatology etc), each of the 35 contributions is entirely free-standing. One would hesitate to recommend it as a bedside book (myself, I prefer Simenon) but it does therefore have the advantage of browsability. Any physician who has this series on his or her bookshelf, and has read each volume, can truly claim to be keeping up to date. Each section furthermore is reinforced by a series of multiple choice questions (with correct answers flagged in an appendix) to reinforce the role of the series as an effective and enjoyable means of continuing medical education (or is it professional development?).

HUMPHREY HODGSON

Former Academic Registrar, Royal College of Physicians

A change of heart: how the people of Framingham, Massachusetts, helped unravel the mysteries of cardiovascular disease

By Daniel Levy MD and Susan Brink. Knopf, New York 2005. 272pp. \$26.95.

As the United States returned to peace in 1945 it was, in common with much of the developed world, forced to confront an epidemic of cardiovascular disease. The reduction in mortality from infectious diseases during the first half of the twentieth century had thrown the problems of cardiovascular disease into greater prominence but its prevalence had undoubtedly increased, and the death of President Franklin D Roosevelt in the final months of the war had shown that it respected neither rank or person. The cause, or causes, of coronary disease and stroke were largely unknown although there was no shortage of speculation. It was decided to establish a community-based study both to identify causative factors and to diagnose and treat early signs of disease. The concept had the critical support of Dr Paul Dudley White, the doyen of American cardiology, who was to provide essential long-term assistance. But early diagnosis was not possible and treatment was non-existent so the public health aspects of the study were dropped. It became purely an epidemiological study, passing from control of the federal Public Health Service to the National Institutes of Health (NIH) and the then recently created National Heart Institute.

The small town of Framingham in Massachusetts, with around 28,000 residents, was chosen as home for the study. It had a stable population and was within easy reach of Harvard where, it was deemed, the intellectual engine room of the study would be housed. There are now many cohort studies in existence but in 1948 there were no rules or guidelines for establishing such a project. Evangelical skills were required to overcome the resistance of local physicians, who feared a federal government takeover of their practices, and of local residents, for many of whom doctors repre-

sented an expense to be avoided unless really necessary. Young researchers too were reluctant to engage in a study where the results would not appear for many years. The essential career-building publications would have appeared too few and too late. But the study did take off and eventually achieved what today might be termed iconic status in the world of cardiovascular epidemiology. As time passed, the evangelists were replaced by clinicians and statisticians and the cumbersome paper records and manual calculating machines gave way to computers. The story of the hazards of cigarette smoking and other risk factors associated with coronary disease, together with the dangers of raised blood pressure, slowly emerged but often encountered considerable opposition – both commercial and academic.

Dr Daniel Levy, the current director of the study, and Susan Brink tell the story of this considerable achievement in a remarkably frank and honest manner. They describe some of the personality clashes, inevitable in such a complex organisation, and the difficulties some encountered when their skills were bypassed as the study grew and developed.

In 1968, when the study was 20 years of age, its originally intended life span, the NIH decided to begin winding it down. Funds for research were limited and the consensus of opinion was that basic scientific research offered a better prospect of cure and prevention than clinical observation and experiment – an argument familiar to all who have experience of the research grant-making process. In the Framingham study much of the data remained unanalysed and the potential of multivariate analysis had yet to be explored – the prospect of greater engagement in stroke research and the opportunity to study new risk factors would also be missed. There are frequently difficulties in ending cohort studies. Researchers are keen to use the existing infrastructure to exploit new technology while those who fund research are understandably reluctant to extend projects beyond their allotted time span and suspect that the precious ore they are mining is very largely exhausted.

Eventually a compromise was found, with the study passing to the care of Boston University with financial assistance provided from federal funds. Once more Paul Dudley White was considered to have been influential in the study's survival, underlining again the importance of support in high places even in the objective world of science.

This book charts the emergence of the familiar messages of Framingham and the extent to which they have changed both medical practice and public behaviour. The hazards of raised blood pressure, confirmed by others, led to a large series of drug trials and in turn to guidelines for clinical practice; a similar story followed observations on the role of blood lipids. The outline account of the growth of drug trials is one of the most interesting parts of the narrative and is written from a more international standpoint than the necessarily focussed history of Framingham.

Many studies have followed and have complemented the findings of Framingham but it remains the outstanding achievement of its kind in the field of cardiovascular epidemiology.

BRIAN PENTECOST

Former Medical Director of the British Heart Foundation

Invalidism and identity in nineteenth-century Britain

By Maria H Frawley. University of Chicago Press, Chicago 2004. 280pp. \$39.

Quite early in her book Maria Frawley comes near to defining the word 'invalid' as she applies it to the group of British valetudinarians she has studied in minute detail. 'The invalid was not only an especially ambiguous type of medical figure but also a multivalent social actor, one who played a "sick role" scripted in various ways by society and inflected by other dimensions of identity, chief among them gender, class, nationality and religious belief'. That quotation not only tells you what she is about, but also gives you a flavour of her style: intense, wordy, North American academical with strong sociological emphases. So this book is not for light reading on the beach but if you keep at it there are many nuggets of interest, and though she says little about the doctors who advised these sufferers it was obviously an important (and possibly lucrative) area of practice for some segments of the profession. Many of the creaking gates she takes as examples are famous, so an insight into their invalidism has particular interest. They include Florence Nightingale, Wilkie Collins, Harriet Martineau, Edward Bulwer-Lytton, Thomas Carlyle, Hannah More, Charles Darwin, Alfred Tennyson and Robert Louis Stevenson – a veritable parade of the nineteenth-century establishment.

Ms Frawley had no shortage of material – she cites more than 500 books and quotes from many of them (but bizarrely, by some editorial shipwreck, although there are plentiful numerical references in the text, the bibliography is simply an alphabetical list, devoid of numbers). The invalids themselves wrote about their afflictions at length, while others wrote books of advice – on diet, rest, exercise, travel and especially the Christian forbearance which could make suffering a virtue. Magazines carried many essays like 'The pleasure of sickness' and 'The invalid's world', and poems about being ill. Invalids also appeared as characters in the fiction of the time, for example Mr Woodhouse in *Emma*, Margaret Dawson, the centerpiece of Mrs Gaskell's *Round the sofa*, and the mysterious Mr Fairlie in Wilkie Collins' *The Woman in White*. There are paintings and engravings, too, several reproduced in this book.

The possibilities of infirmity had fertile soil in the interest shown in health and illness during the nineteenth century, hardly surprising in view of the high mortality, short life expectancy and limited medical help which existed. In an age of compulsive letter writing 'the theme that dominated... was health, seldom perfect.' Because of this fascination with health and disease anyone feeling a little frail easily became an invalid and was accepted as such. What we do not know is how much of this invalidism was imagined or neurasthenic, and how far due to undiagnosed or untreatable disease. Tuberculosis was common; brucellosis, let alone borreliosis, virtually undiagnosable; and the whole catalogue of chronic inflammatory and immunological disease unimagined. Even the relative longevity of some of these invalids does not mean they were free of organic disease. One contemporary essayist put it tersely: 'Invalids may be pretty accurately divided into two classes, those who are likely to live, and those who are likely to die'.

There seems small doubt that some of the more robust invalids adjusted their apparent indisposition to their own convenience.