

Florence Nightingale is perhaps the best known and frequently discussed example (most scurrilously by Lytton Strachey). Had she been up and about her bourgeois Victorian family would have expected her to live a superficial social life, but she preferred to work prodigiously hard and effectively from her sickbed. Elizabeth Barrett adopted her sick role as a response to ‘unendurable family tensions’. However, even if the sickroom was an escape from some disagreeable duties, and gave opportunities for solitude and self-examination, acceptance of frequent sick-visitors, often inclined to offer inspirational readings and prayers, was an obligation. Religion was considered an important and helpful occupation for the invalid.

Of course physicians visited, prescribed and advised – about work or rest, fresh air or confinement, spas, and often the desirability (or otherwise) of foreign travel. Some invalids extolled their physician, but many found little of their advice helpful and sometimes therapeutic side effects were worse than the original illness. So they sought cheaper assistance elsewhere. William Russell wrote, ‘I have been taking medicine every day for over 12 years, during which time I have tried nearly every remedy which I have noticed in the papers.’ One anonymous writer observed, ‘If restored by some novel elixir today, it was to find my malaise with me tomorrow. Credulity has a celeritous promptitude; it never reasons, never stops till satisfied.’

Invalidism is still with us, of course. In every specialty there are patients chronically disabled by their condition, but it is never easy to predict how a disease of given severity will affect different individuals. Some cope with appalling physical illness with remarkable robustness and determination. And there are others with little or no identifiable disease who occupy a lot of medical time and pursue an invalid life not distinguishable from their nineteenth century predecessors. As a profession we much prefer rollicking organic disease which we might be able to treat, rather than the ‘never quite well’, to whom we attach pejorative labels like TATM and chronic fatigue, or call ‘heartsink patients’. Good doctors today, and no doubt in the nineteenth century, know how far to accept patients’ need for, or belief in, invalidism, and how far to try and modify it – but it’s time-consuming, and taxing on one’s patience.

So this book is a thorough piece of work and would be a useful reference source – if only the references were numbered – but it’s not one for every doctor’s bookshelf.

JOHN R BENNETT

*Retired Physician and former Treasurer,  
Royal College of Physicians*

**A dictionary of bookplates of Irish medical doctors. With short biographies.**

**By Edward A Martin MD. Dublin, De Búrca 2003. 160pp. €36.**

The bookplate or *ex libris* is almost as old as the printed book itself. At a time when books were rare and valuable their possessors often had them on display. Collectors were keen to demonstrate ownership, and at the same time to display discreetly their status and their breadth of culture. This they did through the symbolism in the bookplate and the distinction of the artists they engaged to design them. In the fifteenth century Lucas Cranach the Elder, Holbein and

Dürer were all commissioned. These traditions persisted and are exemplified in the present delightful account of the bookplates of Irish medical doctors from the seventeenth to the twentieth century. The dictionary is informed by Eddie Martin’s connoisseurship of books and paintings and his deep knowledge of the history of Irish medicine and art. It is an absorbing read.

The style of a bookplate tells one something about the personality of its owner. There is a wide range here, all illustrated, from the grandly serious (often based on family arms with solemn exhortations not infrequently in Latin) through the allegorical and emblematic to the humorous. The short biographies are full of curious detail not only about each doctor’s contribution to medicine and place in society but about the changing patterns of medical practice over the centuries and the controversies and tensions which divided profession and state. The biographical byways lead the reader into territory as diverse as collecting Wagner’s correspondence, the origins of the Dublin Botanical Garden and the Irish Women’s Liberation Movement. Amongst my favourites are the exquisite bookplate of Geoffrey Bewley (the touching origin of which was a drawing by a medical student given in appreciation of medical care), and those of the Solomons family (six are reproduced) and the Stokers, including Sir William (brother of Bram of *Dracula* fame). Ephraim Cosgrave had six, the changing designs reflecting the institutions in which he held posts of importance.

The book is beautifully produced and a pleasure to handle. Though scholarly it is just right for bedtime.

IAN McDONALD

*Former Harveian Librarian, Royal College of Physicians*