

which insight into the condition is totally absent, is far more dangerous than the examples of anaemia, heart failure, or gall-bladder disease that are considered here.

It is a consideration to bear in mind in reading the final chapter in which Park discusses the implications for the future. His conclusions are not comforting. Now, it is true, constant exposure by the media, especially television, makes it harder to disguise the evidence of gross illness — at least in democracies. Moreover, if a sick leader recognizes and acknowledges his disability (Eisenhower did), there is hope. It is much more sinister if the illness robs a leader of insight. What then?

If his colleagues try to intervene they will be accused of acting for their own political advantage. How can a vice-president or deputy prime minister who says 'It is time for you to stand down' hope to escape such a suspicion? And if he calls on his political colleagues, of whichever party, they will suffer from the same disadvantage. Section 4 of the Twenty-fifth Amendment to the Constitution of the United States was designed to meet this problem. It confers on the Vice-President the power to take over if the President shows signs of inability to discharge the duties of his office, but "inability" was left undefined (deliberately), and the President still has powers to challenge any decision. Should power of dismissal be delegated to a panel of doctors? Of course not. No one, including the medical advisers themselves, would want it, nor could such a panel escape the suspicion of political prejudice. And what about the problem of medical confidentiality, which would be a major consideration in Britain? To Park and probably to most Americans, confidentiality is not the main issue for leading politicians. Indeed, we have become familiar with the way that the details of a President's illness, even the functioning or non-functioning of his bladder and bowels, are broadcast to the world from the USA. Superficially such openness appears to be a welcome safeguard, but it is doubtful if it is.

The worry that lies at the centre of this book is how to devise a system, free from suspicion of improper influence or corruption, which can cope with taking the executive power from a leader who is gravely sick but does not, or will not, recognize the fact and agree to stand down. The urgent need for such a system is obvious. As the author points out, "*the chances are good that the real emergency will come in the area of presidential neurologic disability, either temporary or permanent*. It has arisen on at least three occasions already in the twentieth century". But he admits when all possibilities have been reviewed they are "found wanting, and for the obvious reasons, the most obvious of which is the inescapable political entanglement of the decision". He urges the need for greater accountability by those charged with overseeing the health of our leaders. "The medical profession left us with a disturbing legacy in our recent past. Blinders must never be worn again." But how to implement such admirable sentiments is not clear. One ends with the frustrating conclusion that the problem may be insoluble.

Irvine Loudon

Wellcome Unit for the History of Medicine, Oxford

VINCENZO DI BENEDETTO, *Il medico e la malattia: la scienza di Ippocrate*, Turin, Einaudi, 1986, 8vo, pp. xii, 302, L.24.000 (paperback).

In this collection of new studies, di Benedetto deliberately avoids the vexed question of which, if any, of the works of the Hippocratic corpus were written by Hippocrates, and instead concentrates on "Hippocratic medicine" as a chronological category referring to those treatises dating to the late-fifth and early-fourth centuries BC. In particular, he looks at two major groupings within the corpus: those which he calls the "technico-therapeutic treatises" (*Aff. int.*, *Morb.* 2(A) and 3, and the most ancient sections of *Mul.* ) and, in the third and final part of the book, the anatomical works (*Fract.* and *Artic.*).

His method of working involves very close study of the texts in order to uncover the medical concepts of their authors. For example, when he analyses the vocabulary of disease, showing how diseases are described and named, his conclusions illuminate the question of the extent to which individual characteristics of the patient are thought to influence the symptoms and course of the disease. One chapter investigates how explanations of psychological illness can illustrate the ways in which the ancient Greeks saw reason, the intellect, and the emotions; others cover early surgery and the development of dietary theory.

Comparisons are drawn throughout between the content and form of ancient Greek medicine and that of other early cultures (Egypt, Assyria, Babylonia), the purpose being always to show what is specific to Hippocratic medicine. In particular, di Benedetto examines the early medical texts of the form "If x symptoms, then y therapy", and the significance of the slight variations on this found in Hippocratic medicine. His use of the "techno-therapeutic" treatises is equally careful; he first isolates their specific features, such as the format according to which each disease is described in the order name, symptoms, therapy, prognosis, or the concept of "sign" which links observed phenomena to internal causes, and then goes on to look at other Hippocratic texts to see where and how they differ. He rightly emphasizes that the individuality of each text and the range of ways of describing disease found within a single text must first be appreciated, before texts can be linked into groups and the development of particular concepts analysed.

As di Benedetto says, the earliest periods of Greek medicine have too often been over-simplified by the use of dichotomies, with treatises seen as "Coan" or "Cnidian", "by Hippocrates" or "by an inferior writer". This book should go a long way towards helping us to understand the complex medical reality of this important period.

Helen King

Department of Classics, University of Newcastle

DAVID HAMILTON, *The monkey gland affair*, London, Chatto & Windus, 1986, 8vo, pp. xvi, 155, illus., £11.95.

David Hamilton's account of the curious history of gland transplantation in the early decades of this century focuses on the career of Parisian surgeon Serge Voronoff (1866–1951). Hamilton sets Voronoff's rise to fame in the 1910s and 1920s firmly amidst the growing recognition of the role of the endocrine glands in the body and the popularity of organotherapy as a mode of treatment. In an era when most of the presumptive hormones had not yet been isolated or chemically characterized, transplanted glands were thought to supply a ready source of deficient hormones to recipients. Voronoff claimed to use monkey testes successfully to restore virility to ageing men.

Hamilton vividly portrays the ever-present tension between Voronoff's clinical evidence and the limitations of his experimental studies on animals. It was the agricultural implications, i.e. his claims for increased stock quality, that led to full assessment of his work and to evaluation of the limitations of his experimental design. Voronoff's assumptions began to be seriously questioned only after an international delegation evaluated his testes graft experiments on sheep in Algeria in 1927. The dissenting, unenthusiastic opinion of the British delegation, which included physiologist F. H. A. Marshall and geneticist F. A. E. Crew, is therefore of especial historical interest.

Hamilton points to Alexis Carrel's organ transplantation work and expectations of both physiological and hereditary improvement of man and beast through scientific intervention as predisposing factors to Voronoff's "success" and to the extraordinary parallel career of "Dr"