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the society of his time. Very little attempt is made to place Newton within any context he would have recognized, or to understand the motives at work within the various practices on which he was engaged. The detail of evidence Westfall presents here does, ironically, provide a historian with almost enough ground to begin such analysis. Newton's notion of God's relation with nature and the work he conducted on the construction of a full cosmological account of that relation must be understood in terms of the legitimate practices which could reveal God's action in nature to each subject, and the ways in which these practices could then find a place in society. Hence the fact that the role of the natural philosopher was in the process of being defined takes its place as a crucial condition of the emergence of Newtonian natural philosophy. To exactly the extent that the historian of science *assumes* a particular characterization of the work of the scientist, an understanding of the construction of that work and that role will elude his or her analysis. Thus for Newton, his discovery that the cosmology of the apostate church was "a superstition of ye same kind wth ye Charmes & spells of ye old Heathen, & . . . may be truly called enchantment & sorcery" did play a central role in his work to establish a true philosophy of nature. Westfall often acknowledges that Newton "understood how radical his philosophy of nature was", and that he "took care to eliminate any hint of the radical theology that in his view had accompanied the philosophical tradition as one of the twin vehicles of truth". Yet he does not go further than this to penetrate the public face of this "heroic scientist". This biography, therefore, remains a brilliant, thorough, but ultimately unsatisfactory catalogue of Newton's activities, and not yet the historical analysis we need.

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SAUL JARCHO, *The concept of heart failure from Avicenna to Albertini*, Cambridge, Mass., and London, Harvard University Press, 1980, 4to, pp. xiii, 407, £27.00.

As its title makes clear, this book provides an unusual clinical excursion into the history of ideas. As such it injects the historical dimension into a concept which many practising physicians take for granted as obvious. The insight it gives into the difficulties encountered in evolving the syndrome of heart failure is stimulating and educative, not only for those practising medicine, but for those purporting to write on its history.

This scholarly account of the slow composition and integration of the syndrome of heart failure approaches the problem by symptomatic analysis. For example, it begins with Avicenna's account of suffocation and angina. The symptom of "suffocation" can be interpreted as "dyspnoea" today. "Angina" describes swelling of the throat – in this sense it is still used in such terms as Ludwig's or Vincent's angina. Only in 1772 did Heberden transfer the "sense of strangling and anxiety" to the chest in the term "angina pectoris". In his book, *Diseases of the heart*, Avicenna well illustrates what Jarcho calls, "the poverty of medieval doctrine", for his application of Galenic humoral theory includes few, if any, signs of heart failure as now recognized.

From this symptomatically inauspicious beginning the reader is led through a series of seventeen writers describing different aspects of the syndrome of heart failure.

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Some are well known, such as Fernel, Malpighi, Baglivi, and Lancisi: some are historically obscure, such as Capiavaccius, Sebizius, and J. C. Hufeland. The “grand climax” is reached with Ippolito Francesco Albertini (1662–1738). Albertini worked with Morgagni: he was a kinsman and assistant of Malpighi, and a close friend of Valsalva. Such a distinguished medical entourage seems to have overshadowed Albertini’s clinical achievements. Indeed, it has needed a seasoned medical practitioner to recognize “that Albertini was a clinician of extraordinary ability – perceptive, knowing, resourceful and experienced”. When one realizes that percussion and auscultation had not yet been introduced, one is amazed to learn that Albertini revealed the complex syndrome of heart failure by using the clinical history, inspection, and palpation alone.

This book is a rich mine of information, carefully selected in such a way as to tell the interesting tale of the composition of this common and important clinical entity. It must represent many years of diligent historical research, sometimes in obscure corners of medical history. Its construction is described by the author in his preface. Here he emphasizes his preference for *long* quotations on the grounds that their misinterpretation may thereby be avoided, particularly when unfamiliar concepts and terms are involved. Since his quest was unusual, he has provided here many passages never previously translated into English.

One regrets the omission of Hippocrates, Galen, and the ancient Greeks – an omission the author attempts to correct under the heading, “ancient commentators”, after each excerpt. The clinical observations of Harvey also escape attention on account of his predominantly experimental approach to cardiac physiology. This is indeed turning the tables on the more orthodox historians of medicine! In Harvey’s second letter to Jean Riolan, however, his concept of failure of the heart as a pump, from “obstruction”, is described both experimentally in a snake and clinically in the case of his friend, Sir Robert Darcy.

However, such relatively trivial gaps should not detract from the outstanding merit of this original and mature organization of a difficult conceptual and terminological problem. It is an approach deserving emulation in other fields, though but few possess both the clinical and historical qualifications for doing so.

Kenneth D. Keele

ARTHUR KLEINMAN, *Patients and healers in the context of culture. An exploration of the borderland between anthropology, medicine, and psychiatry*, Berkeley, Los Angeles, and London, University of California Press, 1980, 8vo, pp. xvi, 427, illus., £15.00.

Dr. Kleinman has written a curate’s egg of a book. On the debit side, it is verbose, sometimes illiterate (“disinterested” and “uninterested” merge), and rather pre-tentious. Over a quarter of the book is given over to proving that medical anthropologists have not yet developed adequate theories, and to suggesting new theoretical approaches which Dr. Kleinman hopes will echo “down the corridors of clinical faculties, health science schools and anthropology departments”. Yet these prescriptions are themselves just commonsense and commonplace: that the construction of the clinical reality between doctors and patients should be a central focus of such