

environmental or social and onto individual sources of disease. While episodes such as those of “Typhoid” Mary Mallon demonstrate that germ consciousness indeed led public health authorities to focus on individuals, Tomes shows that germ theory was not necessarily less politically progressive than its sanitarian forbear. Using case studies of New York City garment workers and African-American anti-TB workers in Atlanta, she demonstrates that the “chain of disease” that linked rich and poor alike was just as easily exploited by contemporary progressive activists as conservative.

The final section discusses the waning of germ consciousness under the impact of the apparent decline of infectious diseases and the advent of antibiotics. Yet, as Tomes notes, the resurgence of anti-microbial and anti-social fears during the early stages of the AIDS epidemic reminds us that the gospel has an enduring and ambiguous legacy.

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**W Bruce Fye, *American cardiology: the history of a specialty and its college*,** Baltimore and London, Johns Hopkins University Press, 1996, pp. xvi, 489, illus., \$24.95 (0-8018-5292-7).

Cardiology as a speciality has its origins in the early twentieth century when the ability to interpret the newly available electrocardiogram defined someone as an expert in the field. Until World War II, the speciality was sparsely populated, consisting only of a handful of academic cardiologists or general-internists who owned an electrocardiogram. Since then, armed with the cardiac catheter and providing patient benefit from dramatic developments in cardiac therapy, cardiologists in America have become highly trained, certified, superspecialized, professionally organized, and financially successful. Until *American cardiology: the history of a specialty and its college* by W Bruce Fye, this intriguing story

has not been chronicled or analysed. Using his story-telling skills as a leading medical historian, as well as his valuable insight as a practising cardiologist and Chair of Cardiology at a large clinic in Wisconsin, Fye has written a 489 page book that is thoroughly enjoyable to read and illuminating in its documented account of the rapid growth of the discipline and its two major professional organizations. Although the book was initially requested by the American College of Cardiology to record its first forty years, Fye has had the vision to see a broader story that captures the influence of the public health movement, the rise of preventive medicine, the shaping of cardiology training and practice, the influence of federal funding for research, and the role of pharmaceutical companies in supporting meetings and postgraduate education.

The effective strategy of the American Heart Association (AHA) to “declare a war on heart disease”, by convincing the public that heart disease was the number one killer and that the war could be won if only enough money can be raised, is a fascinating story of effective public relations. How many still remember *The walking man contest on Truth or consequences* where the identification of the mystery person (Jack Benny) raised funds for the AHA? Perhaps the most interesting section deals with the splintering tensions of elitism and discrimination that wracked the AHA and led directly to the founding of the American College of Cardiology in 1949 by Franz Groedel and others. The spectacular rise of the American College of Cardiology and its evolution from despised upstart to collaborative sister of the American Heart Association is a compelling example of how two organizations, sharing similar interests and membership, can eventually work together to mutual advantage. Along the way, the importance of research funding, exciting advances in technology, especially coronary care, pacemakers, open heart surgery, cardiac catheterization and angioplasty, and the expansion of postgraduate education are woven into a glamorous picture of a speciality that has gone from triumph to triumph.

However, in the final chapter, 'The price of success', Fye provides a valuable analysis to show how this success has also brought greed, prohibitive costs, the rise of managed care, fragmentation, new tensions, excessive numbers of cardiologists, high expectations, and a rise in consumer protection. Ironically, this is at the very moment when the quality of cardiac care in America has become the envy of other countries. He concludes with the cautionary note that "America's cardiologists and their college must work constructively in this new cost-sensitive environment to ensure that people benefit from what has already been learned about the diagnosis and treatment of heart disease—and that our nation's commitment to finding and applying new knowledge is maintained". The book more than serves its original purpose as a record of the American College of Cardiology, it provides a rich narrative account of the development, aspirations, organizations, politics, achievements, and eventual problems of the speciality of cardiology in America.

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**Eric T Dean, Jr,** *Shook over hell: post-traumatic stress, Vietnam, and the civil war*, Cambridge, Mass., and London, Harvard University Press, 1997, pp. xi, 315, illus., £23.50 (0-674-80651-4).

In 1980, the American psychologist Charles Figley declared that the debate over the mental health of Vietnam veterans was effectively over; the issue had become "depoliticized". Yet, two decades later, the debate is very much alive and more political than ever—its flames fanned, not doused, by the "invention" of Post-Traumatic Stress Disorder (PTSD) and the establishment of Readjustment Counselling Centers. Eric Dean's important, but deeply flawed, book offers the now-standard right-wing revisionist critique, blaming anti-war psychiatrists, not the Vietnam war, for the psychological problems of veterans. In

addition, though, it looks back at the American Civil War "through the lens of the Vietnam experience". Energetic, erudite and readable, it remains firmly bifurcated, a poor advertisement for the comparative method.

Two chapters on Vietnam open and close the book. The first, essentially a reprint of a 1992 article, argues that psychiatrists and the American media became so obsessed by the stereotype of the psychologically damaged veteran that they ignored objective indicators showing that most returned soldiers had successfully readjusted to civilian life and come to feel positively about having served in Vietnam. The second is a sustained assault on the role of psychiatrists in foisting PTSD and, with it, a culture of compensation and victimhood, on American society. The tone here is more polemical than scholarly—in sharp contrast to Wilbur Scott's *Politics of readjustment* (1993). Telling points about the dependence on self-reporting in epidemiological surveys of PTSD, the erosion of moral responsibility, and the distortions produced by "oral" military history are offset by Dean's brusque dismissal of the atrocity issue and his shallow and literal-minded discussion of the role of social support to returning veterans.

These chapters, however, are just garnish to the book's main purpose: to deliver an extended historical riposte to the special pleading of the 1970s—by showing that the Vietnam war was *not* unique; that it was just as tough and psychologically demanding to serve in the American Civil War and be a veteran after it. After sketching in the history of military psychiatry, Dean explores the psychological pressures of battle in the 1860s and looks in detail at the psychiatric nosologies of the day and the problems of readjustment faced by veterans. He has uncovered fascinating material from state archives and asylum records, but unfortunately not shaped it with much literary skill or psychological insight. Nor does he give much sense of the underlying *mentalities* of the 1860s—of attitudes to masculinity, social obligation, military duty, and so on. As a result, the reader has no way of gauging the emotions released