

amongst non-cancer victims over the age of sixty-five and not in hospices—this oral history does, as the authors argue, identify the roots for: “a transition which . . . could ensure that the benefits of a model of care—previously available to just a few people at the end of life—will in time be extended to all who need it, regardless of diagnosis, stage of disease, social situations or means” (p. 4).

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Constance E Putnam, *The science we have loved and taught: Dartmouth Medical School's first two centuries*, Hanover and London, University Press of New England, 2004, pp. xxvi, 375, illus., \$35.00 (hardback 1-58465-370-1).

Teaching hospitals and medical schools have traditionally taken pride in celebrating the anniversary of their foundation. Centenaries and bicentenaries present opportunities to commemorate an institution's past and commission institutional histories. Dartmouth Medical School is no different: it celebrated its bicentenary in 1997 and commissioned a history from Constance Putnam. However, rather than serving up a familiar and dry account common to many institutional histories, Putnam has produced a more nuanced and detailed examination of an American medical school that can not only boast two centuries of medical education but also claim two foundations, the first in 1797 and a second virtual re-foundation in the 1950s.

In *The science we have loved and taught* Putnam provides an imaginatively researched and meticulous history of Dartmouth Medical School. In it she examines the personalities involved and carefully navigates the ups and downs of the institution, the often fraught debates over the school's provision of undergraduate and clinical education, and its relationship with Dartmouth College, the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC). The result is an exhaustive administrative history of a medical school that at times “muddled along”

(p. 179); one that in the twentieth century weathered numerous threats of closure and internal turmoil, but remained a closely knit institution with a strong sense of community, collegiate identity and pride. These characteristics are reflected in Putnam's account.

Dartmouth was the fourth medical school to be established in the United States but often found itself in an anomalous position. It was the first medical school to be set up in a rural area and in some ways remained separate from the mainstream of American medical education, especially in the wake of the Flexner Report and the school's forced suspension of clinical training between 1913 and its introduction of an innovative three-year programme in the 1970s. However, like other fledgling schools, it was initially dominated by its founder, the entrepreneurial Nathan Smith, who did most of the teaching. The result was an often parochial institution where character was more highly praised than academic performance. Putnam shows how it was only from the 1830s that the curriculum was extended and systematized as the medical school expanded, appointed new staff and added new buildings. Science teaching was improved and the school embarked on a programme of what seems like constant reform. At first this was shaped by internal concerns, but by the twentieth century the fortunes of the medical school were closely tied to the investigations of the AMA and the AAMC. Putnam's account meticulously details the often troubled interactions between the school and these bodies, and their impact on the medical school's fortunes.

However, as with so many other medical schools, individuals continued to exert a strong influence over Dartmouth. As Putnam carefully shows, this was not always for the good. For example, under Rolf Syvertsen's deanship Dartmouth experienced a gradual decline leading to the virtual re-foundation under Marsh Tenney in the 1950s. Indeed, individual staff rather than students, teaching or laboratories dominate *The science we have loved and taught*. Through the individuals involved in the school, Putnam examines the events that shaped Dartmouth's development from its early years to the doldrums

of the 1930s and 1940s, the internal turmoil of the 1950s and 1960s, and the school's renewed emphasis on serving the region in the late twentieth century. Biographies of staff and students are employed to good effect to overcome the relative paucity of evidence related to the nature of teaching, particularly for the nineteenth century.

One consequence of this approach and Putnam's detailed exploration of the administrative history of the medical school is that the broader context of American medical education and medicine receives less attention. Hence there is not always a sense of what was happening elsewhere, or of the major debates that came to shape the nature of medical training. In addition, a top-down approach ensures that the experiences of the students and a sense of the nature of teaching and research at Dartmouth are frequently lacking. These criticisms aside, in *The science we have loved and taught* Putnam has delivered an administrative history of Dartmouth Medical School that is absorbing and rich in detail and personalities.

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Diana E Manuel (ed.), *Walking the Paris hospitals: diary of an Edinburgh medical student, 1834–1835*, *Medical History*, Supplement No. 23, London, Wellcome Trust Centre for the History of Medicine at UCL, 2004, pp. xii, 211, illus., £32.00, US\$50.00 (hardback 0-85484-074-5).

On 1 November 1834, a medical student in his twenties arrived in Paris to study medicine. He stayed until 30 June 1835. It is not known for certain who he was, but he was probably James Surrage from Clifton, Bristol, the son of a medical man and a non-conformist. He attended the winter session at the Paris medical school while he was a student at the Edinburgh medical school. Fortunately for us, the daily diary he kept while in France has survived, and it is a diary of immense historical interest.

To undertake such a visit was not as rare as one might suspect. Apparently some 300 English

medical students travelled to Paris every year in the 1830s, not because they thought that Parisian medicine was necessarily more advanced than medicine in Edinburgh, Glasgow or even London and they got no credit, no certificate or licence by going abroad. They went because they wanted to know how medicine was practised in France and, as the editor says, they got “the best of both worlds”. To do so, they had to pay for lodgings, coals, food and drink, and also the fees to attend lectures. In Edinburgh, a student might manage the winter session on as little as £10, but a few spent up to £500. Most English students in Paris were studious, but a few behaved as hooligans outside the hospitals, “singing, music, blowing horns etc.” (p. 6).

This diarist (let's call him Surrage) seems, as the editor says, to have been “a highly organised but by no means boisterous young man of cultivated tastes” (p. 2). As well as attending lectures, ward rounds and dissections, Surrage showed great interest in French architecture such as the Cathedral of Notre Dame, and he was thrilled by the Louvre. He was also interested in, and often scornful of, politics in France. Unlike most of his contemporaries today, he was fluent in French. He seems to have been an intelligent, industrious, enterprising, and critical young student.

Almost every page of the diary provides at least one new insight, often slight, into French medicine and medical education. Two examples: first, he attended a lecture on midwifery and was shocked when “two women were introduced & we had, one after another, to examine them [vaginally]—Sages Femmes, & students together”, adding that it was “a pity that some of our old maids in England did not pop in . . . it would furnish them with scandal, & tabletalk for the next month” (p. 62). The teaching of medical students and midwives together was not something he would have seen in Britain.

Secondly, there is a lot about Pierre Charles Alexandre Louis who specialized in diseases of the lungs, and many other physicians and surgeons who will be familiar names to medical historians. Surrage had firm opinions on who was worth hearing and who was not, but he was most impressed by Louis. Today Louis