

sented an expense to be avoided unless really necessary. Young researchers too were reluctant to engage in a study where the results would not appear for many years. The essential career-building publications would have appeared too few and too late. But the study did take off and eventually achieved what today might be termed iconic status in the world of cardiovascular epidemiology. As time passed, the evangelists were replaced by clinicians and statisticians and the cumbersome paper records and manual calculating machines gave way to computers. The story of the hazards of cigarette smoking and other risk factors associated with coronary disease, together with the dangers of raised blood pressure, slowly emerged but often encountered considerable opposition – both commercial and academic.

Dr Daniel Levy, the current director of the study, and Susan Brink tell the story of this considerable achievement in a remarkably frank and honest manner. They describe some of the personality clashes, inevitable in such a complex organisation, and the difficulties some encountered when their skills were bypassed as the study grew and developed.

In 1968, when the study was 20 years of age, its originally intended life span, the NIH decided to begin winding it down. Funds for research were limited and the consensus of opinion was that basic scientific research offered a better prospect of cure and prevention than clinical observation and experiment – an argument familiar to all who have experience of the research grant-making process. In the Framingham study much of the data remained unanalysed and the potential of multivariate analysis had yet to be explored – the prospect of greater engagement in stroke research and the opportunity to study new risk factors would also be missed. There are frequently difficulties in ending cohort studies. Researchers are keen to use the existing infrastructure to exploit new technology while those who fund research are understandably reluctant to extend projects beyond their allotted time span and suspect that the precious ore they are mining is very largely exhausted.

Eventually a compromise was found, with the study passing to the care of Boston University with financial assistance provided from federal funds. Once more Paul Dudley White was considered to have been influential in the study's survival, underlining again the importance of support in high places even in the objective world of science.

This book charts the emergence of the familiar messages of Framingham and the extent to which they have changed both medical practice and public behaviour. The hazards of raised blood pressure, confirmed by others, led to a large series of drug trials and in turn to guidelines for clinical practice; a similar story followed observations on the role of blood lipids. The outline account of the growth of drug trials is one of the most interesting parts of the narrative and is written from a more international standpoint than the necessarily focussed history of Framingham.

Many studies have followed and have complemented the findings of Framingham but it remains the outstanding achievement of its kind in the field of cardiovascular epidemiology.

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Invalidism and identity in nineteenth-century Britain

By Maria H Frawley. University of Chicago Press, Chicago 2004. 280pp. \$39.

Quite early in her book Maria Frawley comes near to defining the word 'invalid' as she applies it to the group of British valetudinarians she has studied in minute detail. 'The invalid was not only an especially ambiguous type of medical figure but also a multivalent social actor, one who played a "sick role" scripted in various ways by society and inflected by other dimensions of identity, chief among them gender, class, nationality and religious belief'. That quotation not only tells you what she is about, but also gives you a flavour of her style: intense, wordy, North American academical with strong sociological emphases. So this book is not for light reading on the beach but if you keep at it there are many nuggets of interest, and though she says little about the doctors who advised these sufferers it was obviously an important (and possibly lucrative) area of practice for some segments of the profession. Many of the creaking gates she takes as examples are famous, so an insight into their invalidism has particular interest. They include Florence Nightingale, Wilkie Collins, Harriet Martineau, Edward Bulwer-Lytton, Thomas Carlyle, Hannah More, Charles Darwin, Alfred Tennyson and Robert Louis Stevenson – a veritable parade of the nineteenth-century establishment.

Ms Frawley had no shortage of material – she cites more than 500 books and quotes from many of them (but bizarrely, by some editorial shipwreck, although there are plentiful numerical references in the text, the bibliography is simply an alphabetical list, devoid of numbers). The invalids themselves wrote about their afflictions at length, while others wrote books of advice – on diet, rest, exercise, travel and especially the Christian forbearance which could make suffering a virtue. Magazines carried many essays like 'The pleasure of sickness' and 'The invalid's world', and poems about being ill. Invalids also appeared as characters in the fiction of the time, for example Mr Woodhouse in *Emma*, Margaret Dawson, the centerpiece of Mrs Gaskell's *Round the sofa*, and the mysterious Mr Fairlie in Wilkie Collins' *The Woman in White*. There are paintings and engravings, too, several reproduced in this book.

The possibilities of infirmity had fertile soil in the interest shown in health and illness during the nineteenth century, hardly surprising in view of the high mortality, short life expectancy and limited medical help which existed. In an age of compulsive letter writing 'the theme that dominated... was health, seldom perfect.' Because of this fascination with health and disease anyone feeling a little frail easily became an invalid and was accepted as such. What we do not know is how much of this invalidism was imagined or neurasthenic, and how far due to undiagnosed or untreatable disease. Tuberculosis was common; brucellosis, let alone borreliosis, virtually undiagnosable; and the whole catalogue of chronic inflammatory and immunological disease unimagined. Even the relative longevity of some of these invalids does not mean they were free of organic disease. One contemporary essayist put it tersely: 'Invalids may be pretty accurately divided into two classes, those who are likely to live, and those who are likely to die'.

There seems small doubt that some of the more robust invalids adjusted their apparent indisposition to their own convenience.

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

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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

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Nineteenth-century Britain did not invent chronic illness, but its social climate allowed hundreds of men and women, from intellectuals to factory workers, to assume the identity of "invalid." Whether they suffered from a temporary condition or an incurable disease, many wrote about their experiences, leaving behind an astonishingly rich and varied record of disability in Victorian Britain. Using an array of primary sources, Maria Frawley here constructs a cultural history of invalidism. She describes the ways that Evangelicalism, industrialization, and changing patterns of doctor/pa