

Book Reviews

technical literature and records of the patent office. I hope Dr Fleischer will now pursue some of the issues he deals with so briefly and contribute further studies to history of medicine and pharmacy journals.

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LEWIS THOMAS, *The youngest science*, Oxford University Press, 1983, 8vo, pp. viii, 276, £3.95 (paperback).

Now in paperback, these are the reminiscences of the career of a successful, kindly, drily humorous, medical scientist. His most attractive trait is that of enjoyment. The son of a Flushing general practitioner, he moves through life, to Harvard, various residencies, Guam and Okinawa during the Second World War, Baltimore, Tulane, Minnesota, NYU and Bellevue, Yale, and the Sloan-Kettering, finding new ideas and new friends at each. That journey spans in time a transformation in medicine, both in therapeutic efficacy and in rational scientific understanding. Thomas himself got sold on modern immunology; he even likes (speculatively) to relate it to individual pheromones or to individuation of thought.

You can read these essays as a record of the success of modern medicine, and they certainly give the flavour of research-oriented practice. Is it a shade pleased with itself and its achievements? There is a bit more. He is candid about two sets of experiments, in each of which there was a promising lead which evaporated for reasons he could never pin down. Many a research worker will recognize that teasing, humiliating waste of time.

Better still, he gives an account, quite early in his career, of the admission of a young black musician, with a history of severe chills, now drowsy and apathetic. A blood test revealed first severe anaemia and then blood loaded with malaria parasites (he was a drug addict). Malaria was rare in Boston, and the staff and students spent that day seeing this novel case. During the early evening, the patient died, still untreated, when early quinine might have saved him. The house physician later read to the staff the first sentence in Osler's chapter on malaria: in effect, that any doctor who allows a case of malaria to die without quinine is guilty of malpractice. One respects Lewis Thomas for reminding us that there is a harder edge to medicine than just genial reminiscence.

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PIERRE PICHOT, *A century of psychiatry*, Paris, Dacosta, 1984, 8vo, pp. 189, illus., [no price stated] (paperback).

Emil Kraepelin's *Hundert Jahre Psychiatrie* appeared in 1918. It was a personal, occasionally idiosyncratic account of the shaping influences of nineteenth-century "Gesittung" on the management of insanity. One cannot help thinking that the publication, six decades later, of Pichot's book (and even its title) owe much to that earlier idea of asking a well-known psychiatrist to look back and then tell everyone, reassuringly, that things are not too bad in the present. The French professor has done just that in a book whose coverage of the crucial period between the 1880s to the Great War overlaps with that of Kraepelin.

In all fairness, however, the books are also different: whilst Kraepelin understandably concentrated on German views and wrote a book almost without references, Pichot is scholarly in his technique and tries to offer a balanced account of psychiatry in the three main countries, although, inevitably, the richest morsels are to be found in the chapter on French psychiatry.

This book will be differently reviewed by historians and by psychiatrists. For the former, a central question is, in what way does it throw light on the evolution of psychiatric ideas? For the latter, it is, does it reflect the present well? Pichot declares that there are several good works delineating the entire development of psychiatry (which does he have in mind, one wonders?) and rightly wants to produce one which concentrates on the nineteenth century and may

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“assist us in understanding the present position of our discipline”. This is a tall order and it is clear that this book would not pass the test were it to be judged by its announced standards.

But there is no need to do so. Like Kraepelin's, *A century of psychiatry* is an idiosyncratic book. It is also ahistorical in that nowhere in it is there an explanatory hypothesis to be found. It is, nonetheless, as Richard Hunter's work always was, a mine of information. In nine short and well-ordered sections, Professor Pichot packs a great deal. His personal acquaintance with the protagonists of the story (or with those who knew them) fills his work with the scent of fresh gossip, the very stuff with which good history can be written. This fact, however, creates some informational imbalance in the architecture of the book. For example, no attempt is made to counterpoise the long section on the details of how Ball and Magnan fought it out for the Chair of Mental Disease at Sainte Anne with an analysis of how this event contributed to the development of the discipline. There is, again, no attempt to separate the history of descriptive psychopathology before 1900 from that of psychiatric taxonomy or management. This makes it very difficult for the author to explain, for example, why Zilboorg's and Lewis's accounts of nineteenth-century British psychiatry differ so much.

The great absent ones from this history must also be mentioned: Wernicke is not dealt with in any detail, although it is becoming clear that during the so-called early kraepelinean era he offered a real conceptual alternative and was, as the late Norman Geschwind showed, far more influential than he has been given credit for. Chaslin is only mentioned on few occasions by name, although his 1912 contribution to descriptive psychopathology (when compared with Jaspers') may well turn out to be important when the definitive work in this area is produced.

After chapter 3, the book ceases to be “historical” as personages and events become uncomfortably close to the present. Pichot's views on the gradual rise of biological psychiatry, the decline and fall of the antipsychiatry movement, and the “remedicalization” of the discipline are right and balanced and should be read with attention by all non-medical historians who want to use this book as an introduction to the history of psychiatry.

Professor Pichot is, as it befits a man of his renown, coy about the role he himself has played in the tale he tells. It is a reassuring thought to those who feel that psychiatry is no longer the natural home of the polymath that a neuroscientist like him should be able to write with panache on the history of his profession. It is also a tough reminder to the new breed of psychiatrists that they must not expect to succeed men of the stature of Slater, Hamilton, Shepherd, Ey, Baruk, or Pichot unless they are prepared assiduously to toil in broader fields than those of medicine.

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RENATE SIMPSON, *How the PhD came to Britain. A century of struggle for postgraduate education*, Guildford, Society for Research into Higher Education, 1983, 8vo, pp.204, £9.75 (paperback).

Those of us with PhDs have all experienced the social situation of meeting a general practitioner who defers exclaiming “Ah! a *real* doctor!” In fact, technically, the British PhD is a “lower doctorate”, which has only been awarded for postgraduate research since 1917. Before then, as Simpson shows in this interesting survey of university and government archives and regulations, the higher examined, or by thesis, doctorates (DLitt, DSc) that existed were either only available to graduates of a particular university or, if offered to graduates from other universities (including overseas), were surrounded by off-putting and expense-making regulations. British students in search of research experience therefore tended to go to German universities, as did Americans, where their efforts were rewarded by the PhD. (Simpson does not discuss the usually limited and often purely honorary nature of the German degree or that its candidates were mainly foreigners.) Not surprisingly, research degrees on the German model were strongly advocated by members of the British scientific community who gave evidence to educational inquiries, and who obtained institutional positions after the

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