

Book Review

Huth EJ, Murray TJ. *Medicine in Quotations: Views of Health and Disease through the Ages*. Philadelphia (PA): American College of Physicians; 2000. 524 pages; ISBN 0-943126-83-5; price: US\$49.00

Medicine is the sister of philosophy
Tertullian (Quintus Septimius Tertullianus), around 160 BC

The decision to work on a compilation of medical quotations is a philosophical one. As Huth and Murray pointed in their introductory note to their book on medical quotations, quotations sometimes “serve as cheaply acquired badges of erudition” and it is indeed a question if it is possible for a single selected quotation to adequately represent the knowledge specifically relevant to medical concepts and practice as they were in the past and as they stand today? Huth and Murray ask their future readers: “Is the quotation pithy, clear, and compelling as a truth even if it is taken out of context?” and “Will its meaning be unmistakable to physicians, other health care professionals, and medical and nursing students without commentary?”

The answers to the above questions can be found at any page of the book and they are almost self-evident.

Medicine in Quotations: Views of Health and Disease Through the Ages is the last published but definitely not the least important piece of work dealing with that subject. It fills the gap between the last edition of the impressive *Familiar Medical Quotations* by Maurice Strauss published in 1968, and presents an updated approach to medical quotations. Huth and Murray’s collection of 3099 quotations is impressive, erudite, enjoyable, and educational. It shows that a book of quotations with the right scope serves yet another purpose, apart from being simply an opportunity to use historical wisdom as a badge. The editors of the book are two renowned authors, Edward J Huth, “the dean of medical editors” and Editor Emeritus of the *Annals of Internal Medicine*, and T Jock Murray, Professor of Medical Humanities and Professor of Medicine from the Dalhousie University.

The book is organized alphabetically by topic headings, starting and ending with a syndrome – abetalipoproteinemia (Bassen-Kornzweig syndrome) as the first and Zollinger-Ellison syndrome as the last entry. The quotations under each topic are listed chronologically, with the oldest quotations cited first to give the historical perspective of the changes in knowledge, concepts, and practice. Each entry includes the author’s name, the quotation’s year, and source. Clear page layout, topic ranges in the page header, entry names in bold type, and numbered quotations allow easy search and cross-referencing between an extensive author citation index (85 pages) and the subject index (46 pages). Quotations that could not be dated (exactly or approximately) have been placed at the end of respective topics. Biblical quotations, however, have been placed at the beginning of the respective topic. Such a scheme is particularly useful when a quotation does not contain a keyword directly related to its meaning and thus cannot be identified by means of a keyword index. A voracious quotation consumer may want alternative titles that fully utilize the topical approach.

Quotes from foreign-language speakers are offered mostly in English, without a note about the source or translator. Source information for each quotation usually does not include the title or type of work (e.g., letter or speech), although this is not always a case (autobiographical notes). Dates of birth and death and a profession of the person quoted (e.g., “English writer”) are not given, as in some other books of quotations (such as *Oxford Dictionary of Quotations*). Does this create significant difficulties for a reader? No, because the quotations include complete bibliographic information on all kinds of sources (newspapers, journals, books, classic works of literature), which makes it possible (although not always so easily) to find original publications.

And what about the “epistemology and methodology” that lies behind the work involved in creating such a book? What else does the book show, apart from the long list of interesting ideas or sentences pulled out from the darkness of medical or social history? In my opinion, the greatest achievement of this book is a clear presentation of how medical concepts and practices evolved and changed through generations, with quotations illustrating how medical concepts and practices developed from ancient times to the present. That is the most important message of a collection such as this – to see how differently medicine, physicians, patients, diseases and treatments were viewed in different times and places. For example, the attitude towards abortion in Tertullian times (“With us (Christians) murder is forbidden once for all. We are not permitted to destroy even the fetus in the womb, as long as blood is still being drawn to from a human being.”) was exactly opposite from that of the U.S. Supreme Court (“Rapid and simple abortion referral must be readily available through state and local public health

departments, medical societies, or other non-profit organizations”).

On the other hand, it shows how some attitudes have remained remarkably the same, such as understanding of alcohol, from Homer around 700 years BC to a modern Croatian proverb. As an illustration, let me quote Thomas Fuller from year 1732: “Bacchus hath drowned more men than Neptune.”

I also enjoyed reading the first publications of important medical research, such as the paper on AIDS by Gottlieb, Schroff, Schanker et al in the *New England Journal of Medicine* in 1981 (“We recently treated several young, previously healthy, homosexual men for multiple episodes of *Pneumocystis carinii* pneumonia, extensive mucosal candidiasis, and severe viral infections. The clinical manifestations and studies of cellular immune function ...indicated a...severe acquired T-cell defect...This syndrome represents a potentially transmissible immune deficiency.”). The same applies for Alexander Fleming and his work from 1946 (“It seems likely that in the next few years a combination of antibiotics with different antibacterial spectra will furnish a *cribrum therapeuticum* from which fewer and fewer infecting bacteria will escape.”).

Although the authors have backgrounds in clinical medicine and neurology, these fields are not more pervasive than others. As a sociologist and specialist in public health and health economics, I was delighted to find a long list of intelligently selected quotations which cover the fields of medical ethics, bioethics, public health, and behavioral science. I liked the quotation by Abraham Flexner from 1910: “The physicians function is fast becoming social and preventative, rather than individual and curative.” Another one, written eighty-six years later, shows what the consequences of not accepting a good suggestion are: “At present, most of the attention in health care is focused on the many changes resulting from market forces – the mergers and consolidations of hospital systems and the new organizational and ethical questions raised by managed care. But meanwhile, the problem of the uninsured continues to grow quietly; in the long run, its effects will be so pervasive that it is bound to reemerge as a major national issue. If it does not, then we will find ourselves living in a much meaner America than many of us who entered the healing professions ever imagined”.

I also found the section of medical education very enlightening. There is always an immanent conflict over the role of clinical teaching at the medical school: Who should teach students? Should every professor in medical school or university faculty be a genuinely productive scientist at the same time? “There is room for men of another type – the nonproductive, assimilative teacher of wide learning, continuous receptivity, critical sense, and responsive interest”, wrote Flexner in 1910!

And what about the development of genetics, cloning, and bioethical and moral conflicts? “So, among the experiments that may be tried on man, those that can only harm are forbidden, those that are innocent are permissible, and those that may do good are obligatory”, wrote Claude Bernard in 1878. Is there anything to add to that sentence in year 2001?

The great advantage of the book is that it includes numerous quotations representing the views that one would not accept today and which “may be even repugnant to some readers”. The argument for presenting such quotations is that it is necessary to depict how the same topic can be viewed differently by different people in different times. The heading about “physicians” shows us a variety of understandings and opinions. The Bible says, “And give the physician his place, the Lord created him; let him not leave you, for there is need of him. There is a time when success lies in the hand of physician. “Shakespeare had a slightly different opinion: “Throw physic to the dogs; I'll none of it.”

And, of course, there is a comment from Marguerite Yourcenar's *Memoirs of Hadrian*, “It is difficult to remain an emperor in (the) presence of a physician, and difficult even to keep one's essential quality as (a) man.”

This book has special appeal for the Croatian medical professionals and general population interested in matters of disease, health, science and medicine. A significant number of Croatian proverbs from Croatian collections, contributed to the book by Ana Marušić, coeditor of the *Croatian Medical Journal*, gives to the Croatian readers a special opportunity to compare national wisdom with the universal one and a bit of flavor from the national medical cuisine.

Another important aspect of the book is that it brings a lot of spirit and humor from the past to our boring times. What Socrates said about medical fees in 399 BC? “I owe a cock to Aesculapius; will you remember to pay the debt? [Last words]”.

So, what is my message to the reader after reading 3,099 quotations? A health advice from Emile Coue (1915): “Every day, in every way, I am getting better and better.”

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**Wulf B. Stroh. Immunofluorescence in Clinical Immunology: A Primer and Atlas. Basel-Boston-Berlin: Birkhauser Verlag; 2000.
231 pages; ISBN 3-7643-61824**

This is the first English edition of the Immunofluorescence in Clinical Immunology, a translation from the original second German edition, published in 1996. It deals with many aspects of the immunofluorescence techniques and their widespread application in clinical immunology. Ample material is divided into 7 chapters. A brief description of the basic principles and techniques of immunofluorescence is provided in the introductory section, which is followed by two chapters describing production and isolation of immunoglobulins (antibodies) from antisera, labelling of antisera with fluorochromes, purification of conjugates, and characterisation and quality control of antisera and conjugates. Detailed descriptions of the actual optical immunofluorescence techniques, microscope, and additional equipment for photomicrography and confocal laser-scanning fluorescence microscopy (CLSM) are worked out in next three chapters, whereas the last chapter describes the clinical application of immunofluorescence and the broad spectrum of possibilities for its use in diagnostics, especially in the diagnostics of kidney, skin, and liver diseases.

Although other methods for auto-antibodies determination, i.e., ELISA, are nowadays taking over, the immunofluorescence still represents a powerful method for both routine laboratory diagnostic (screening) work and research purposes. Its versatility in conjunction with modern high-power microscopy, confocal scanning laser-microscopy, and the newer fluorochromes, such as Cy 2 and Cy 3, allows the simultaneous and more sensitive detection of a wide range of different antibodies than any other method. One should say that, in experienced hands, no other method is capable of replacing immunofluorescence.

Therefore, this Primer and Atlas should be welcomed as a well-organized illustration of the relevance of immunofluorescence in the spectrum of modern laboratory immunodiagnostic techniques. Also, this is a relatively rare book on this subject, and it still has not been introduced in a routine laboratory use. This book has several good aspects. Doubtless, the atlas of color pictures of immunofluorescence patterns for practically all diagnostically useful autoantibodies is the best and most useful part of the book. This atlas may be a very valuable handbook, primarily for the professionals who routinely use immunofluorescence as a diagnostic method.

Although the commercialization of reagents is continuing apace on a broad front, the description of the basics, including simple coupling reactions and purification procedures, is another valuable aspect of this book.

Also, excellent bibliography at the end of the book enables those interested in certain topics to trace the original articles.

In conclusion, the Immunofluorescence in Clinical Immunology is a valuable handbook that offers a survey of the latest achievements of immunofluorescence in laboratory clinical immunology. Clinicians of various specialties, as well as laboratory and clinical immunologists, will find it an excellent and refreshing piece of professional writing.

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