

Duffin J, editor. Clio in the Clinic. History in Medical Practice. Oxford: Oxford University Press; 2005. 334 pages; ISBN: 0-19-516127-0; price: US\$29.95

Field: History of medicine, medical humanities.

Audience: General practitioners, specialists, medical historians, and medical students.

Purpose: Usually, the history of medicine as a teaching discipline within medical education is seen as a decorative rather than significant subject. This book, however, by providing interesting examples, reveals how history of medicine can be a tool which can help in solving the problems of clinical practice.

Content: Besides the list of illustrations, acknowledgments, contributors' biographies, and an introduction by the editor, there are nine chapters in the book: *Consulting the Past* (two essays), *Facing Epidemics* (three essays), *Reviving Defunct Diseases* (four essays), *Recognizing New Diseases* (two essays), *Making a Diagnosis* (two essays), *Prescribing the "Right" Treatment* (two essays), *Explaining the Differences* (three essays), *Confronting Futility* (three essays), and *When Clio Falts* (two essays). The book ends with an extensive Index.

The first essay is written by a surgeon S. B. Nuland from Yale University. He describes how his connection with history of medicine developed and how, after being introduced to Parés' *Ouvres complètes*, he found out that history was inextricably intertwined with surgery, as well as with himself.

Pediatrician and physiatrist W. O. Schalick presented reflections of a *Medievalist Clinician*, stating

that a medievalist in the clinic sees both patients and their surroundings. He concluded his text by saying: "Medicine may be far from what it was in the Middle Ages, but, as I sit here in the quad, I can't help but think, *plus ça change*."

The only British contributor, J. Cule from Cambridge wrote on *A Wartime Plague in Crotona*. When he served as a medical officer in Italy during the World War II, his knowledge of history helped him to deal with an epidemic of fever. Both R. L. Martensens (*Plagues and Patients*) and C. S. Bryan (*Coping with the HIV/AIDS Epidemic*) showed how the historical lessons of epidemic management could be worth considering and demonstrated this in the case of HIV infection. According to Martensens, only a few adroit political and social moves in a few neighborhoods in a few American cities might have ameliorated, if not prevented, this great scourge of humankind.

Since the advent of antibiotics, the course of pneumonia has been shortened and a convalescent phase is largely unknown. In his touching story *La crise*, A. M. Moulin described how Hippocrates' clinical method of recognizing the crisis in pneumonia on the ninth day could have been an important tool for internists. According to S. W. Moss, the history helped to solve the case of *Floating Kidneys*. The fascinating story *Historical Adventures in the Newborn Nursery: Forgotten Stories and Syn-*

droms, by J. F. Baker begins by the following words: "One of the more depressing moments during my career...came during a conversation in which I was trying to convince one of the medical school deans of the utility of history." He points out how knowledge can be lost and how the power of historical awareness can be used as an antidote for medical parochialism. In the essay entitled *Susan and the Simmonds-Sheehan Syndrome: Medicine History and Literatures*, C. C. Keirns, resident physician in internal medicine, describes how history helped her to make an accurate diagnose.

In the chapter *Recognizing New Diseases*, M. Shein and H. Markel, both pediatricians, wrote *The Histories of a History: The Boy the Baron and the Syndromes*; and *Sudden Infant Death Syndrome Crawling and Medical History*. How an "Appallingly sudden death" was explained 76 years later, was elaborated by T.J. Murray, neurologist from the University in Halifax, while the story of *One Blue Nun* was told by J. Duffin, hematologist and historian from Toronto. She searched for a missing enzyme, G6PD, tracing it back to 1950. Historical skill helped her not only to find a series of important articles, but to suppose that the enzyme exists in the first place.

The next chapter of the book, entitled *Prescribing the "Right" Treatment*, contains the essay of an internist R. J. Kahn (*William Withering's Wonderful Weed*) which reveals how *Clio* helped him to convince the patient to take digitalis. In addition P. Berman wrote an essay on how uncertainty is a valuable tool in the medical art (*Dr Heisenberg Are You certain about the Diagnosis?*).

The chapter *Explaining Differences* comprises three essays. The first – *Trust and the Tuskegee Experiments* by J.D. Howell, is a striking story demonstrating how our knowledge about the Tuskegee experiments helps us to dedicate more serious attention to our patients' worries. M.

Humphrey's wrote *Beware the Poor Historian*, while G. S. Belkin, psychiatrist at Bellevue Hospital Center in New York City, wrote *We are all Historians: Thoughts about Doing Psychiatry*.

The penultimate group of essays is assembled under the title *Confronting Futility* and is offering three stories: *Timeless Desperation and Timely Measures* by J. T. Braslow; *A Brief History of Timelessness in Medicine* by C. Crenner; and *How Medical History Helped me (Almost) Love a V.A.Hospital* by S.J. Peitzman.

The first essay in the last chapter was *What do you know? Cancer History and Medical Practice* by B. H. Lerner who tried to explain how his dual roles as a historian and physician influenced one another. The last essay *Seeing through Medical History* by internist R.C. Maulitz contrasts the persistent microsocial doctor-patient relationship with the recent and ever-changing macrosocial environment.

This wide-ranging diversity of essays showed how in many instances from antiquity to modern times, history of medicine provided assistance in clinical practice. Many of contributors expressed affection for using this particular tool in solving specific and often very difficult clinical problems. Jacalyn Duffin, who initiated and edited the volume concluded: "...using our historical skills of investigation and analysis we welcome *Clio*, in the guise of method or reasoning to play an active role in the clinic."

Highlights: This collection of beautiful essays, written by a variety of clinicians, is an exciting debate with the past and a good argument for the claim that medicine does not exist in a cultural vacuum. History is presented in its often neglected but most powerful aspect, ie, as an important tool for the clinical practice.

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