

## Compte rendu

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par Ian Carr

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to be tested in Canada in 1989 was problematic. Strikingly, he does not turn to an elaboration of the most important strategic argument at his disposal. It is not, as some opponents of testing argued at the time, that the cruise could be used as “splendid first-strike weapons” to disarm the Soviets and so were “destabilizing”. They could only be used that way if there was no air defence and the Soviets had an extensive and, it appeared at the time, sophisticated air defence system. Rather, as peace group types and other opponents also, and in this case correctly argued, the cruise was part and parcel of the growing U.S. emphasis under both the Carter and Reagan administrations on basing deterrent strategy on sophisticated nuclear options and being able to try to fight a protracted, controlled nuclear war. It would be after a strike by U.S. ballistic missiles that had degraded Soviet command and control facilities and air defence capabilities that the air-launched cruise missiles would come into play. Because of their accuracy they would be directed towards highly specific target sets. Being able to fight a protracted, controlled nuclear war was at variance with what Canadians tended to want in nuclear strategy. This included that Trudeau government itself, that had prized “stable, mutual deterrence.”

If shaky on analysis, “*Just Dummies*” still shares the strengths of the two earlier volumes. Clearwater has done sweeping archival work and provides powerfully detailed descriptions of the tests over the ten-year period.

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## Medicine / Médecine

***Clio in the Clinic: History in Medical Practice.* Edited by Jacalyn Duffin.** (Toronto. University of Toronto Press, 2005. xxii + 334 p., ill. ISBN 0-8020-3854-9 hc. \$65 0-8020-3798-4 pb. 35\$)

This is a set of invited papers on medical history; the authors are medically qualified, mainly though not entirely practising medicine, and professing its history. The authors are largely from the United States, but include British, Canadian, French and Mexican. The papers range from two outstanding, several excellent, and many competent to several deficient in one or more aspects. My sole qualification to write this essay is that, a pathologist by trade, I taught a course in medical history to

medical students for twenty years. I enjoyed it; whether the students did is another matter.

The book is introduced by Duffin, herself qualified in medicine and oncology, and a professor of the history of medicine. She introduces the book with a charming outline chapter, without taking part in the somewhat otiose debate on who should do it. The truth is that in Canada anyone with the interest can and does do it. This ranges from Queen's University in Kingston, where there is a proper professor to places where the professors lack propriety, or even existence. Perhaps I can best introduce the authors by telling what sticks in my mind from reading the best of them.

The best chapter by John Cule, a Welshman, describes his service in Italy towards the end of World War 2, with numerous delightful interjections. His biographical note indicates that among his duties as High Sheriff of Dyfed is to read the Riot Act. His chapter smells of war and its hazards. He was driven around the mezzogiorno by a captured Italian who handled the steering wheel, while he cleaned the window of snow with a manually operated windscreen wiper. He tells, on the side, of Dr William Price who organized the funeral of his infant son, Jesus Christ Price, by burning the body in a barrel of oil on a Welsh hilltop. He writes of a patient with a fever in the poorest quarter of the poor market town of Crotona; a borrowed microscope revealed the plasmodium falciparum of malignant tertian malaria. His thoughts are encompassed in six pages, and illustrated with a pencil sketch of himself by a colleague. A marvellous account.

Sherwood Nuland's tale is almost as good. From the U.S., he tells how he fell in love with medical history as a resident in London: a seminar in an attic ended by his being told that "his arse had been resting for the past hour on Astley Cooper's operating table." He gives an account of a patient, seen when he was a young man, with a hole in his diaphragm through which bowel contents reached the pleura -and of how a previous patient centuries before had died of the same lesion. The surgeon in the earlier case was Ambrose Pare.

Moulin writes well and briefly of La Crise, how a man in pneumococcal pneumonic crisis told of his bitter separation from his wife, "a real bitch," and died. After doing the autopsy, she told his widow, without truth, that her husband had spoken of her with respect and affection. A thoughtful paper follows by Murray on sudden death; he describes a Nova Scotia predecessor, who wrote in 1909 of a fifty year old man dying suddenly after a second injection of eucaine and adrenalin into the urethra, and two recent similar cases. Duffin gives a twinkling performance on methaemoglobinaemia in the production of a blue nun.

Yet she takes 15 pages. Like most of the tales in this book it is told at too great a length. Berman gives a good account of a collection of essays written in the decade 1835-1845, and of two of his own other papers treat of floating kidneys, with the conclusion that they probably did not, neonatology, Simmond-Sheehan syndrome and the relation between SIDS and the prone position. Several psychiatrists write at length, often in psychiatrese, and at the worst in psychobabble ; one of the worst of these is not only a psychiatrist but a Ph.D., in the history of science from a distinguished university.

In the last paper Maulitz writes elegantly but with a tired perplexity of the changes that have come over medicine, and of how he retains at least some of his earlier attitudes; one must hope in one's twilight days that he is not alone.

I note with relief that these are medical papers, medical history; those who wish to read the thoughts of those without medical training on the history of medicine should go elsewhere. This is in no sense denigration of the work of historians, but doctors mainly prefer medical history. Most of the authors write competently, but many take up too much space; the best has six pages of text. The rest should be about the same length.

I enjoyed most of the book, and much of it is great fun. After all medical history, as opposed to the history of medicine, is largely about enjoyment. The book is well bound and put together, moderately well illustrated and for the most part adequately referenced. If I were a medical historian I would buy one, and if I were a practising doctor I would gain from reading it. For non-medical historians of medicine, it should be prescribed reading, with notes by a physician on the good and the bad.

IAN CARR

***Rockefeller Foundation Funding and Medical Education in Toronto, Montreal and Halifax.*** By **Marianne P. Fedunskiw.** (Montreal / Kingston : McGill-Queen's University Press, 2005. xiv + 201 p., ill., notes, bibl., index. ISBN 0-7735-2897-0 \$75)

Les questions concernant le financement des universités et de leurs programmes de recherche ont fait surgir un grand nombre d'interrogations au cours des dernières années. On questionne les intentions véritables des bailleurs de fonds tant privés que publics et l'on cherche à mesurer précisément le degré d'autonomie des universitaires qui réclament, à grands cris, ces revenus. Ces débats, quoiqu'essentiels,