A major problem which characterizes many of the studies of the history of American medicine is that they, like Sargent, ascribe sole importance to the physician, thereby attaching little importance to the patient's perspective. For example, Paul Starr's recent popular work, *The Social Transformation of American Medicine*, includes the following phrase in its subtitle: "the rise of a sovereign PROFESSION" [capitals ours]. Once again, the occupational or vocational aspects of American medical development are greatly accentuated. J. Worth Estes and David M. Goodman's new work, *The Changing Humors of Portsmouth*, is a study of the development of medical practice in the town of Portsmouth, New Hampshire, from 1623 to 1983. It is unfortunate that this study, like many others, places undue emphasis on the physician. Hence, the authors provide long lists of diagnoses made by physicians in seventeenth, eighteenth, and nineteenth century New England, as well as data on changes in the doctor's fees. The reader, however, is provided with little insight into these basic aspects of developing American medicine: the patient's reasons for visiting a doctor, the patient's expectations of physicians, community acceptance of various medical sects, and so on. The view of "medicine" which is provided in this book dwells on physicians and their concerns and provides little which illuminates the changing expectations of centuries of American patients.

Despite the aforementioned criticisms, this book has several strengths. First, as the subtitle states, the book is essentially "the medical biography of an American town." By focusing on a specific population (Portsmouth, New Hampshire), the authors provide a complete and continuous record of medical development in a single locale. This continuity is of vital importance and allows the reader to develop an almost stratigraphic view of the different phases of medical development in this one town. It should also be added, at this point, that the authors have thoroughly researched their topic.

Second, several of the chapters provide the reader with valuable information on more specific topics, such as the rise of epidemiology and control of epidemics at the turn of the twentieth century and the gradual movement of health care into hospital settings.

To conclude, while the study of medical history in America is in need of many more studies which provide a continuous record of medical development in one location, studies should be less physician-oriented. The study of "medicine" should place an equal emphasis on the patient, for it is often the patient who provides us with the most valuable information. This fact was recognized long ago by the eminent English cardiologist Sir Thomas Lewis, who is reputed to have said, in reference to the topic of physical diagnosis, "Listen to the patient, HE is telling you the diagnosis."

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**MORBID APPEARANCES: THE ANATOMY OF PATHOLOGY IN THE EARLY NINETEENTH CENTURY.** By Russell C. Maulitz. New York, Cambridge University Press, 1987. 277 pp. $47.50.

The well-known rift between medicine and surgery is long-standing. In Great Britain, for example, barber-surgeons and physicians have distinguished themselves as separate guilds since the Middle Ages, and, in some senses, the establishment of the
Columbia College of Physicians and Surgeons in the American colonies in 1767 may be considered a precocious union of these two disciplines. This rift between medicine and surgery was lessened significantly with the rise of pathological anatomy as a discipline in the eighteenth and nineteenth centuries in France. In *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century*, Russell C. Maulitz writes thus of the differences between medicine and surgery in the eighteenth century:

To surgeons in France and England the body was a mosaic of individual parts. . . . Most surgical illnesses were related to diseases, like inflammation, or scirrhus, or gangrene, that were amenable to one of the paradigmatic surgical interventions, extirpation or amputation. For physicians the code of the body was different, involving an ecological conception of interdependent regions, bound together by circulating humors that carried medicaments, poisons, or other substances that might explain the prosperity or weakening observed in the body economy.

Maulitz goes on to describe the pathological anatomy of Xavier Bichat (1771–1802) and Theophile Laennec (1775–1826) as the “common root and trunk” supporting medicine and surgery. Thus, medicine and surgery would become no more than “branches of the same profession” rather than the “tribes or subcultures” which they resembled prior to the origins of pathological anatomy in the late eighteenth century in France.

Maulitz’s book is divided into three parts. Part one discusses Bichat’s tissue pathology, presented and systematized in works such as *Treatise on Membranes* (1799). Bichat believed that the body’s membranes behave in a number of characteristic ways when exposed to certain irritants or inflammatory stimuli. Maulitz writes that Bichat’s pathological framework “seized the localizationist impulse of the surgeon and extending it through the medical doctrines of sensibility and sympathy, he sought to create something like a Newtonian Synthesis in the biological sciences.” Part one also deals with Laennec’s *Mediate Auscultation* (1819), his postmortem dissections, and his contributions to pathological anatomy. Through auscultation and dissections, Laennec established a system of clinico-pathological correlations which allowed the physician and the surgeon to work in the following mutually complementary fashion: “the diagnostician could localize the accumulation of liquid serosity now in the antemortem state. The surgeon could now bring out his trusty trochar and perform the merciful operation of thoracentesis.”

Part two discusses the state of English pathology during the eighteenth and nineteenth centuries. It examines the dearth of postmortem dissection in England at the time, as well as the incentives of many English medical students to study pathological anatomy in Paris.

Part three presents the importation of French pathological anatomy into Great Britain, first through rising medical journalism and later through the influence of men such as Thomas Hodgkin (1798–1866) and Robert Carswell (1793–1857). Part three also discusses the “English national style of pathological anatomy” and the extent to which the Parisian tradition was successfully transferred to England.

Maulitz’s book is a fascinating account of the rise of anatomical pathology—a common language and intellectual glue which brought the two traditional “tribes” of medicine closer together in the eighteenth and nineteenth centuries. The work
obviously rests on a broad and thorough research base, and the "selected bibliography" at the end of the book is rather similar to a library. Most laudable is the author's ability to set the changes in pathological anatomy in their political, administrative, and institutional contexts.

Perhaps the sole criticism of this book is that it is somewhat fragmented at times. The author makes far too many rapid transitions from one set of historic considerations to the next. For example, each chapter is divided into a number of smaller subheadings, and it is sometimes difficult to recall how one is related to the next, and how each falls within the broad context of the book.

As a whole, the book is a masterful treatment of the subject. In addition to elaborating on the rise of morbid anatomy, the book possesses broader implications for understanding the long-standing differences and parallel evolutions of medicine's two major tribes—medicine and surgery. I would recommend the volume to serious historians of medicine who are interested in the conceptualizing of anatomical pathology, the dissemination of the Bichatian system of tissue pathology in nineteenth century France, the medical and intellectual "channel-crossing" between France and Great Britain, and the effects of the new pathology on medical versus surgical diagnostics and therapeutics of the time.

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KAPOSI'S SARCOMA: PATHOPHYSIOLOGY AND CLINICAL MANAGEMENT. Edited by John L. Ziegler and Ronald F. Dorfman. New York, Marcel Dekker, Inc., 1987. 266 pp. $65.00.

In 1872 Moritz Kaposi, a Viennese dermatologist, observed an "idiopathic multiple pigmented sarcoma of the skin" in five patients. He described the classic skin lesions, subsequent edema, and clinical course that we now associate with Kaposi's sarcoma. This disease, increasingly common in the age of AIDS, has been a puzzling neoplasm ever since that initial description, as stated in the preface to Kaposi's Sarcoma: Pathophysiology and Clinical Management. Editors John L. Ziegler and Ronald F. Dorfman make an impressive effort to compile current information on all aspects of this disease in their 1987 casebound book.

With input from fourteen contributors, Kaposi's Sarcoma: Pathophysiology and Clinical Management is composed of ten chapters. The introduction provides valuable background information and clear summaries of the various theories of pathogenesis which are to be presented later. The next two chapters discuss, respectively, pathology and histogenesis. The chapter on pathology contains useful black-and-white photographs of clinical lesions and microscopic slides. A short discussion on differential diagnosis, followed by a consideration of the distribution of lesions, concludes this chapter. The third chapter contains microscopic studies at both the light and electron microscopic level and deals with enzyme histochemistry, immunohistochemistry, and experimental methods. The next three chapters are concerned with different theories on the etiology of Kaposi's sarcoma: cytomegalovirus, immunodeficiency, and angiogenesis. Unfortunately, other factors in the pathogenesis of this disease as outlined in the first chapter, including genetic influences and the effect of circulating carcinogens, are not given as much in-depth coverage. Following the discussion of etiology, the