

Many of these were graduates of the University of Edinburgh, one of the outstanding medical schools of all Europe. The cause failed and the rights of Dissenters were denied for another 100 years. Although William was a dedicated member of the Church of England, he did not hesitate to annoy a minority of the lesser clergy and most of the bishops by his forthright stance on Dissenters. Heberden had the ability to challenge stands of his friends on important principles without alienating them.

Heberden was the first to separate chickenpox clearly from other exanthems and described the arthritic knobs of the distal phalanges, and his description of angina pectoris in 1768 is one of the classics of medicine—so complete that little has been added since. Here he shows his modesty in referring to a friend (probably Dr John Fothergill) who had recognised the condition for some years. He was not aware of the cause of the symptoms and had not had the opportunity to observe a postmortem examination in a case. After an abstract of his description of angina was published in *Critical Review* in 1772, a reader (probably not a physician as stated) recognised the similarity to his own symptoms and realised the likelihood of sudden death. He wrote to Heberden saying that he wished a postmortem examination to be arranged in the event of his sudden death; this request was fulfilled a few weeks later by Heberden who enlisted the services of John Hunter, the leading British surgeon and pathologist. Although the biographer doubts that William Heberden and Edward Jenner had ever met, both were present at this necropsy, Jenner being Hunter's assistant at the time. Nothing was found to account for the symptoms, but Jenner, reflecting on the episode years later, doubted that the coronary arteries had been examined. Heberden did not think that angina was associated with an anatomical abnormality. Despite this belief, he presented a paper submitted by Dr John Wall to the College in 1772, in which Wall attributed angina to aortic stenosis in a single case examined pathologically. Heberden's reading of Wall's contribution to the college is a demonstration of his objectivity and generosity, even when he did not agree with the conclusion. Later, Jenner related angina pectoris to coronary artery disease and wrote to Heberden about his observations. The biographer quotes Baron (1838) as saying that the letter (incorrectly dated 1778 instead of 1786) was never posted, but Otterly (1839) said that it was. In 1799 Parry published his excellent book on angina pectoris, giving strong support to the ischaemic theory. Black had published a similar view in 1795. There is no evidence that Heberden ever recognised the cardiac seat for the symptom. In his commentaries, Heberden repeated his description of angina, but this was written at a much earlier date (writing completed in 1782).

The commentaries were written in Latin for the benefit of any of his sons who might choose medicine as a career. His son, also William, translated the text into English and published it in 1802, the year after his father's death. There is no doubt that the elder Heberden's modesty about this contribution delayed its publication for a generation. The commentaries received immediate and lasting acclaim in Britain and abroad.

William Heberden made perceptive observations on vital statistics, disposal of human wastes, sanitary water supplies,

prudent dieting, polypharmacy, the inefficacy of most medicines then available, optimum age for retirement, and medical education, both undergraduate and postgraduate. He recognised the dangers of tobacco, alcohol, and opium, but advised that opium should not be withheld in hopeless cases in which it could give relief. He deserves a place in medical history for even these "minor" contributions. In addition to reading classic languages, he was interested in current literature and was an amateur astronomer. He and his companions, John Hunter and John Fothergill, were friends of Benjamin Franklin, and Heberden and Fothergill were sympathetic to the American cause in the revolution. Heberden was a keen observer and critic, but he was not a scientist in the mould of two friends, Stephen Hales and John Hunter, nor the much younger Edward Jenner.

The author has written a creditable biography in view of his ancestor's modesty and taciturnity about personal affairs and the lack of information that might have been supplied by his contemporaries. William Heberden stands partially revealed after almost two centuries, despite his apparent desire for obscurity. Ernest Heberden has served the medical public well in not honouring this wish in view of the greater good. All who are interested in William Heberden or in British medicine in the latter half of the eighteenth century will want to own this book. There is an excellent set of references for each chapter and the index is accurate and valuable. A sketch of William Heberden, the younger, follows the biography.

WILLIAM L PROUDFIT

An Unquiet Life: Memoirs of a Physician and Cardiologist. J F Pantridge. (pp. xix + 122; £9.95.) Antrim, Northern Ireland: Greystone Books, 1989. ISBN 1-870157-07-9. We have been asked to point out that this book is no longer available from Greystone Books. Copies should be ordered from: The Secretary, The Heart Fund, Institute of Clinical Science, Royal Victoria Hospital, Belfast BT12 6BA, or from bookshops in Northern Ireland.

Cardiologists world wide will know or know of Frank Pantridge as one of the "personalities" of our specialty in the postwar years, and also as the father of pre-hospital care for myocardial infarction. Pioneers do tend to have similar attributes that command attention: not only originality but boundless energy, dogged determination, and a readiness—with suitable provocation—to show disrespect for the establishment. These qualities come blazing through this fascinating book with a terse incisiveness that is so characteristic of the author.

This is not an autobiography but a collection of reminiscences as the subtitle suggests. It is written for the general reader. If cardiologists find a particular fascination with the book it will be because they learn more of the man and not because the contents have any narrow interest. They do not. Pantridge the cardiologist hardly emerges until the last 30 pages. After some insights into his student years we have two harrowing chapters on the author's war experience first as a medical officer in Singapore and very soon as a prisoner of the Japanese. Some of us old enough to remember those dark days still

need reminding that incredible incompetence allowed 30 000 Japanese to defeat 85 000 allied troops who were given little chance to defend what should have been an impregnable fortress. And that in one camp only 182 of 1600 British prisoners survived the war (most camps were little better). As we read of the atrocities and of the privations that were suffered by those who were captured, we can only marvel at the spirit that kept any of them alive. How easy to understand why Pantridge remains full of anger after so many years—anger on account of the many he strove to help but who died under terrible conditions and seemingly so needlessly: colleagues, friends, strangers from other lands. But of self pity there is none. Indeed Pantridge makes the point that such experiences can even be salutary; but only an indomitable character could remain sufficiently unscathed to emerge the tougher for such an apprenticeship to life.

I first encountered Pantridge in 1968 after a lecture on the new concept of pre-hospital care that was given at the Massachusetts General Hospital where I was then working—a meeting that made more impression on me than it would have done on him. Alone of the audience, I was unimpressed and deeply sceptical. A prophet is not recognised in his own country, but neither is he recognised by his own countrymen. It was fate rather than insight that led to my own conversion to the cause a year or so later. I was not the last, and indeed only recently has the value of Pantridge's work been widely appreciated in Britain. Even now, Pantridge himself has not received the acclaim that might seem appropriate for one who has made such a major contribution; perhaps the very characteristics that enable a man to modify strongly held views among his peers are the ones least likely to earn the reward of recognition.

This little book remained too long on my shelf with other tasks that await convenient moments that so rarely come. But once I had opened it I found it was no chore. It was full of interest, and I have profited from having read it. Others will feel the same.

DOUGLAS CHAMBERLAIN

In Search of Truth. A Portrait of Don Craib. E B Adams. (pp. xi + 123; £7.95 paperback; £12.95 hardback) London and New York: Royal Society of Medicine Services, 1990. ISBN 1-85315-118-1 (paperback); ISBN 1-85315-119-X (hardback).

It would be easy to glance at this brief biography and label it as no more than an affectionate tribute to a mentor by a disciple but that would be wrong. True, it may be of more immediate interest to older graduates of the University of the Witwatersrand Medical School than to other readers, but some very important historical aspects of the development of electrocardiography are ventilated in this book. When eyes are focused on the political ferment in South Africa a reminder of other aspects of life in that country is timely.

William Hofmeyr Craib was part Scot, part Afrikaner: his middle name indicates his membership of an extraordinary family of intellectual distinction and political achievement now largely forgotten. Having served in the British army in France during the first world war, he stayed on to qualify in