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 this part of his fortuitous stardom was due to his determination, and his lack of modesty. Heberden had the ability to challenge stands of his friends on important principles without alienating them.

Heberden was the first to separate chickenpox as a separate illness and described the arthritis of the distal phalanges, and his description of angina pectoris in 1766 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 post-mortem 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 angina as his own symptom and realised the likelihood of sudden death. He wrote to Heberden saying that he wished a post-mortem examination to be arranged in the Heberden 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 any clue was lost at the examination. 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 (Otterly 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 correspondences with his father he 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 1808, the year after his father’s death. The text does not show that the Heberden’s modesty about this contribution delayed its publication for a generation. The commentaries received immediate and lasting acclaim throughout the world.

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 as a reformer of professional education and the medical practice he achieved was the standard of his day. 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 tactuality 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, by the light of his own words. Nothing can be discovered about his medical practice, his career, his friends, or his later life. Even his own writings are scarce. The biography is a sketch of William Heberden, the younger, follows the biography.

**WILLIAM L PROUDFIT**

An Unquiet Life: Memoirs of a Phisician and Cardiologist. J F Pantridge. (pp. xix + 122; £9.95.) Antrim, Northern Ireland: Greystoke Books, 1989. ISBN 1-870157-07--9. We have been asked to point out that this book is no longer available from Greystoke 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 worldwide 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 respect of others. It is 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. The phrase “Pantridge” in the title 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 service, and 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 inaccuracy 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 enemy he strove so hard through 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 apprentice-ship 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 for one of the audience, I was unimpressed and deeply sceptical. A prophet is not recognised in his own country, but neither is he recognized in his own time. 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 standards belief and work, perhaps the 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’s work cannot be found in the medical library in this country, whereas it is eminently possible that this book will be of interest to other readers, and I have profited from having read it. Others will feel the same.

DOUGLAS CHAMBERLAIN


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 obstetricians in the University of the Witwatersrand Medical School than to other readers, but some very important historical aspects of the development of electrocardiography are gathered 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 intellectuallists in his countrymen. It was fate that this achievement now largely forgotten. Having served in the British army in France during the first world war, he stayed on to qualify in
medicine at Cambridge and Guy's. A Rockefeller fellowship was taken in his stride and this took him to Johns Hopkins in 1925-6. There his earlier mathematical training led him into electrophysiological studies and he was just one step ahead of Frank N Wilson in propounding the doublet (dipole) hypothesis for cardiac activation. This work brought Craib to the attention of Sir Thomas Lewis when he returned to London in 1926, and he was persuaded to take up a Medical Research Council fellowship at University College Hospital. But for all sorts of reasons he seems to have got on badly with a host of luminaries, including Willem Einthoven and Lord Adrian. After completing an account of his studies that was published in 1930 as a Medical Research Council Special Report on electrocardiography, he abandoned London—and research—and returned to South Africa to undertake consultant practice in Johannesburg. Soon, despite local antagonism, he was appointed part time professor of medicine but was not given the full time chair when this was created at the end of the second world war. His latter years were occupied with practice followed by research administration; and then he recalled past glories and slights.

At this stage of his life Craib became a voluminous correspondent, apparently determined to correct historical errors and to justify himself; but the old adversaries were now gone. Adams gently agrees with those who have claimed that Craib had exaggerated some of the events. Indeed he received international recognition fifty years after his great days, as his letters were passed around. As he had given up research and writing for international journals, it was with some surprise that he was discovered by those who had continued along the lines that he and Wilson had laid down. It is particularly gratifying that Barry Adams qualifies some of the hostile memories that dominated Craib's last years and tries to get the balance right. Craib's ambivalent feelings about Lewis should be tempered by the knowledge that in reporting to the Medical Research Council that, despite Lewis's advice to the contrary, Craib was determined to resign, Lewis stressed that "...I have regarded him for some while as one of the most, if not the most promising candidate (sic) for a professorship of clinical medicine and research in this country within the space of a few years." His departure was a great loss, but others took up the thread, and unipolar electrocardiography soon prevailed.

Craib was virtually forgotten outside South Africa and even there the importance of his early work was not fully appreciated; but this graceful account by one of his most distinguished pupils rectifies these omissions. Adams evades only two, perhaps impossible, questions. What might Craib have achieved had he remained in the mainstream? And was there some personal quirk that prevented him from following such a path?

DENNIS M KRICKLER