

Indeed, Holmes spent a lifetime writing about life—or, perhaps, half a lifetime: it was not until he neared age fifty that Holmes began the first of seven works whose idiosyncratic structures, characters, and personae endeared him to a broad English-speaking audience and sweetened the wisdom that makes his writings, in Weinstein's view, a tonic for all times. Weinstein proceeds chronologically through Holmes's bracing body of work. He starts with the *Autocrat*, which he reads "as Holmes's account of (his) engaging with aging and mortality" (p. 25). Next is "the Professor's" installment of a Breakfast Table series understood by Weinstein to hold a "healing function" (p. 64). Then comes *Elsie Venner* (1861), the first of three "medicated novels"—*The Guardian Angel* (1867) and *A Mortal Antipathy* (1885) are the others—that blur the line between medical science and moral theology. *The Poet of the Breakfast Table* arrives in the interim, with a less sanguine Holmes suffering a "fever of doubt" over postwar trends toward intensive specialization in science (p. 135). Closing Weinstein's inventory, and capping Holmes's career, is *Over the Teacups* (1890), the fourth of the table-talk books, which finds Holmes back where he began with *The Autocrat*, reflecting on life, death, and man's constitutional capacity to endure them.

It is fitting that Weinstein finds a humanistic end to his physio-literary meditations. A useful annotated bibliography completes his monograph. The list-like quality of *The Imaginative Prose of Oliver Wendell Holmes* could not be further from Dowling's promiscuous approach, but surely the exhaustive coverage that Weinstein provides is a necessary step in once more making Dr. Holmes's a household name.

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Private Practice: In the Early Twentieth-Century Medical Office of Dr. Richard Cabot. By Christopher Crenner. (Baltimore: Johns Hopkins University Press, 2005. Pp. xvi, 304. \$48.00.)

For many contemporary physicians, especially those associated with the Massachusetts General Hospital, Dr. Richard Cabot remains a medical icon. Born in 1868 to a family that had played a leading role

in Boston's intellectual, civic, and business affairs for more than a century, Cabot spent much of his professional life associated with the MGH, where he was clinical professor of medicine and chief of the medical staff. Much of his reputation rests on the clinico-pathological conferences that he initiated in 1910, in which diagnosis of specific cases was correlated with autopsy results. These conferences were extremely popular with medical students and staff; eventually accounts of the proceedings were published in the *Boston Medical and Surgical Journal*, and they continue to appear as "Case Records of the Massachusetts General Hospital" in the *New England Journal of Medicine*, its successor publication.

Cabot is also remembered as the author of *Physical Diagnosis* (for many years the standard textbook, having gone through ten editions) and for his foresight in creating the department of medical social work at the MGH, his advocacy of group practice and prepaid medical care, and his commitment to medical ethics. Following his retirement from the hospital staff in 1920, he was appointed professor of social ethics at Harvard University and later professor of natural theology at Andover-Newton Theological School.

Cabot's career unfolded in an era in which significant changes were occurring in medical practice, largely the result of new scientific knowledge. Diagnoses were improved with the aid of recently developed instruments and tests. More sophisticated treatments required oversight from trained physicians and nurses. Doctors, especially elite urban doctors, met their patients in their private offices rather than in patients' homes, as had been the custom in preceding generations.

Christopher Crenner, a physician, professor of internal medicine, and a medical historian, has devoted many years to studying Cabot's case notes so that he might document the effect of these changes on medical practice, especially on doctor-patient relationships. The records—written in Cabot's hand and bound in thirty-six volumes along with results of laboratory tests and correspondence with referring physicians and the patients themselves—are an extraordinarily rich source of information, and they have enabled Crenner to situate Cabot's practice as the intermediate stage between nineteenth-century medical practice conducted in the patient's home, where in a sense the doctor was a guest, and, in the second half of the twentieth century, medical practice conducted in institutional settings, where technology and the physician's highly specialized knowledge bestowed authority that often made him an inaccessible figure to his patients.

Much of the book explores the ramifications of this new stage in medical practice. Cabot's office, located on the lower floor of his home at 190 Marlborough Street in Boston's Back Bay, was equipped with the instruments and paraphernalia needed for laboratory tests and minor therapies. He insisted on diagnoses based on scientific data, such as microscopic and chemical analyses of blood and bodily excretions, as well as instrumented measurements of heart rate, blood pressure, and other body functions. At the same time he worried that reliance on science might be detrimental to the physician-patient conversations and interactions that often reveal important information about the circumstances of the patient's life and the nature of his illness.

Patients' letters and Cabot's notes describing patients' views regarding their illnesses demonstrate that, despite Cabot's concerns, his patients were not passive. Many did not hesitate to disagree with a diagnosis or to refuse a recommended treatment. Some shopped from doctor to doctor, seeking answers that suited them or resorting to advice from nonorthodox practitioners. For his part, Cabot's insistence on absolute honesty with his patients led him to refuse placebo treatments and to deliver realistic prognoses, even when there was no hope for recovery.

In the final chapter, Crenner describes two remarkable episodes in Cabot's personal life that typify the complexities of medical decision making. The first involves the ultimate placebo, euthanasia, and Cabot's role in providing a peaceful death for his older brother, who was suffering excruciating pain in the last stages of diabetes. The second involves the illness and death of Cabot's wife, to whom he never admitted the inevitable outcome. Rather, he seemed to be in denial, not only with Ella Cabot but also with himself.

This is an important book, thoroughly researched and documented. Crenner has incorporated the views of many of Cabot's contemporaries, thereby providing a broad context for Cabot's ideas and practices. Readers interested in the sociology of medicine will find that Cabot's private practice yields new insights regarding patient-doctor relationships and the evolution of medical practice from home to hospital. The final chapter, "Ideals of the Medical Relationship," will provide all readers with intellectual tools to think about the medical care we receive today.

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Brazil through the Eyes of William James: Letters, Diaries, and Drawings, 1865–1866. Edited by Maria Helena P. T. Machado. (Cambridge: Published by the David Rockefeller Center for Latin American Studies; distributed by Harvard University Press, 2006. Pp. 230. \$29.95.)

This beautifully produced bilingual volume brings together William James's letters, diaries, and drawings from his eight-month trip to Brazil in 1865–66, an expedition led by the Swiss naturalist Louis Agassiz. Most of this material is already available elsewhere: all of James's letters were published in volumes 1 and 4 of *The Correspondence of William James*, edited by Ignas K. Skrupskelis and Elizabeth Berkeley (1992, 1995); "A Month on the Solimoens," which represents half of the diary, appears in *Manuscript Essays and Notes* (1988); and James's drawings have been reproduced in various biographies, notably Howard Feinstein's *Becoming William James* (1984). The contribution that this volume makes, then, is in Machado's contextualization of the trip and in the Portuguese translation by John M. Monteiro. Because Brazilian scholars have not attended to James's trip, this translation, Machado says, will stimulate interest.

James was twenty-three, and in his second year at Harvard's Medical School, when he embarked on the expedition, financed by Boston businessman Nathaniel Thayer. Among the other six student volunteers were some of James's friends, including Thayer's son and Thomas Ward. Interest in collecting specimens motivated them, to be sure, but so did a chance to test their manhood and endurance, to get a taste of what Theodore Roosevelt called "the strenuous life," which other young men were experiencing by participating in the Civil War. Certainly James hoped to gain self-knowledge and maturity: "I said to my self before I came away, 'W.J. in this excursion you'll learn to know yourself and your resources somewhat more intimately than you do now, & will come back with your character considerably evolved & established'" (p. 61).

He did learn that working on field expeditions did not suit him: he was irritated by the physical discomfort, and he vowed to devote

Medical science was still in earliest youth, and the practice of "physic" was jointly discredited by the barber, the veterinary, the midwife, the "yarb doctor," and the miscellaneous quack. This young "Brahmin," however, saw the chance for contributing to the progress of a budding science, and made his decision with quiet disregard of social prejudice. This is not to say that Holmes was alone in his consciousness of science. Thoreau was fully as aware of it in the field of plant and animal study; all things considered, Emerson and Whitman were more responsive to its deeper spiritual implications. It is rather that Holmes had his special avenue of approach through the lore of the physician. Medical science is under a constant state of evolution. However, there are a host of innovations that not only changed the medical field but the world. One of the leading causes of death is heart disease. Aside from standard medication and medical treatments, transplants are a great option to combat these statistics. Yet, the number of patients who need a heart transplant far exceeds the supply. Though the ideas of the artificial heart can be traced all the way back to Jean Cesar LeGallois in 1812, with multiple variations over time, Dr. Robert Jarvik is the first person to create a permanent artificial heart, in 1982.

From Moral Theology t The seventeenth and eighteenth centuries represent a period of remarkable intellectual vitality in British philosophy, as figures such as Hobbes, Locke, Hume, and Smith attempted to explain the origins and sustaining mechanisms of civil society. Their insights continue to inform how political and moral theorists think about the world in which we live. From Moral Theology to Moral Philosophy reconstructs a debate which preoccupied contemporaries but which seems arcane to us today. All argued that Cicero provided a means of addressing what they considered to be the most pressing question facing contemporary philosophy: the relationship between moral philosophy and moral theology. ...more. Get A Copy. Amazon. Moral theology, Christian theological discipline concerned with identifying and elucidating the principles that determine the quality of human behaviour in the light of Christian revelation. It is distinguished from the philosophical discipline of ethics, which relies upon the authority of reason. Get a Britannica Premium subscription and gain access to exclusive content. Subscribe Now. The diverse approaches to moral theology through the centuries have varied greatly in their recourse to logical reasoning and in the degree of their acceptance of general moral principles that are considered universally applicable.