A SHORT HISTORY OF NEUROLOGY.
Edited by F. Clifford Rose.

In some instances certainly it is true that those who ignore the lessons of history are likely to repeat the mistakes of earlier generations. Thomas Carlyle (1795–1881) thought a little differently, feeling that no great man lives in vain, that history is the essence of innumerable biographies and that the history of the world is but the biography of great men.

Interest in the history of medicine has mushroomed in the last decade or two and individual biographies, hospital histories, specialist journals such as the Journal of the History of the Neurosciences and sections in general journals such as Archives of Neurology, Neurology (Minneapolis), The Lancet, the Journal of The Royal Society of Medicine and others have conveyed the lessons of history to a wider readership.

Dr Frank Clifford Rose, Director of the London Neurological Centre and Chairman of the World Federation of Neurology Research Group on the History of the Neurosciences, is the Editor of this superb yet concise volume, the first of a pair that describes some of the important British contributions to neurology. This volume covers the years 1660–1910 in a series of 20 articles within 282 pages, including a good index. The references in the 20 chapters are legion—over 700 references, a few duplicated but a mine of information from which to chase primary sources.

Rose himself writes on John Fothergill (1712–1780), James Parkinson (1755–1824) and on three writers of early nineteenth-century British neurological texts, namely John Cooke (1756–1838), Charles Bell (1774–1841) and Marshall Hall (1790–1857), advancing still further Rose's prolific contributions to the history of the neurosciences. In fact, this volume forms part of the proceedings of the Mansell Bequest Symposium which was held at the Medical Society of London (founded in 1773) and uses the term Neurohistory—a new word now to be found at conferences and also in a discussion forum and an events listing on the internet (http://www.doctors.net.uk).

Perhaps Thomas Willis (1621–1675) was the founder of
neurology, or so Sherrington thought, and the arterial circle at the base of the brain is one of Willis’ eponymous claims to fame. Other structures commemorate him and the reader will need to comb through the book to satisfy this curiosity. Willis and his inner circle of friends included Richard Lower, Christopher Wren, John Locke and Robert Hooke. His outer circle paradoxically was much smaller.

Willis removed the whole brain from the body instead of dissecting from above and the cerebral body thus removed was seen to contain important solid portions. Earlier workers had concentrated on the ventricles, perhaps echoing William Harvey’s emphasis on the solid portions of the heart rather than its cavities—the empty areas. Solid organs influenced the movement of fluids, the opposite view to that of early classical physiologists and Cartesians. We might think of a bottle turned upside down where the fluid drains, the fluid moving and the solid walls remaining unmoved. Here we have the solid portions of the body being the more active.

Removal of the brain from the body liberated the theory of the humours of coldness, moisture, dryness and heat. The cerebral body was part of the whole of man’s body, a body which was beginning to be anatomized. The primacy of the cerebral cortex in memory, imagination, passion and appetite was yet to be described. Later, in 1686 and after Willis’ death, Sir Edmund King, a London surgeon, autopsied an Anglican minister, Reverend Robert Bacon but Willis of course had beaten him to post-mortem examinations.

From 1800 to 1850 neurological anatomy and pathology converged, and here Alastair Compston tells us how. To Matthew Baillie (a fine portrait hangs in The Royal College of Physicians in London) we owe the origins of pathology based upon the study of the organs of the body. Parts of the body were portrayed by artists including Charles Bell, student of the painter David Allan. Bell was inspired by Alexander Monro Secundus, the middle of the three Monros (not to be confused with the other Munros in Scotland, the ones you climb) and by John Bell, Charles’ elder brother. Bell’s contemporaries were John Lizars, Robert Hooper, Richard Bright, James Hope and Robert Carswell. Richard Bright noted that the brain could show striking disturbances of function on the basis of apparently trivial disorders of structure.

Robert Whytt was Professor of Medicine at Edinburgh and wrote of the nervous fluid. Alexander Monro Primus had taught Whytt in Edinburgh; Whytt then continued in London under Cheselden and finally he went to Paris and on to Leiden under Boerhaave. Whytt felt that the soul was co-extensive with the body, which helped understand both voluntary and involuntary action.

Did the British make a particular contribution to early neurology? Certainly since the days of Archdeacon William Paley and Charles Darwin, Hans Sloane and James Cook, Richard Owen and Thomas Henry Huxley, Sherrington, Denny Brown, J. C. Eccles and J(ohn) Z(achary) Young, each of whom provides an important name in neurological matters. But what of John Fothergill, the Quaker, on trigeminal neuralgia? Of Robert Whytt, the sceptical neuroscientist interested in the spinal reflex and the nervous fluid? Of John Cooke and palsy? Of Marshall Hall and reflex action? Vignettes of these and longer biographies of James Parkinson and Charles Bell contrast with shorter descriptions of some of the buried contributions (and contributors) including, among others, those on phantom limb, numb chin, the dissociation of voluntary and emotional actions in facial nerve palsy, facioscapulohumeral, Duchenne and Becker muscular dystrophies, and the Villaret syndrome (here is the answer to a good question we could set for the Departmental Christmas Quiz; ipsilateral IX, X, XI and XII cranial nerve palsies with ipsilateral Horner’s Sign).

We learn of developments in nervous diseases and neurosis, the separation of psychiatry and neurology in Great Britain, the origins of neurological journals including the Reports of the West Riding Asylum later to become the journal Brain, and the formation in 1886 of the Neurological Society of London with John Hughlings Jackson as first President. From this Society stemmed the Neurological Society of the United Kingdom, the Neurological Section of the Royal Society of Medicine and then in 1933 the Association of British Neurologists. Links with Britain’s neighbouring countries now give geographical meaning to the term Euronurology.

Though there is much of reflex in this volume, including the contributions of Laycock and Hughlings Jackson, we read too of the painstaking work by John Langdon-Down, the careful note-keeper and photographer at Earlswood. Down, who was born at Torpoint in Cornwall and whose name was applied later to the form of handicap we recognize today, carried out an autopsy on Dr James Edwin West (of West’s Syndrome) who described his own son’s unusual form of epilepsy in 1841 in The Lancet. Down, the acute clinical observer, described in 1866 the condition later called Prader–Willi Syndrome and he predicted the gonadal hypoplasia associated with this.

Perhaps Thomas Laycock’s ideas gave Hughlings Jackson some thoughts on reflexes and evolution since their homes both were close to York in the North of England. Is the nervous system a sensorimotor automaton? Jackson’s thoughts on evolutionary neurophysiology might argue so. Mental evolution and its archaeological correlates provide some interesting slants on modern neuroscience.

Edward Liveing, Registrar to The Royal College of Physicians, promulgated the nerve-storm theory of migraine and David Ferrier studied the cerebellum and the brachial and sacral plexuses. Gowers’ shorthand publications have been exhumed and decoded so we eagerly wait the inquest after this lexicographical post-mortem. The fascinating account of these secret records is here, and of how they gave rise to the Phonographic Record of Clinical Teaching (PRCT) and thence to the formation of the Society of Medical Phonographers. Has natural selection caused these organizations to become extinct?

The French Connection is not ignored, and Charles Edouard Brown-Séquard and of course Charcot are included.
Book collectors will be especially interested in the chapter by a keen colleague in America who described John of Gaddesden (who knows which medical library uses an illustration from his book as their insignia? Exeter Medical Library—you will not find that in this volume), Harvey, Willis again (he is very important in the History of Neurology and introduced the term Neurology), Ridley, PEMELL, Barrough, Yonge, Croone, Hales, Stuart, Pott, Darwin, Magendie, Goltz, Stokes, Gull, Underwood, Heberden, Cullen, Boyle, Hooper, Todd, Thudicum and others. Bibliophiles will relish the book collector’s perspective with all its detail of so many neurological authors of historical interest, bookplates, books and papers, hand colouring, bindings, editions and reprints.

Who will best make us sit up and take interest in Neurohistory? Perhaps Charles Edward Beevor whose sign (an upward migration of the umbilicus in the act of sitting up from the supine position) is said to be a reliable pointer to a lesion at the level of T10 involving the spinal cord or roots. Beaver around this book and when the companion volume appears badger the Librarian to purchase the sett.

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