

## PROFILES IN CARDIOLOGY

Edited by J. Willis Hurst, C. Richard Conti, and W. Bruce Fye.  
514 pp., illustrated. Mahwah, N.J., Clinical Cardiology  
Publishing, 2003. \$69.50. ISBN 0-615-12084-9.

IN 1985, J. WILLIS HURST SUGGESTED THAT A short biographical and historical profile of a major contributor to the understanding and treatment of heart disease be included in the monthly issues of the journal *Clinical Cardiology*, of which C. Richard Conti is the editor-in-chief. *Profiles in Cardiology* reprints more than 200 of these profiles in a chronological arrangement that covers more than half a millennium, from Antonio di Paolo Benivieni (1443–1502), an early proponent of clinical–pathological correlation by means of autopsy, to A. John Camm (1947–). Many of the profiles of early physicians were written by W. Bruce Fye, a skilled clinician and historian, and the book contains contributions by a large number of other writers who are historically oriented, nearly all them physicians.

This book belongs on the shelf of anyone working in cardiovascular medicine or surgery who recognizes and appreciates the importance of our past. It complements the often short biographical sketches that introduce the reprints of original, milestone articles in *Classics of Cardiology* (now expanded to five volumes by Krieger Publishing, Malabar, Fla.). In contrast to a collection of classic works, *Profiles in Cardiology* is both by physicians and about physicians, which is its strength and its weakness. There is no better or more convenient single source for brief, two-to-three-page biographical sketches of our predecessors, often with references to primary and secondary sources. Nearly every profile is accompanied by a portrait (a notable exception being that of Allan Burns, who in 1809 wrote the first book on cardiology in English and of whom no portrait is known to exist).

Perhaps Ralph Waldo Emerson was correct, in saying that “there is properly no history, only biography”; *Profiles in Cardiology* describes the evolution of cardiology as a series of individual accomplishments by “great men” and also a few “great women.” The story of that evolution as presented in this book is not a developmental history of concepts but, rather, a collection of lives that are linked by dedication to the study of heart disease. This is a refresh-

ing anachronism in the present era of more formal social historiography of medicine, but it does have limitations.

Although the order of the profiles is chronological, they are far more likely to be examined individually than read sequentially. It would have been useful therefore to have a topical index that would allow a reader interested in Heberden and angina, for example, to follow the evolution of the concept through Hunter, Jenner, Parry, and Burns or lead a reader interested in auscultation from Laënnec to Forbes, Hope, Stokes, Skoda, and Flint. The essays are generally of high quality and usually avoid the tendency to view the past only through current understanding and current definitions of disease.

Eccentricities in these essays are apparent and excusable. There is an understandable tendency toward hagiography when physicians write about our heroes. A minority of the profiles focus inordinately on credit for earliest descriptions and historical priority for eponyms. It is a bias of mine that notables should be dead before they are included in this type of collection, so as to allow time for scientific and historical perspectives to emerge and to avoid the inclusion of overly celebratory essays that are written by students or colleagues. Overall, distinguished living clinicians and investigators make up about 20 percent of the profiles in this series. Because the profiles continue to appear in *Clinical Cardiology*, a second volume or enlarged second edition of this collection can be expected — and welcomed — in the future.

Paul Kligfield, M.D.

Weill Medical College of Cornell University  
New York, NY 10021

*Book Reviews Copyright © 2004 Massachusetts Medical Society.*

## CORRECTION

Emergency Contraception (November 6, 2003;349:1830-5). On page 1830, the statement in line 4 of the second paragraph under the heading “The Clinical Problem” should have read “was associated with a 24 percent probability that a conception would lead to successful pregnancy,” rather than “was associated with an 8 percent risk of pregnancy,” as printed. On page 1830, the statement in line 4 of the paragraph under the heading “The Yuzpe Regimen” should have read “available by prescription (Preven, Gynetics),” rather than “available by prescription (Preven, Roche),” as printed.