From the start, Lindsey Fitzharris’s account of the life and times of surgeon Joseph Lister gleefully evokes the smells, sights, and sounds of mid-nineteenth century medicine. Surgeons in bloodied aprons used instruments still filthy from previous operations to perform amputations in seconds, slicing through testicles and assistants’ fingers in their haste.

Little wonder that operating theatres were known as ‘gateways of death’ as half of those undergoing surgery did not live to tell the tale. A broken leg could lead to amputation and surgeons were still pillaging cemeteries to obtain cadavers.

The advent of anaesthesia in the 1840s offered surgeons the opportunity to undertake longer, more complex operations, but outcomes remained appalling due to the postoperative suppuration that Fitzharris vividly describes. Smells outside hospitals feature prominently too, as Fitzharris relates the career progression of Quaker surgeon Joseph Lister through the reeking Victorian streets of London, Edinburgh, and Glasgow.

Lister developed a technique of antiseptic surgery, using carbolic acid to disinfect wounds during and after surgery. He constantly worked to refine his carbolic spray device, which surrounded the operation site with an antiseptic mist, and his irrigation techniques. Contemporaries were initially sceptical (doctors were mystified why infections kept the death rate so high) but Lister was tireless in promoting his system, which soon became widely accepted and ultimately resulted in Lister’s ennoblement.

Some might find the book’s American spelling a little irksome, and this highly graphic account of the smells of hospital wards, the sounds of agonised patients, and the sights of the ‘Butchering Art’ of surgery might have benefited from a few pictures. Fitzharris occasionally tends towards an uncritical account of Lister, and not all historians would accept her implication that Lister, with his enthusiasm for microscopy, pre-empted the discovery of germ theory. But Fitzharris is a medical historian with a deep knowledge of her subject, and her account is fun, fascinating, easy to read, and assumes no prior historical knowledge.

It deserves a place by the bedside of any clinician interested in a glorious pus- and blood-filled romp through this aspect of the history of their profession.

Martin Edwards, retired GP and medical historian.

The Butchering Art is on the long list for the 2018 Wellcome Book Prize. The winner will be chosen and announced at the end of April: https://wellcomebookprize.org/book/butchering-art.

DOI: https://doi.org/10.3399/bjgp18X695585

*****

Histories
Sam Guglani
Riverrun Press, 2017, HB, 128pp, £20.00, 978-1786483805

HEALTH, HUMANITY, HUBRIS
Delicious is not a word that normally springs to mind when describing a book but consultant oncologist Sam Guglani’s debut novel is just that: delicious. Despite wanting to devour each chapter I deliberately slowed down to savour every word, every morsel, of this poetic, poignant, and charged novel.

Histories is — as the title states — a collection of stories set within one hospital over 1 week with each chapter offering a different perspective, and many of the subplotsinterlinking. We are privy to the inner thoughts of the experienced, weathered, alone but not lonely consultant physician Dr Bhatia — or ‘Bat-yer’, the new but not-so-new consultant oncologist Dr Emily Carroll still orienting herself to this new role, wondering why after reaching the highest rung on the ladder she feels: ‘less steady, more easily knocked about ... as though all her other patients, all their shoulders but invisible histories, weigh upon and unbalance her’.

Then there is Josh Webster, the hospital porter with his own profoundly enlightening opinion on how to really take a history, and many more.

Although Histories is a novel that can be enjoyed universally, there are so many parts that the clinician reader will not just empathise with but also cry out in solidarity and recognition — how it is often not a catastrophic event but more often that one final straw that can break us. As one doctor speculates: ‘... maybe this is how doctors and nurses finally burn out. Past their failures, their hours, all their inhaled sadnesses. Perhaps finally it really is broken printers and the like, the accrued weight of so many tiny things.’

There is the absurdity of debating drug rationing due to cost restraints when the NHS increasingly cannot afford enough doctors and nurses. How true and continually surprising it is: ‘... how quickly consultations are shaped. In seconds really, set in motion like clockwork or else broken and thrown off course. The wrong word or infection, even the wrong posture ... like the national butterfly at sea, its tiny wingbeats troubling the air, which is magnified then into storms at the coast.’

How much we as doctors — and, dare I say, GPs — pride ourselves on how well we communicate with our patients, how compassionate we are, how adept we are is thrown into sharp focus by Guglani’s subtle but scathing depiction of some of the doctors depicted in the book. The hospital domestic’s impression when she is confronted on Sunday mornings with the task of cleaning the doctors’ mess: ‘... smeared plates everywhere, half empty bowls tipped up and
left out, clothes and stethoscopes ... they scribble messages on the board: Someone fucking clean up.

We hear one consultant — a pinstriped old boy from the old guard, now sick and a patient himself — ruefully reflect with a colleague on how was asked by a junior doctor about CPR: 'He wanted to know if I'd like — how did he say it? If I’d like to have CPR ... Like it was a jar of sweets up on a shelf.'

The only criticism of this otherwise flawless novel is in the dialogue between Tom Patrick, the hospital chaplain, and Nathan Munro, the consultant oncologist. This conversation feels stilted, forced, and slightly unrealistic, serving only to labour a point about whether a competent doctor devoid of compassion is still a good doctor.

Holden Caulfield shared with us in The Catcher in the Rye that: What really knocks me out is a book that, when you're all done reading it, you wish the author that wrote it called him up on the phone whenever you felt like it.”

After reading Histories you will be left feeling the same way about Guglani.

Maryam Naeem, GP. Tulasi Medical Centre, Dagenham, Essex. Email: maryam.naeem@icloud.com

DOI: https://doi.org/10.3399/bjgp18X695597

Why We Sleep: The New Science of Sleep and Dreams
Matthew Walker
Allen Lane, 2018, PB, 368pp, £9.99, 978-0141983769

WAKE UP TO SLEEP
You will probably be familiar with some effects of sleep deprivation — underperforming, being error-prone and snappy — but may be less familiar with some of the more insidious effects of sleep loss, which include impairment of immune responses, an increased risk of cardiovascular and metabolic disorders and cancer, and a link with Alzheimer’s disease. Sleep, says Professor Matthew Walker, the author of this engrossing book, should be regarded as the ‘pre-eminent force in the health trinity, along with a balanced diet and exercise’.

Walker is no slouch, and is very persuasive. He is Professor of Neuroscience and Psychology and Director of the Sleep and Neuroimaging Laboratory at the University of California at Berkeley, and previously worked at Harvard. He is a good communicator — his writing is accessible and he uses metaphors and analogies effectively to get across new and complex ideas. There is sometimes a bit too much of the ‘you’ll never believe this...’ and occasionally his descriptions of brain activity verge on the anthropomorphic — but perhaps he is right about that too.

He sets the scene extremely well, with lucid explanations of the roles of melatonin and adenosine in establishing the circadian rhythm and the functions of REM and non-REM sleep. He is interesting on the different, fixed circadian rhythms of ‘morning larks’ and ‘night owls’, and the adjustments that education and business might advantageously consider making for them. I thought that the siesta culture throws a bit of a spanner in the works, and that he didn’t really deal adequately with this different but widespread sleep pattern.

The book is quite fact-packed, and Walker realises this, even saying that if it tulls the reader to sleep he would be quite happy, and advocating dipping in and out of the chapters in no particular order. You will be able to choose from accounts of the benefits of sleep for the brain, the physical impacts of sleep deprivation, how and why we dream, sleep disorders, and dealing with sleep disturbances.

The effect of temperature on sleep is interesting. Although a warm bath is generally regarded as a prelude to a good sleep, Walker is clear that a drop in core body temperature is associated with good sleep quality, and that an ambient bedroom temperature of around 65°F is ideal for most people.

Walker sets out his stall for a sleep revolution in the final chapter. His recommendations comprise attention to domestic temperature and lighting, personal and public education, organisational change such as providing incentives for healthy sleeping, and creating flexible shifts, and, at a societal level, introducing criminal penalties for damage and death caused by driving when drowsy and, perhaps most importantly, systematising the awareness of the health benefits of consistent and plentiful slumber.