solutely spotless home in a quiet cul-de-sac. I was ushered into the parlour and left for a few minutes while the ladies got themselves ready for examination. In a cage by the fireplace was Onan the budgerigar. Aloof and inscrutable, he ignored my efforts at conversation. There were pictures on the piano of two men in World War I uniforms. I found out later that both had been killed at the Dardanelles, one the husband and the other the fiancé of my respective patients.

The sisters had remarkably similar problems. Each gave a history of a few days of malaise, fever, cough and increasing chest discomfort. Examination of both found nothing but low-grade fever and a few crackles over the right middle lobe in the mid-axillary line. How very odd! Inspiration struck me and I went to some trouble to get blood samples from both ladies tested for psittacosis antibodies. This would have been around 1969; general practitioners had little access to diagnostic facilities in the National Health Service of the day, and the concept of atypical pneumonia as a specific syndrome hadn't quite reached communal consciousness, certainly not mine.

The laboratory report came back just before I had arranged a return visit, and I was just tickled pink to find their psittacosis antibody titres sky high! They had both improved on the tetracycline I had prescribed but seemed less than impressed with my news that their budgerigar was making them sick and would have to go. That's when I was informed that his name was Onan. One of the sisters remarked enigmatically, "He's a very messy eater, doctor." I had expected praise and even admiration for an astute piece of diagnosis, but, to my chagrin, what was eventually forthcoming was a reluctant statement to the effect that they would change doctors rather than get rid of Onan. We eventually reached a compromise — my introduction to patient-centred medicine — and Onan went to the vet for a micro-dose of tetracycline or whatever sick budgies get.

I suppose that's by the way of both expiation and celebration. Education as well, as I found out later why the budgie was called Onan. My patients, observant Presbyterians who knew their Bible, pointed out to me that Onan was the second son of Judah and Bathshua, ordered to impregnate Tamar, his brother's widow. Whenever I feel that my ego is getting a bit too inflated, I remind myself of the beloved budgie who, like the Onan of Genesis 38:9, "spilled his seed upon the ground"!

Read *Patients and Doctors*. It is full of life-affirming stories that will challenge you to place your professionalism within the context of your patients' lives.

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Not just a pretty face

Making the body beautiful: a cultural history of aesthetic surgery
Sander L. Gilman
Princeton University Press, Princeton, NJ; 1999
396 pp. US$29.95 ISBN 0-691-02672-6

I read Sander L. Gilman's *Making the Body Beautiful* for the first time on a five-hour flight from Toronto to Vancouver to attend the annual meeting of the Canadian Society of Aesthetic Plastic Surgery. It is a wonderful book, and I couldn't wait to read it again. You need to read it twice to put everything in perspective. Drawing on expertise in Germanic studies, comparative literature and psychiatry, Gilman provides a comprehensive cultural history of aesthetic surgery. He is as comfortable discussing Nietzsche, Yeats and Darwin as he is the fathers of plastic surgery or the nasal anatomy of Bill Clinton.

Gilman opens the book with the statement that "in a world in which we are judged by how we appear, the belief that we can change our appearance is liberating." Central to his thesis is the concept of "passing." Aesthetic surgery can allow a person to "pass" in a desired social group. It changes not only the present but also the future,"overrides the genetic code," and has been used on every conceivable part of the body.

"Passing" depends on many factors, including historical context, age and sex, and racial or ethnic issues. In earlier times, fat was perceived in some cultures as a positive sign of prosperity. By contrast, by the end of the 19th century it was usually perceived negatively, as a sign of poor health. Today the young and the old want to "pass" as slim and fit, and older people want to "pass" as younger.

"Passing" is often culture dependent. Breast size is cited as a classic example. Breast reduction has become commonplace among upper-middle-class Brazilian families to distinguish their daughters from the lower classes. "Brazilian breast reductions" are often given to young women as "sweet-sixteen" birthday presents, enabling them to "pass" as members of a more erotic cohort and find appropriate mates. By contrast, Argentinian women, who have the highest rates of silicone implantation in the world, are much more likely to pursue breast augmentation, fulfilling the "Spanish fantasy" of the large-breasted woman as the icon of the erotic. By comparison, standards of breast beauty in Europe shifted between the 19th and 20th centuries. Smaller breasts became associated with a new erotic image, enabling a woman to "pass" into the age of the "New Woman."

Gilman's many references to racial difference may seem somewhat provocative. Taken in context, however, they serve to emphasize the cultural determinants of aesthetic norms. Gilman relates that Israel has become the aesthetic surgery capital of the Middle

A. M. Todkill

East, where the most common procedure among both men and women is rhinoplasty. He describes a Jewish girl who undergoes the procedure to "pass" as more Gentile. In young men, aesthetic surgery is usually performed before compulsory military service so that they can look like their peers. In some instances, the urgency of disguising racial origins diminished with the dawning of ethnic pride and with greater racial tolerance. More subtle changes in ethnicity were in order. One can look different, but not *too* different. It may be desirable for Japanese people to appear Japanese, but not *too* Japanese. Thus, 32 different operations have been developed in Japan to create a westernized double eyelid-fold.

Fred Sebastian

Throughout the book the evolution of aesthetic surgery is traced from the quack beauty doctors of the 1880s to the modern, board-certified aesthetic surgeon of today. The designation of this surgical specialty also changed, from "cosmetic" to "esthetic" to "aesthetic," as the specialty seemed to emerge with a classical lineage. Aesthetic surgeons overcame their low status to attain respectability and even adulation. Contributions from reconstructive surgery are recognized, particularly procedures to restore the collapsed syphilitic nose and the soldier's face ravaged by war. Surprising contributions are described from well-known figures not generally considered to be "aesthetic surgeons." These include Ambroise Paré, Theodor Billroth and orthopedic surgeon Jacques Joseph.

There are many graphic descriptions of early surgical procedures. In 1892 Robert Weir brought a live duck into the operating theatre, killed it, and used its fresh sternum to rebuild the collapsed syphilitic nose of a 26-year-old man. There are vivid reports of paraffin being injected into breasts, faces and other anatomical areas, resulting in dreadful complications. There is a memorable story of a German lad who, after winning a lottery, consulted an aesthetic surgeon with the hope of surgically creating artificial duelling scars so that he could pass as a man of honour. The surgeon refused. Subsequently, the man sought treatment from a barber, who obliged with a straight razor, causing severe damage to the salivary glands.

This is a well-informed and engrossing study of a hot contemporary subject. It will be valuable to plastic surgeons and to other physicians who are interested in a comprehensive history of the cultural and aesthetic side of plastic surgery.

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Food for the soul

Doctors afield
Edited by Mary G. McCrea Curnen, Howard Spiro and Deborah St. James
Yale University, New Haven, CT; 1999
264 pp. US$27.50 (cloth) ISBN 0-300-08020-4

National Archives of Canada / PA-120960

Nourishment and renewal are the themes of *Doctors Afield*. The stories in this book are told by an eclectic group of physicians who have excelled in the visual arts, music, literature, astronautics, the spiritual life, government, academia, collecting, and fun and games. The least among the stories are merely informative and the best are masterfully written with powerful messages. Almost all are autobiographical, which gives them relevance and helps the reader see the interplay between medicine and the contributor's parallel endeavour.

There are two biographical sketches that don't fit the model: those of Carlo Levi and Gertrude Stein. Levi practised medicine, under duress, for only a short period long after his graduation. Stein failed obstetrics in her final year at Johns Hopkins and never graduated. Some people should never go into medicine, but this is not the book's message. Thus I would have much preferred that those spots be given to a couple of star physician–writers who could reflect on medicine and creativity. That would have maintained the central theme and provided a much better counterpoint. So, the field in *Doctors Afield* is a little spotty, but there are some very fertile patches.

Eli Newberger is a pediatrician who does weekly sessions on the tuba with the New Black Eagle Jazz Band. He tells us about creative inspiration, the magic of improvisation and its prospect of mistakes. Mistakes in medicine can destroy lives, but in jazz improvisation they become a platform for new ideas and redemption. Eli's music has the power to transport him into a state that is not, "strictly speaking, a conscious process." We learn that the joy and release of his music enables him to deal in his professional life with issues such as child abuse and family violence.

In "A Prescription for Poetry," internist Rafael Campo provides a window on specific medical problems versus much larger, more complex societal problems. While trying to concentrate on radiographs of a battered woman's facial fractures he finds instead that he hears the soft, impatient tapping of her husband's foot outside in the emergency room. "Poetry is there when the last of our gizmos and gadgets fail us; ... it helps us gauge that which cannot be assayed in the blood, to see what cannot be imagined."

In "The Singing Endocrinologist," Alice Levine tells us that early in her