This year, my 10-year-old daughter received “the talk” at school. What I could gather from her report was that it focused on the male and female anatomy, and it was icky in the extreme.

“Did you learn anything?” I asked hopefully.

“Not really,” she said. “You already taught me all that stuff when I was 7.”

This, then, is the modern reality: school-aged children who have been taught not only about their reproductive organs, but about the kidney, liver and digestive system by the time they reach fifth grade. It is now taken for granted that from an early age, we should be acquainted with how our bodies are made and function. Like super-beings with x-ray vision, we can stare at ourselves in the mirror and see the pulsing, rolling, churning action of our organs beneath the skin. With such intimate knowledge of anatomy so readily available, it is, as Katherine Park points out, “difficult for twenty-first-century readers to think of this understanding of the body as having had a beginning.”

Yet for most of history, the interior structures of the body were relatively unknown, with suppositions made largely on the basis of ancient writings. This despite the fact that no great technological advances were required to uncover the body’s mysteries: rather, a change in attitudes toward dissection was necessary. How this occurred, particularly with regard to the study of female reproductive anatomy, is the subject of Secrets of Women: Gender, Generation, and the Origins of Human Dissection.

Park is a Professor of the History of Science at Harvard University, and in Secrets of Women she describes practices of dissection in late medieval and Renaissance Italy as they relate to a variety of cultural factors. Through case examples, and figures drawn from 15th-century paintings and texts, she shows how interest in the manifestation of spiritual phenomena by the body, concerns about inheritance, and the increasing importance of the medical profession all contributed to the growth of knowledge about female anatomy, not only through dissection as taught at medical schools, but through funerary rituals, the acquisition of relics from the bodies of Christian saints, autopsies, and cesarian sections.

Park writes in an authoritative, scholarly fashion, which can be a bit dry at times. More than a third of the total page count is given over to notes and an index, and the level of detail can be such that more general points about the prevailing philosophies and attitudes of the time are overshadowed. Yet while this book does not seem to be intended for the general reader, it should be accessible for most physicians. The cases of the women who were dissected are engaging, even if they are related in a strict academic fashion rather than as creative histories. And there is a certain amount of interesting trivia, such as the fact that women in the 15th century were often served from wooden “childbirth trays” that were painted with the image of a healthy male infant to increase the chances that they would produce a well-formed male heir.

“What does it mean to know our bodies?” asks Park. This book, in attempting to address this question, provokes reflection not only on how medical knowledge has evolved in the past 500 years, but also on how our current knowledge of anatomy influences our understanding of ourselves.

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Evidence-Based Medicine in Sherlock Holmes’ Footsteps
Jorgen Nordenstorm
Blackwell Publishing
91 pp $22.95 ISBN: 978-1-4051-5713-1

Evidence-Based Medicine in Sherlock Holmes’ Footsteps is useful; not particularly innovative, nothing truly groundbreaking, but useful to students and users of evidence-based medicine. The author sets out to write a short, concise book about the evidence-based medicine process and does succeed in doing just that.

The process is described as having 4 steps; each of the book’s 4 chapters describes a step. The author points out that the steps can be remembered by the mnemonic FIRE. Step 1: Formulate the question; Step 2: Information search; Step 3: Review the information (critical...
The Left Atrium

appraisal); and Step 4: Employ the results in your practice (or not, I suppose). The 4 steps describe and explain in sufficient detail the main concepts and processes that are used by teachers and practitioners of evidence-based medicine.

It is the same kind of material that we use as hand-outs for students or at workshops. It is based on the approach and content developed and presented by the Oxford and McMaster groups who have written the current definitive texts on this subject. That fact is a 2-edged sword: it means this book is based on a solid foundation of how evidence-based medicine has been developed and is understood; it also means there are not really any new concepts or ways of understanding and using evidence-based medicine presented in the book. However, I think the latter was not the author’s intent, rather, I think his intent was to put the basics of the evidence-based medicine process together into a concise and small handbook that learners and practitioners alike could easily carry around and access when needed. In this regard, the book is quite a success.

The other feature of the book is the Sherlock Holmes quotes, anecdotes and metaphors. The purpose, I think, is to link the identification and use of evidence with the deductive reasoning of Sherlock Holmes, in an attempt to make the case that they are somehow similar, and can help us better understand the evidence-based medicine process. I don’t think it works very well in that regard. There are very few direct links between the evidence-based medicine content and the juxtaposed Sherlock Holmes content that enlightens the understanding of either. Having said that, it does make the book more interesting and gives the reader frequent little breaks. I didn’t mind it. In fact I liked it; I just didn’t find it helped much as a quick reference and for those who want “just the facts,” Nordenstrom’s book meets a need.

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REFERENCE

Hope springs eternal in the human brain

The Brain that Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science
Norman Doidge
Penguin Group, 2007

P atients who read this popular book will have some searching questions for their physicians, especially when they or a family member are facing challenging physical or cognitive rehabilitation problems.

Dr. Norman Doidge, clearly a keen student of history and biography, traces the origins of ideas that the brain is capable of self-modification to the ancient Greeks and to the philosopher Jean-Jacques Rousseau. Doidge is an enthusiastic proponent of this fascinating area of neuroscience and portrays the courage of several determined research scientists who faced antagonism, ridicule and even repeated litigation for their efforts.

He writes: “The idea of the brain as plastic [that it can change itself physically and functionally at any age] has appeared in previous times, in flashes, then disappeared. But even though it is only now being established as a fact in mainstream science, these earlier appearances left their traces and made possible a receptivity to the idea, in spite of the enormous opposition each of the neuroplasticians faced from fellow scientists.”

This book will encourage curiosity, open-mindedness and hope, as well as provide an annotated bibliography for readers who wish to locate some of the pioneering articles.

With recent advances in molecular biology, human genome mapping and functional medical imaging, the scientific study of neuroplasticity is bound to be fertile ground for Nobel prizes. The recent discovery that neural progenitor cells remain in the brain and spinal cord of adults, where they have the capacity to re-populate specific regions, is very promising and has the potential to lead to major changes in rehabilitation medicine, neurology and psychiatry. Whether the resources will be allocated to deal with developmental disorders in children, and change approaches to early childhood care and education, as well as cognitive preservation in seniors, remains to be seen.

Aspects of neuroplasticity covered in this book include:

• Tactile feedback enabling congenitally blind individuals to “see.”
• A description of the successful rehabilitation of the Catalan scholar Pedro Bach-y-Rita, with pathology findings confirming that a “late” recovery could occur even after a massive lesion in this elderly person.
• Special education approaches to severe learning disabilities and autism.
• Brain mapping experiments that