STROKE

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A HISTORY OF IDEAS

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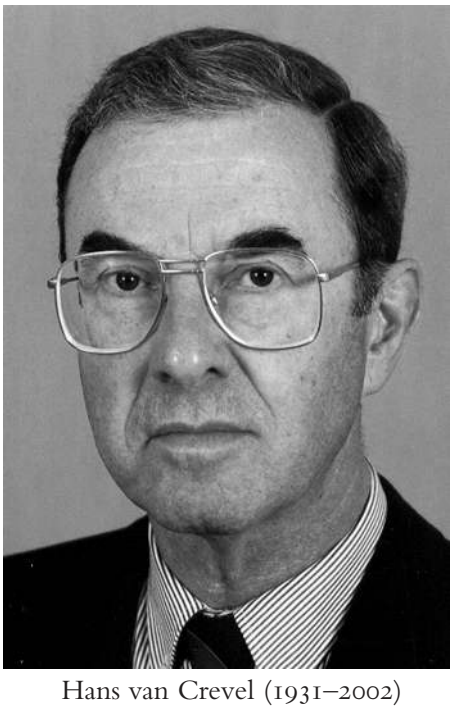
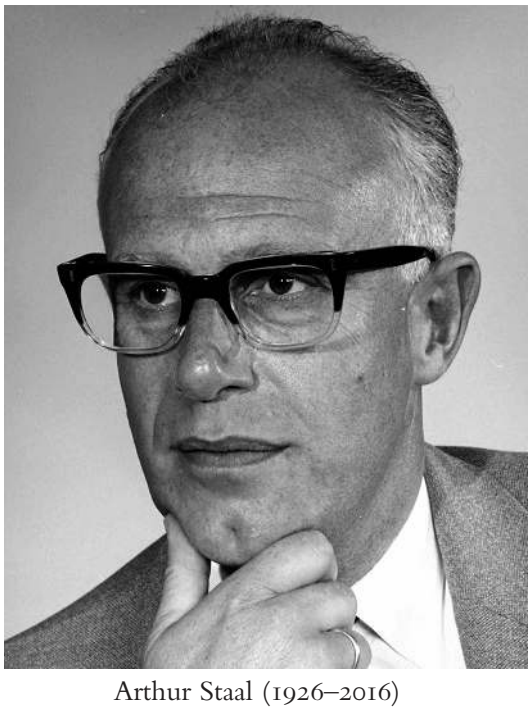
If they say beautiful Helen was abducted,
and Trojans crushed in war, take heed,
lest a very tale compels us to believe so,
when times gone by have irrevocably erased
the years of those whom the events affected.
Lucretius, de rerum natura 1, verses 464–8

One often unfolds the history of science as a highway leading straight from ignorance to the truth but this is wrong. It is a tangle of blind alleys where thoughts get lost and become stuck.
Patrick Deville (2012), p. 170

In Memory of My Teachers



Hans van Crevel (1931–2002)



Arthur Staal (1926–2016)

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PREFACE

This book recounts how an ancient disease evolved into a group of diseases, sharing characteristic clinical features. At first, physicians called it 'apoplexy'; for the last half-century, the term 'stroke' has come into use.

The history of medicine can be approached from many directions, given that medicine is closely intertwined with multiple elements of society. As a result, medicine as an academic discipline is now a specialist topic for professional historians.[1] For all that, the development of medical knowledge over time remains a story deserving to be told. Doctors themselves are in the best position to tell it. Why, then, have physician–historians acquired such a poor reputation that an editor of *The Lancet* complains they produce only 'albums of colourful inventions'?[2]

Especially after my career as an academic neurologist, it began to dawn on me that two issues have often spoilt physicians' efforts, including my own, to describe the history of their discipline. The first pitfall is presentism, or reverse historiography: by looking back into the past from the present, one can only select recognizable landmarks, neglecting the circuitous routes through which these 'turning points' were reached. Such eclecticism creates a false illusion of orderly, if not triumphant, progression to the time of writing.[3] In the process, several theories, once popular, are completely neglected because, with hindsight, they proved to be blind alleys. The second problem is lack of originality. Because so many languages are represented in the medical record, there is dependence on secondary sources which mostly lean one upon another – a whispering game in which the original information risks being distorted or lost.

Restriction to primary sources, however, presents three challenges: locating them, being able to read in the original language, for medicine often Latin, and, finally, having copious amounts of time. The first condition was partly met by the collection of antiquarian medical books I could acquire over the years, thanks to my forbearing spouse. Other propitious factors were the

[1] Huisman (2005), Dialectics of understanding.
[2] Horton (2014), Moribund medical history.
[3] Butterfield (1950 [1931]), *The Whig Interpretation of History*.

vicinity of the Utrecht University Library and working in the digital age with ready access to the scientific heritage from the comfort of one's own desk. Retirement provided the opportunities to broaden my linguistic range and the leisure to make use of that education.

I started with ancient Greek medicine and its revival in the sixteenth century. The intervening period is not without some interest,[4] but I still lack the expertise for exploring it, especially the Arabic contributions. Whatever trail I followed from then on, it appeared again and again that no one event stands out as a moment of critical discovery. Diseases are not entities awaiting sudden revelation. Diseases are merely conventions on which most doctors agree, at least for some time; the nomenclature is constantly subject to revision, division, and oblivion.[5]

I hope this book is useful and of interest in the context of stroke. It cannot be definitive, if only because my story ends around 1975. There are at least three reasons for this caesura. First of all, new imaging techniques in the 1970s made it possible to visualize the brain and so to distinguish ischaemic from haemorrhagic brain lesions in life. This opened up – the second reason – an entirely new era: that of treatment for cerebrovascular disease, something that had been virtually non-existent before. The final reason is personal: my colleagues and I took part in some of the recent developments; it is for others to continue the story.

The book is rich in citations, allowing the past to speak for itself. Yet the choices are mine, as are the translations. I look forward to comments and emendations.

[4] Karenberg and Hort (1998a, b, c), Medieval descriptions and doctrines of stroke.
[5] Rosenberg (1992), *Framing Disease*, xiii.