
# Arterial Aneurysms: A Historical Review, 1757-2004 (review)

Tom Treasure

Bulletin of the History of Medicine, Volume 79, Number 4, Winter 2005, pp. 844-845 (Review)

Published by Johns Hopkins University Press
*DOI: https://doi.org/10.1353/bhm.2005.0174*

*For additional information about this article*
https://muse.jhu.edu/article/190785

[202.120.237.38] Project MUSE (2025-08-04 22:15 GMT) Fudan University

Raphaël M. E. Suy. *Arterial Aneurysms: A Historical Review, 1757–2004.* Leuven, Belgium: Fonteyn, 2004. x + 195 pp. Ill. €50.00 (90-9018493-7).

An aneurysm is a gross and obvious abnormality of an artery, a widening, a bulge or "blow out" in its course. Aneurysms represent one of the most dramatic threats to life: the danger is extreme and presents suddenly. They may be hidden within the brain, may be lurking in the chest or abdomen, or may be on open display under the skin, threatening blood flow in the neck or a limb. "Like a time bomb" (the not very comforting description often given to patients), they are prone to rupture without warning and to wreak irreparable destruction. During surgery an aneurysm is more like a land mine: its presence may not be known, or its fragility not fully appreciated, but one false move, one error of judgment, and it may burst with devastating results. However, arteries can be replaced with man-made tubes with little evident loss of function. Although there are good mechanical substitutes for joints and heart valves, there are no organs and no other structures that can be replaced as effectively and permanently as the aorta and the large arteries. It is easy, then, to understand why aneurysms hold a fascination for surgeons, challenging their skill and bravado. This is a surgeon's history, confined to this well-framed pathological entity.

In his historical review, Raphaël Suy indicates likely changes in the relative frequency of underlying causes and etiologies—such as syphilis, other infections, inherited disorders, and hypertension—but the book is predominantly about the gross physical manifestations of aneurysms. In essence it is a book of two halves, ancient and modern.While Suy gives numerous instances of how aneurysms have been described and drawn from Egyptian and Byzantine times, and cites the contributions of John Hunter and Astley Cooper and many others, much of the book concerns the way in which surgeons have responded to aneurysms since the middle of the twentieth century. A paper published from South Africa in 2000 on aneurysms believed to be related to HIV, and a 2003 U.K. report on the effect of road traffic and air bags, illustrate the eclectic nature of the material included. Suy uses the currently accepted classification of aneurysms and largely refrains from the semantic pedantries beloved of surgeons and pathologists. He describes aortic dissection (the spontaneous splitting apart of the layers of the artery's walls) separately, and distinguishes between "true" and "false" aneurysms, but for this history it matters little: they are all dangerous and all amenable to surgery. It is the surgical management, the technical issues, and the devices developed and employed to overcome them that Suy discusses. His account is descriptive rather than analytical, and there is relatively little contextualization.

The strengths of the book include its good indices, bibliographies, and illustrations. There is a thorough subject index, and an index of five hundred names. The book includes 154 images, mainly of excellent quality. Suy cites 1,020 sources, of which the majority are journal references, mainly from the post–World War II era and heavily skewed toward the last twenty years, with references as recent as 2004. Surgical reports predominate, and many of the authors are surgeons who are still working. The modern part of the book is absolutely up to

date at the time of publication, including the very latest technologies. It is strange to have a history so contemporary that it is in imminent danger of going out of date. . . .

Tom Treasure
Guy's Hospital
London

Mickey C. Smith. *The Rexall Story: A History of Genius and Neglect.* New York: Pharmaceutical Products Press (Haworth Press), 2004. xxi + 175 pp. Ill. $39.95 (cloth, 0-7890-2472-1), $24.95 (paperbound, 0-7890-2473-X).

*The Rexall Story* is an idiosyncratic work. It is neither the history of a business, in this case the United Drug Company and its Rexall brand, nor a biographical sketch of Louis K. Liggett, its founder and the "genius" of the story. It is, rather, a potpourri of reminiscences, lengthy quotes from company newsletters and promotional material, and other bits of memorabilia, such as an agenda for a 1921 convention, a synopsis of a "modern business comedy" written and acted by company employees, and extensive quotations from Rexall-sponsored radio programs. It is not clear what to make of all this. Mickey Smith emphasizes that United Drug was able to develop a rapport with its franchisees that transcended a strictly business relationship, and much of his material tends to support that argument. Accordingly, the book is likely to revive memories and excite nostalgia among remaining "Rexallites" (as they are called). To those of us who do not fall within that select company, the value of the work is less obvious.

Rexall was actually the brand name of hundreds of products produced by the United Drug Company for its franchisees. Its founder, a former patent-medicine vendor, developed a simple but effective business plan for independent druggists early in the twentieth century: First, he reasoned that prescription drug compounding was on the way out, and that druggists would have to turn to merchandising in order to survive. Second, the key to adequate gross margins was to eliminate the middleman and allow druggists to purchase nationally promoted store brands (viz., Rexall) directly from the manufacturer. And finally, sales would be made only to franchisees, who would have appropriate territorial exclusivity. This formula worked effectively for more than fifty years. There were more than ten thousand Rexall franchisees, and hundreds, if not thousands, of branded products—ranging from aspirin to laxatives and candies, and even tobacco products—bearing either the Rexall name or another United Drug brand. According to Smith, what held the organization together was a steady flow of communication from the home office to franchisees in the form of newsletters, promotional material, training courses, conventions, and visits from "visiting reps."