

Russel's contribution, nor abandon his rightful claim to precedence.

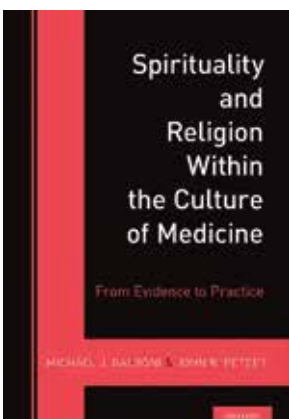
Darwin's friends, Joseph Hooker and Charles Lyell, offered a solution. They arranged for a joint presentation at the Linnean Society on July 1, even though Darwin could not be present. They read two short pieces by Darwin (dated 1844 and 1857) describing natural selection, then followed with Wallace's paper.

Meanwhile, Darwin completed *The Origin of Species*, which was finally published in 1859.

The stories of Disraeli, Dickens, and Darwin are fascinating, and are supplemented by numerous minor characters who share the summer of the Great Stink. Nonetheless, the central literary conceit of *One Hot Summer* is rather strained. While Disraeli was intimately involved with the social and political consequences of the sewage catastrophe, Dickens and Darwin had no impact on the situation. Dickens smelled it, but was otherwise occupied. Darwin spent his summer far from the scene. Likewise, minor characters, like Wilkie Collins and Karl Marx, have nothing to say about the stink. However, none of this detracts from the enjoyment of reading *One Hot Summer*. Rosemary Ashton is a fine storyteller, and she has engrossing stories to tell.

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**Spirituality and Religion Within the Culture of Medicine: From Evidence to Practice**

Edited by Michael J. Balboni, and John R. Peteet, MD (AQA, Columbia University, 1973), Oxford University Press, New York, 2017, 432 pages

**Reviewed by Jack Coulehan, MD (AQA, University of Pittsburgh, 1969)**

As far as I'm aware, *Spirituality and Religion Within the Culture of Medicine* is the first text for physicians that provides a systemic and comprehensive survey of the role of spirituality in medical practice, from research findings to clinical interventions. As such, it should have considerable impact among the growing number of physicians who believe that patients' religious or spiritual beliefs have an important bearing on their experiences of illness and healing.

Editors Michael J. Balboni and John R. Peteet begin their introduction by observing that an academic text on this topic would have been unthinkable 40 years or 50 years ago. However, since then, at least three factors have reduced the traditional gap between academic medicine and religion. One is the persistence of the existential pain and suffering of illness despite remarkable progress in diagnosis and treatment. The second is the impact of women and minority practitioners on the culture of medicine. And third, is the accumulation of sophisticated studies demonstrating associations between religious affiliation/practice and positive health outcomes.

The editors make clear that their book is designed to be of practical use in managing patient encounters. Religion and spirituality have important implications for good medical care, and are not exclusively the province of chaplains and other clergy.

Part I contains chapters on obstetrics/gynecology, pediatrics, family medicine, psychiatry, internal medicine, surgery, gerontology, oncology, palliative medicine, and other specialties. Part II chapters summarize spirituality and medicine from the perspectives of psychology, sociology, anthropology, law, history, philosophy, and theology. Part III presents a summary and synthesis.

Balboni and Peteet instructed the authors of each chapter to address research findings regarding religion or spirituality pertinent to their field; areas for future research; issues that commonly arise in patient encounters; and best practices in their specialty as they pertain to religion or spirituality. Most chapters include case examples.

Nearly every chapter is informative, well-organized, and competently-written. Categorization by specialty allows the authors to emphasize issues relatively specific to their field, e.g., contraception and abortion in obstetrics/gynecology, or mental disorders in psychiatry. The book serves as a unique clinical resource.

However, compartmentalization by specialty and discipline does lead to weaknesses, both of repetition and fragmentation. Repetition is particularly evident in sections dealing with best practices, where items like active