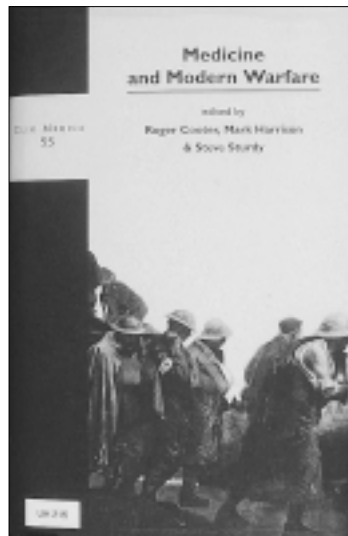


NEW TITLES



Editions Rodopi B V: Amsterdam; 1999
ISBN 90 420 0546 7

This book, one of the Wellcome Institute series on the History of Medicine, consists of an introduction and a collection of ten essays. All but two were originally presented at a Conference of 'Medicine and Modern Warfare' held at the Wellcome Institute in July 1995. In his introduction the second editor defines the concept of 'Rationalisation of Military Management' and examines the contribution of medicine to this process. He also puts forward the interesting suggestion that civilian medicine has been commensurately influenced by the increasingly large-scale military involvement of doctors throughout the twentieth century.

The first four essays are concerned with military medicine in the 25 years preceding the outbreak of WWI; I was particularly interested in the essays by J.T. Conner on the 1898 Cuban Campaign of the Spanish American War, and by C. Herrick on the Russo Japanese War of 1904–5. The efficiency of the Japanese Medical services in the latter campaign, and the appreciation of the Japanese Army of the importance of military hygiene, were at the time a revelation to European and American observers and they make an interesting contrast with the near failure of the US Army Medical Services to cope with the problems created by infectious disease in Cuba six years earlier.

The account by M. Worboys of Sir Almroth Wright's tenure of the Chair of Pathology at the Army Medical College, Netley, from 1892–1902 provides a fascinating insight into the character and personality of that celebrated but highly controversial figure. There is clearly a strong case for regarding the Army Medical College as having been the foremost centre of medical research in Britain at the beginning of the twentieth century. The writer's account of the development and introduction of anti-typhoid inoculation inspired by Wright's work provides strong support for this view.

Three of the essays deal with specific aspects of military medicine in WWI. The contribution by I.R. Whitehead on 'The British Medical Officer on the Western Front –

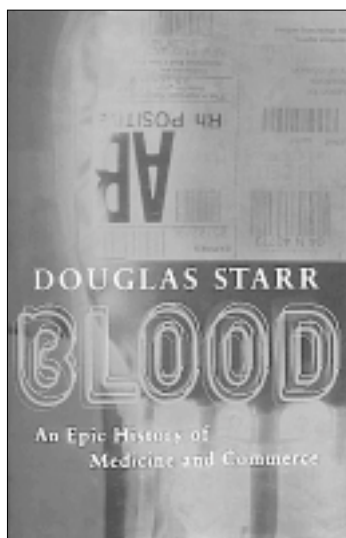
The Training of Doctors for War,' should be of particular interest to any doctor (such as the reviewer) with experience of service as a British Army Medical Officer in the second half of the twentieth century. The special conditions of trench warfare on the Western Front created major surgical, medical and hygiene problems for which the British Army Medical Service in 1914 was largely unprepared; Whitehead's essay is a fascinating account of the reaction of the RAMC to these problems.

The comparison by C.R. Prüll of the pathological services of the German and British armies in WWI suggests the existence of major differences in the scientific philosophies of the two nations. Given the pre-eminence of German medical science in the late nineteenth and early twentieth centuries it is a pity that the collection includes only one contribution relating to WWI from German sources. M. Harrison's essay entitled 'Disease, Discipline and Dissent' deals with the medical care of Indian troops in France and England in 1914–5 and paints a vivid picture of the social, cultural, religious and political problems which this created for the Army Medical Services.

The other four essays include two on sexuality transmitted disease in the British Army before and during the two World Wars, on the Dutch Military Health Service before and during WWI and on the repression of war trauma on American Psychiatry after WWII.

As would be expected in a collection the style of the individual essays is uneven; some are more pleasing than others in this respect. Their contents are by no means equally digestible but all contain fascinating information, a great part of which was previously unknown certainly to myself; students of Medical History will derive much stimulation from the controversial views expressed in them. The collection, as a whole, is warmly recommended, and should also be of considerably more than passing interest to Military Historians.

IF MacLaren



Little, Brown & Company (UK): London; 1999
ISBN 0316911461

The author of this historical commentary is an academic, scientist and journalist. The text is well researched and scientific and technical matters skilfully explained. The style is that of high quality journalism – colourful, readable, racy, exhilarating, and at times harrowing and agonising. It is a book which will be of interest to the wider public but it should be compulsory reading for all professionals, managers, civil servants and politicians with an interest in health care. It tells the tale of the origins and development of blood transfusion practice, of courage, tenacity and scientific and managerial achievement. But it is also about human frailty, incompetence, greed, bribery, denial, callous corporate disregard for patients' interests within professional, managerial, political and business circles, worldwide.

The epic begins with bloodletting and thereafter the stuttering development of blood transfusion. Because of concern about safety, blood transfusion, by order of the Pope, became illegal throughout Europe in the seventeenth century and did not re-emerge until the early twentieth century. Starr, skilfully and colourfully, describes the work of the scientists who, often against significant opposition, revealed the importance of blood storage. The impact of the discoveries was evident in the Spanish Civil War and WWII. In the latter, the clinical value of plasma transfusions was demonstrated and this led to an understanding that plasma could be fractionated, on an industrial scale, into many different unique and powerful therapeutic products. This substantial potential could not have been realised without the involvement of the commercial community which was not slow to see and grasp the opportunities. There followed an explosion in scientific innovation and commerce which inevitably shifted the concept that blood donation should be viewed as a 'gift of life' to one where it was regarded as a commercial commodity to be purchased and traded worldwide.

In the midst of all this remarkable scientific innovation, clinical excitement and massive commercial profitability, Starr describes the first alarm bells. They came from Kansas city in 1955 in legal proceedings which sought to stop the development of a paid blood donor programme on the grounds that donations from paid donors had a much

higher incidence of hepatitis transmission. The plasma fractionation industry kept its head down at this time, for much of its plasma came from skid row and prisons. Moreover, despite these clear warnings, the US Government took little or no action to promote effective regulation of the plasma industry or community blood transfusion services. Efforts to promote collaborative self-regulation between US community blood transfusion services failed, primarily due to the market place in which they operated, but also because the concept was of little interest to US politicians.

Starr's concentration on the regulatory chaos within the 'blood business' of the US in the 1970s is appropriate. In many parts of the world the US dominated blood transfusion practice and because its plasma collection and fractionation industry was so large and powerful there was direct or indirect, partial or total dependence on the US, both with regard to patented technical innovations and/or supplies. There was also much evidence that the industry and many of its associates had developed ways of rewarding those doctors, scientists and managers who promoted the use of their products.

Against this unstable regulatory background Starr prepares the ground for the arrival of the human immunodeficiency virus in the early 1980s and its contamination of blood plasma supplies. Retribution has been sporadic, largely influenced by differences in cultural attitudes, legal systems and providers of health care delivery and access to evidence. In some countries vital evidence has been deliberately concealed, and in others, government has rejected the notion that it has a legal responsibility for the quality of blood/plasma products.

There can be no doubt that Starr is correct in concluding that the way forward is in substantially enhancing regulation, making blood transfusion services more accountable and more easily open to public scrutiny and the development of improved quality assurance and ethical cultures throughout the field. These developments are now underway in many parts of the world. The major exception in developed countries has been the US. Here the market place continues to rule: there will be no compensation for patients and relatives and regulators and promoters of quality assurance and ethical programmes will continue to struggle.

One of the several giants to emerge in Starr's epic was the rather dour and obsessive Dr J. Garrot Allen, a surgeon from Stanford University Medical School. Allen, soon after he published his findings in 1966 that the recipients of blood donors had a ten times higher chance of acquiring hepatitis than those transfused with blood from unpaid donors, began a protracted campaign for the abandonment of paid donors. But he also turned on his professional colleagues, accusing them of over using blood and insisting that the total consumption could be halved without detriment to clinical outcomes. The first clinical guidelines in this field recently emerged from Canada and the second (which will be evidence based) should come for the Scottish Intercollegiate Guideline Network programme in the next 18 months. By that time it is to be hoped that with the advent of clinical governance programmes widescale implementation will be realised. So the epic continues.

J Cash



Editions Rodopi B V: Amsterdam; 1999
ISBN 90 420 0526 2

This study provides a remarkable insight into the hierarchy of physicians and surgeons in London during the late seventeenth and early eighteenth centuries. In the main chapters Wilson considers Turner's career and, by means of illustrative examples, examines his attitudes to a variety of social, medical and religious matters.

Turner trained in, and for a few years practised, surgery. At that time, surgeons and physicians disagreed over whether the former had the right to administer internal medicines to their patients, and the skin was the rigid barrier that distinguished their realms of practice. In 1711, he resigned from surgical practice and became a licentiate of the College of Physicians. He had an interest in the skin as a therapeutic medium, arguing that externally applied medicines treated 'inward' diseases due to their transport through the skin. In 1722, he published a treatise entitled *De Morbus Cutaneis*, whose purpose was to advocate the need for surgeons to administer internal medicines. His efforts met with little success. Turner was concerned about the activities of quacks, and railed against them at every opportunity. He even compared the similarities between mountebanks and so-called 'mechanical physicians' who deliberated on the underlying theoretical constructs of disease; Turner advocated a patient-oriented approach. The treatment of syphilis crossed the divide between medical and surgical practices, and, in a chapter entitled 'Exposing the "Secret Disease": recognizing and treating syphilis', Wilson describes Turners therapies, comparing them with those of his contemporaries. Turner had rather rigid views on the subject that differed from many of his colleagues with whom he came into open conflict. He aspired to become a 'gentleman', and much of his career was designed to this end. As described in the penultimate chapter, however, this aim was only partly accomplished.

This is a scholarly work that has been well researched, as shown by the explanatory notes that follow each chapter and the excellent bibliography. It should appeal to dermatologists, sexually transmitted infection specialists, and surgeons interested in the history of their speciality.

A McMillan



Oxford University Press: New York; 1999
ISBN 0 19 505523 2

Professor Risse is a Brazilian doctor who has been publishing extensively on medical history for 30 years while living in San Francisco. The present monograph of more than 700 pages deals with hospitals from Greek and Roman times to transplantation and Aids. General hospitals which have been innovative at various epochs are featured up to the nineteenth century, especially those in Western Europe. The history of the Royal Infirmary of Edinburgh in the eighteenth and nineteenth centuries is included; this draws on Professor Risse's *Hospital life in Enlightenment Scotland*.¹ Twentieth-century general hospitals in the US are used to illustrate the hospital as a professional workshop, recognition of the limits of medical science and the influence of economics and of academic centres. A surprising omission, considering the title of the book, is reference to the history of mental hospitals. In a concluding essay, Professor Risse perceptively looks forward to the future of the hospital in the twenty-first century. Copious notes after each of the 12 chapters and a comprehensive index are included.

The presentation features case histories of individual patients in terms appropriate for non-medical as well as medical readers. This mode of presentation facilitates deft inclusion of the social setting of these patients and of the hospitals concerned.

Medical historians, including those in Britain, have already recognised that this is a monumental text which is today's definitive history of hospitals and one very difficult to supersede. Apart from entertainment from its broad international and readable canvas, College readers will be interested especially in Professor Risse's evaluation of the role of Cullen and of Lister and their controversies with their colleagues in the Royal Infirmary of Edinburgh.

REFERENCES

- ¹ Risse GB. *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*. Cambridge: Cambridge University Press; 1986.

D Forwell