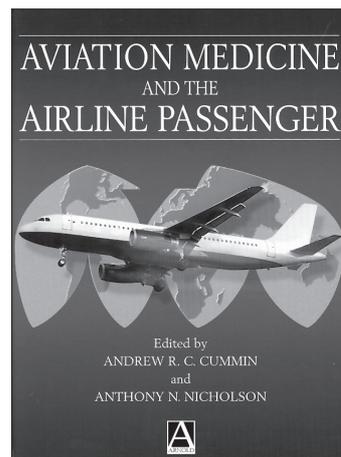


Editions Rodopi BV Amsterdam, 2000
ISBN 90 420 0851 2

Population grows geometrically, subsistence arithmetically: 'positive checks' on population growth (war, famine, disease) can be minimised only by 'preventative checks' (abstinence, delayed marriage). Malthus's prognostications, first published in his 1798 *Essay on the Principle of Population*, influenced not only economic but also evolutionary theory. Having read Malthus, Darwin declared, he had 'at last got a theory by which to work'. Thus, according to Robert M Young, 'the social and political and ideological conclusions' which some evolutionary biologists 'want to claim are pure and legitimate extrapolations from untainted biology, were stuffed into the hat on day one'. Was contraception also 'stuffed into the hat'? The Reverend Thomas Robert ('Bob' to his friends) Malthus denied it: artificial means of fertility control, which he professed 'not to understand', would 'destroy . . . virtue and purity of manners'. Yet, as Lesley Hall and Angus McLaren relate, many later socialist, feminist and other campaigners for 'birth control' and 'family planning' were to be known as 'Malthusians'.

What did doctors think? Malthus, Roy Porter writes, 'had no conspicuous and vocal early medical supporters'; and as Christopher Hamlin and Kathleen Gallagher-Kamper show, his ideas had one outstanding medical opponent. Cullen's successor, William Alison, debating poor relief in the early 1840s with Thomas Chalmers, made short shrift of the Scottish cleric's Malthusian views. As a dispensary physician, Alison saw clearly that the economist's autonomous chooser was a fiction, and that 'the population problem' was less a matter of 'character' than of 'circumstances'. To what extent does patients' respect for doctors derive less from their scientific achievements than from the compassionate common sense of physicians like Alison, who resisted the subordination of a medical to an economic framework? This is just one of the intriguing questions raised by this highly readable collection of essays.

KM BOYD



Arnold, 2002
ISBN 0 340 80637 0

In their preface, the editors outline their hope that this book will fill a niche as a reference text on this topical subject and as a source of immediate advice for practitioners faced with an emergency on board a commercial flight. They have succeeded in the former, but failed in the latter.

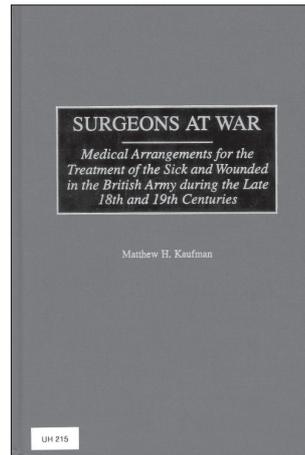
Initial chapters provide an excellent, detailed, interesting and well-referenced discussion of the medico-legal issues and other areas specific to aviation medicine and airline passengers. The environment of a commercial airliner, altitude, hypoxia, air quality, radiation and motion sickness are all well covered.

Subsequent chapters deal with various disease groupings and presenting symptoms as they relate to airline passengers. Unfortunately, several of these chapters contain large amounts of detail on specific subjects, but often little or no practical advice to a non-emergency based doctor faced with an in-flight emergency. Some chapters do contain this practical advice but it is difficult to separate from the detail.

The book's 210 pages contain a huge amount of information within the close-packed text; the illustrations, which are limited, and tables are occasionally difficult to understand. The use of some colour or photographs would have provided extra appeal and broken up the text. Aside from the appearance of the book, its main deficiency is the lack of information on the practicalities of dealing with an in-flight emergency which, as the authors correctly state, may face a practitioner not familiar with such presentations.

The main use of this text would be as a reference for practitioners providing advice for patients pre-travel. Its use as an emergency in-flight guide for acute treatment is limited and, without further changes, this role would have to be confined to a holding pattern.

N SMALL



Greenwood Press, 2001
ISBN 0 313 31665 1

This well-produced book provides an excellent insight into the practical problems of the management of the frequent, serious wounds and diseases sustained by servicemen in the British Army and Navy during the several wars that occurred in the late eighteenth and the nineteenth centuries. These included those between the French and the British, the war in the West Indies, the Egyptian Campaign and the Crimean War.

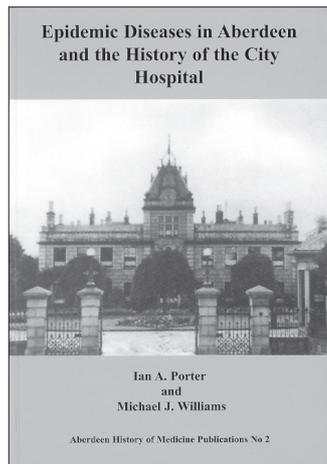
Many of the horrors and the vicissitudes of battles are related, highlighting the dreadful problems of poor organisation, transport difficulties, inexperienced personnel, apathy, and, often, corruption. In many campaigns 'incompetence abounded'. There were often serious illnesses, including dysentery, yellow fever, typhus and malaria; and serious wounds, with haemorrhages and infection. There were no antibiotics, and no blood transfusions. Antisepsis started in the late 1860s. General anaesthesia became available in the mid 1840s. In many of the foreign campaigns, up to 40% of an army was incapacitated by disease or injury, or indeed both, at any one time.

Obviously much was required regarding the education and training of medical service personnel, and the author gives a valuable account of the introduction and

development of positive measures, and in particular the extremely important contributions of John Bell, anatomist and surgeon in the extramural school, Surgeons' Hall, Edinburgh (1798), leading to the establishment of a School of Military Medicine and Surgery, and subsequently to the Regius Chair of Military Surgery in Edinburgh (1806). The first incumbent was John Thomson, the second George Ballingal. Other people of distinction involved in the military-medical training were John Hunter, George Guthrie, Sir Charles Bell, Sir John Pringle, Sir James McGrigor, and, in Dublin, Mr TJ Tufnell. The key person concerning nursing/hospital administrative aspects was Miss Florence Nightingale.

Eventually the Army Medical School in Chatham – later transferred to Netley – and the Naval Medical School in Gosport were established. As the author says, the Crimean War was a watershed, because it took place in the public arena: the power of the press with the knowledge and concern of the British people. By June 1898 those in the Medical Staff Corps were united to form the Royal Army Medical Corps. The British Medical Association had stimulated the Secretary of State for War to bring about many long-needed reforms. This book is highly recommended to all in the medical profession.

P HARRIS



Aberdeen History of Medicine Publications, 2001
ISBN 0 9527713 1 4

In *Epidemic Diseases in Aberdeen and the History of the City Hospital* the authors have skilfully blended factual descriptions of infectious diseases with an authoritative account of hospital facilities in Aberdeen. The first chapter reminds the reader of early theories about transmission of disease culminating in the Victorian belief that disease was generated by filth. The first description of bacteria, in 1683, may have been what initiated this belief but it was the work of Pasteur, Lister and Koch that put infection 'on the map'. In 1879, Ogston's work in Aberdeen on staphylococci showed how these organisms produced abscesses when injected into laboratory animals.

Plague, cholera, smallpox, typhus, measles and dysentery are all described in the chapter on epidemic diseases. Subsequent chapters chart the public health issues which prompted plans for an isolation hospital – later to be known as the City Hospital.

The authors' review of the impact of communicable disease in the early twentieth century is well illustrated with data on notifications of infectious diseases. An interesting comparison of two cases of typhus with

contrasting temperature charts shows how varied the outcome could be.

The advent of the NHS saw changes in the climate for administration and coincided with dramatic changes in the care of tuberculosis and polio. The authors describe these changes and comment on the arrival of rheumatology and geriatric services as part of Aberdeen's response to the ever-changing needs of society. Later chapters chronicle more recent events such as the HIV/AIDS epidemic.

My favourite part of the book is the 11-page-section on the typhoid outbreak of 1964, which resulted in 540 hospital admissions and three deaths, all from one source. The recognition of the disease and the public health response to it makes chilling reading. This section reinforces just how vulnerable humankind is to infection.

The book will appeal to those who have worked in Aberdeen but will also be a useful reference to students of public health and infection.

AJ FRANCE