

very much at the service of the state and those who pulled the levers of power. That is a salutary message for us all to remember.

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**Michael G. Tyshenko, *SARS Unmasked: Risk Communication of Pandemics and Influenza in Canada*, McGill-Queen's/Associated Medical Health Services Studies in the History of Medicine, Health and Society (Montreal: McGill-Queen's University Press, 2010), pp. xii + 451, \$34.95, paperback, ISBN: 978-0-7735-36180.**

Reading this book brought back memories of a visit to Toronto in the summer of 2003 to give an invited lecture at the Centre for Addiction and Mental Health. The Centre was based in a Toronto hospital and my visit was just after the SARS outbreak. Getting into the hospital involved a complex procedure, hand gel and washing. Posters warning staff and visitors to wash their hands were everywhere – unusual in a healthcare setting at that time, although not so now. I brought back examples to show colleagues at the London School whose work involved the promotion of hand-washing and the use of soap. Toronto was the focus of world-wide attention.

This book is a joint production between Michael Tyshenko, working in the area of risk communication, molecular biology and science policy, and Cathy Paterson, a friend who was a nurse clinician working in one of the hardest hit hospitals in Toronto at the time of the 2003 outbreak. It is part analysis but also part first-hand testimony of what it was like. The pneumonia-like disease hit Canada in February 2003 with a couple returning from a holiday in Hong Kong. A SARS summit in April/May worked out the basis for a national containment strategy. Front-line staff operated a containment policy involving contact tracing and isolation, a response that taxed them to capacity.

Hospital infection control culture was poor, and chapters authored by Cathy Paterson relate her experiences working at the front line in a Toronto hospital. The death of a Toronto nurse from SARS had a profound psychological effect on many healthcare workers, deterring some from continuing in the profession. At the same time, media coverage, analysed here, was amplifying fear and uncertainty and served to stigmatise individuals who caught the disease or who were working with it. Risk communication in general was poor during the outbreak and the resulting vacuum was filled by the media's reporting.

The last reported case of SARS in Canada became ill on 12 June, and by September 2003, there was only one active case in the country. The significance of the outbreak in terms of mortality, stigma, economic loss and possible vulnerability to future terrorist agents led to the establishment of several follow-up enquiries, most of which concentrated on what hospitals could do to improve their response in a future outbreak. Main recommendations included the establishment of a Health Protection Agency to act as an overall infectious disease control agency.

The authors look to the next looming pandemic. The lessons learned show how viruses change by natural selection to exploit a new host source to propagate themselves, crossing over into humans. They conclude that more SARS-like outbreaks are likely in the future. The book uses a simple modelling formula, in part based on figures derived from the 1918 flu epidemic to arrive at what the mortality from a modern pandemic might be. It ends with chapters which look to what Canada might do to prepare for the next envisaged outbreak that they presume will be avian flu. Health Canada and the newly created Public Health Agency of Canada took steps to build capacity, through a Pandemic Influenza Plan. Stockpiling vaccines, improved surveillance, planning and training exercises were all part of the plan. Risk communication could still be improved in terms of, for example, letting people know

who would get antivirals and vaccines during a pandemic.

This book is part history of SARS, and part primary source. Although published in 2010, its focus is 2003–4, and it is written without reference to actual subsequent episodes of avian and swine flu. It is a source book as well as a history.

Hindsight brings thoughts about the nature of cross-national responses to such pandemics. Canada did not persist with extensive containment in 2009 when swine flu hit, whereas England did. Was this because containment had been tried there in 2003? Much of the planned response outlined in this book is not so different in Canada from that also planned in the UK – the creation of a national agency (the Health Protection Agency in England, now being subsumed into Public Health England); planning and testing operations; reference to WHO; modelling, based on figures derived from 1918 (an interesting use of historical data); official committees which have examined the response and made proposals for the future. Yet countries differ in their responses, which also change over time. Recent outbreaks have shown that modelling is not the answer in future planning for epidemics. Historians know that epidemics throw a spotlight on the fault-lines within society and on healthcare systems and structures. Let us hope that the historical lesson is one learned in future pandemic planning – not the lesson of 1918, but the dimensions and nature of recent responses to pandemic influenza, cross national differences, and what they reveal about the effectiveness of healthcare structures.

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**Sheldon Rubenfeld** (ed.), *Medicine After the Holocaust: From the Master Race to the Human Genome and Beyond*

(New York: Palgrave MacMillan, 2010), pp. xxii + 233, £25.00, paperback, ISBN: 978-0-230-62192-3.

Could the Nazi biomedical crimes of the 1930s and 1940s be repeated in twenty-first-century United States? This is the question at the heart of Sheldon Rubenfeld's 2010 edited volume, *Medicine After the Holocaust: From the Master Race to the Human Genome and Beyond* (p. 3). To address this provocative and important issue, Rubenfeld employs more than twenty short essays discussing various aspects of medical and scientific history, ethics, and traditions from the nineteenth century to the present day, with intriguing and often open-ended conclusions.

Numerous contributors to this volume will be instantly recognisable for their achievements: National Institutes of Health (NIH) Director and former leader of the Human Genome Project Francis S. Collins penned a short foreword (pp. xix–xxi), whilst Nobel Prize Winner James D. Watson contributed an interesting essay discussing his own early experiences in the field of human genetics (pp. 71–81). Other prominent essayists include bioethicist Arthur Caplan, historians Volker Roelcke and William Seidelman, and several religion and ethics experts. Many of the essays themselves were derived from lectures given in conjunction with an exhibition on 'Eugenics, Euthanasia, Extermination' at the Holocaust Museum Houston in 2007–8 (p. 225).

With this impressive and diverse list of authors, *Medicine After the Holocaust* clearly has great strengths. Many of the essays are extremely deeply insightful, prompting important questions about the responsibility of German medical practitioners for their government's abuses before and during the Second World War. Rubenfeld's intended focus, however, is clearly the contemporary world rather than the past, and most of the writings concern the trajectory of medical and scientific ethics in twenty-first-century United States.