

## Book Reviews

Notices", distilled from earlier disciplinary cases, were a weak substitute for a uniform and generally binding ethical code.

Further questions of a comparative nature may be asked on the basis of this book. Juxtaposition of the AMA's and Styrap's code reveals interesting differences that require explanation. For instance, the latter allowed breaches of confidentiality in cases of "threatening insanity, or of pertinacious concealment of pregnancy after seduction", and it detailed the conditions under which care of a patient could be relinquished by the doctor—issues that were missing in the otherwise equivalent paragraphs of the AMA code. More broadly, one might ask whether the American medical profession's dealing with cases of misconduct (Baker discusses one case with regard to the *Boston medical police*) differed significantly from that of the British, given the different "fate" of medical ethics in the two countries. As the current work of this reviewer indicates, late nineteenth-century Prussia, with its long academic tradition of linking medicine with law (see Johanna Geyer-Kordesch in the first volume), created a medical conduct jurisdiction which was similar to the British.

Combining relevant source materials with thought-provoking philosophical and historical studies, this volume—as its predecessor—clearly constitutes an important step forward in the serious historiography of medical ethics.

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**F E G Cox** (ed.), *The Wellcome Trust illustrated history of tropical diseases*, London, The Wellcome Trust, 1996, pp. 452, illus., £35.00 (plus p&p £5.00, cheques payable to: The Wellcome Trust) (1869835-86-7). Orders to: Charlotte Emery, The Publishing Department, The Wellcome Trust, 210 Euston Road, London NW1 2BE.

The idea of publishing this handsomely printed and richly illustrated volume arose, its editor explains, from a concern that the vast

amount of historical material that had accumulated during the production of the Wellcome Trust Tropical Diseases Videodisk project should not be lost, and should be easily accessible to persons interested in the history of this domain. A steering group was then constituted, which invited a number of scientists and clinicians to contribute particular chapters. One of the difficulties the editor and the steering group faced was selection of the pathologies which would be covered by the book. Manson's classic volume, centred on vector-borne parasitic diseases found in the tropical zone, was used as a primary guide. Another criterion used by the steering committee was the adequacy of coverage of the history of a given disease in other studies. Thus smallpox and AIDS were excluded from this volume, because these diseases are discussed in detail elsewhere. In contrast, cryptosporidiosis, giardiasis and melioidosis were included, although these pathologies are not exclusively tropical, because of their historic interest and the absence of adequate studies. A definition of a given pathology as "tropical" is often arbitrary, and can be contested, for example, the editor's choice to exclude tuberculosis but to include hepatitis and rabies. In general, however, when in doubt the editors have often chosen to include rather than to exclude a given pathology, and the forty-one chapters of the book offer a vast panorama of the history of diseases in tropical zones.

The steering committee's decision to ask scientists and doctors who were not historians, but "who had a first hand experience of the disease they were to write about and also a sense of history", to produce the history of individual pathologies, shaped the end-product—a book written from the practitioners' point of view, which examines historical events from today's perspective. Such a perspective has advantages and drawbacks. The main advantage is the authors' familiarity with the diseases they describe. This familiarity, and their concern about public health issues, has saved them from the pitfall of transforming a book on the history of tropical diseases into a

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series of picturesque narratives about past plagues. The book does not propose a triumphal story of the only official “victory over [tropical] diseases”, but a complex image of a mosaic of pathologies in flux. Some of these pathologies continue to be major health risks; others have receded, but this regression is often unstable, and the pathology may return if conditions change (the story of the only complete “victory over disease” in tropical medicine, the recent worldwide eradication of smallpox, is not included in the book).

The major drawback in choosing the practitioner’s rather than the historian’s perspective, is the relative neglect of pathways which did not lead to knowledge held as true today. The book’s introduction explains that “the emphasis is on the most important and lasting findings, and dead ends that characterize scientific progress have hardly been covered”. Consequently, many chapters are enlarged and enriched versions of standard “discovery accounts”, that is, accounts of historical events which are held as true by the relevant community of experts and which are repeated in textbooks and review articles. They are often rich in unknown details and tell fascinating stories, but cannot be viewed as complete historical narratives. Not all the chapters, however, fit into the “standard account” pattern. Some, especially those on malaria, scurvy and rabies, were able to benefit from previous historical research, and they provide little-known historical data and a broader perspective on these pathologies.

The *Illustrated history of tropical diseases* is a very useful volume for the general public, for doctors and for teachers. It provides clearly presented information on tropical pathologies, information on doctors and researchers who have worked in this area, a general bibliography on the history of tropical medicine, a synthetic bibliography on each disease and a detailed index. Faithful to its name, the volume is richly illustrated, and contains a unique selection of historical drawings and photographs on tropical diseases. Some of the illustrations possess an intrinsic aesthetic quality, some are moving, and a few

are both. The fact that this book is reasonably priced adds to its usefulness as an iconographic resource and a teaching tool. Its pedagogic value could have been enhanced, however, by the addition of a synthetic historical introduction and/or postscript. Such an effort at synthesis could have explained how research on a specific disease (e.g., Ross’s studies of malaria) or changes in a given area of studies (e.g., the development of techniques for studying viruses in the 1930s and 1940s) affected other diseases and other areas of investigation. It could thus have linked the individual chapters and conveyed a unity to the book which is a collection of essays on pathologies connected only by the fact that they can all be found in tropical zones. In addition, a historical framework could have displayed the frequently complicated ways in which the development of tropical medicine has been related to general historical developments, and thus could have heightened the interest of this work for the general public, and increased awareness of the importance of tropical diseases in shaping past and present events.

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**Bernard Harris**, *The health of the schoolchild: a history of the school medical service in England and Wales*, Buckingham and Philadelphia, Open University Press, 1995, pp. x, 260, £45.00 (hardback 0-335-09995-5), £16.99 (paperback 0-335-09994-7).

The main title of this book is misleading, and any reader who turns to it in the hope of an analysis of children’s health, social or scientific, in the twentieth century, is in for a disappointment. Children as human beings, their afflictions and deprivations, their bodily and mental wellbeing, are a very ghostly presence here, described almost in passing, their condition assessed by occasional set-pieces on anthropometric data or death-rates from infectious disease. In reality, this book is about the school medical service, from its late-