

the field of medical education, beginning with its origins in the London hospitals and concluding with the ructions engendered by two reports on medical education, that of the Royal Commission chaired by Lord Todd (1968) and the internal one produced by Lord Flowers (1980). Harte is particularly illuminating on the changing relations between the medical schools and the University. Indeed, this is just one of the many benefits to be gained from this delightful, instructive, and amusing book, which will be widely enjoyed by specialists and common readers alike.

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WILLIAM COLEMAN, *Yellow fever in the north. The methods of early epidemiology*, Madison and London, University of Wisconsin Press, 1987, 8vo, pp.xvi, 202, illus., \$45.00 (\$19.95 paperback).

This is an analysis of the development of epidemiological thinking and methodology during the middle of the nineteenth century, prior to the recognition of the microbiological causes of communicable diseases; and also of three nineteenth-century European yellow fever epidemics. These are interspersed with discussion of the contemporary controversy between contagionists and non-contagionists and of its influence on the evolution of quarantine and other sanitary measures for the control of epidemics.

Epidemiology, in the sense of tracing the spread of epidemic disease and characterizing its behaviour, has its roots as far back as classical Greek medicine. However, it remained ill-defined, particularly in its methodology, until, during the first three or four decades of the nineteenth century, it assumed the role of seeking to identify the local conditions, generally atmospheric or climatic, believed to favour or hinder the spread of epidemics; within the general concept that they arose by transmutation of fevers current in the locality. From around 1840, the methodology comprised identification of, and enquiry into, the circumstances of each case (particularly the first case). Cases were determined by a clinical syndrome recognized as diagnostic of a particular disease, which itself was recognized as having a characteristic pattern of spread. By then, both the study and control of epidemics were influenced by improved communications — railways and telegraph. Statistical analysis emerged in the second and third decades and, although used by other epidemiologists by 1860, was not employed in the studies of the yellow fever epidemics of 1861 and 1865. With the advent of microbiological diagnosis, in the last two decades of the century, mild and subclinical cases of disease could increasingly be identified and previously indeterminate gaps in the spread of an epidemic more readily delineated. Epidemiology thus became increasingly built on aetiological reasoning, on the characters and behaviour of the causative micro-organisms, and on transmission mechanisms; and thence to focus on the search for chemical, environmental, and behavioural causes for diseases.

The first epidemic reviewed was of some 5,000 cases with over 1,000 deaths in Gibraltar in 1828. The main investigation was carried out by a French commission of which Chervin was the principal character — it arrived, however, only in the terminal stages of the epidemic, too late to investigate adequately the initial stages. Although reports of French observers of the Barcelona epidemic of 1821 had strongly suggested that the disease had been imported, Chervin held to his belief that yellow fever was a severe form of paludic fever and that the epidemic was accounted for by local environmental conditions; he continued, however, to assure the authorities that yellow fever was non-contagious. The St Nazaire epidemic of 1861 was thoroughly investigated by Melier, who clearly showed that the disease had been imported by ship from Havana, although he was unable to determine how. He was able to establish the range of the incubation period of the disease. He noted that the cargo was not infective after removal from the ship; and the epidemic was apparently terminated by disinfection of the ship and cargo. He found no evidence of transmission from case to case but considered that sick individuals “made a contribution” to its spread. Buchanan, following exemplary case-tracing of the Swansea epidemic of 1865,

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concluded “that if yellow fever was communicable at all by personal contagion it was so only in an extremely feeble degree”. By now, importation by ship was abundantly clear — its further elucidation would await the discovery of mosquito transmission. Buchanan’s sanitary measures on the ship and cargo were similar to those of Melier but, in Britain, dependent on local rather than central government decision. Doubts about their effectiveness, and the always strong British pragmatic regard for commercial considerations in matters of quarantine made their application more difficult at Swansea than at St Nazaire.

Throughout these interesting and worthwhile analyses there are many diversions into the contemporary controversies between contagionists and non-contagionists and their influence on disease control measures. “So seemingly obvious a conclusion provokes a digression . . .” (p. 124) — of at least ten pages! Readers accustomed to the scientific literature may find their patience and persistence tried in tracing the main threads through this labyrinth of digressions.

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ALICK CAMERON (editor). *A surgeon's India. Diaries of Lt. Col. Alexander Cameron, O.B.E., Indian Medical Service*, Tunbridge Wells, Acclaim [for the author], 1986, 8vo, pp. xi, 424, illus., £10.75 + postage.

In the early days of the East India Company, Oxbridge-trained physicians were thought to be too delicate for the rough-and-tumble of medical practice in India. Apprenticed surgeons may not have been gentlemen, but they could cut off a leg as well as breathe a vein, they were expert at treating the pox, and they would turn out for any nearby battle, taking over command of troops when necessary. After a short time in the East, the survivors learned the simple measures needed to sustain the health of soldiers and civilians in hot climates, and became more expert than any physician in the management of tropical diseases. The organization of the Company’s surgeons in the middle of the eighteenth century laid the foundation for the Indian Medical Service, which continued until 1947.

Lt. Col. Cameron’s diaries cover his years in the Indian Medical Service 1905–32; edited by his son, they show a pattern of activity that would be familiar to his eighteenth-century predecessors. On reaching India in 1905, he was at once posted to military duties, only changing to Civil Surgeon as he became more senior. From the first, he was expected to carry out a wide variety of complex operations, as well as dealing with all obstetric and medical conditions. He served all over India, in China, Persia, and in the Great War in East Africa, where the hospital admission rate among troops was 206/thousand/month. As Civil Surgeon he was in charge of the local hospitals, supervised the jails, controlled epidemics of plague, cholera and typhus, and kept up a busy practice, which included many Indians, mostly the nobility. When he attended one high-born lady, the only contact he was allowed with his patient, as John Fryer had found in 1678, was to feel her pulse through a purdah. He had regular language tuition, passing the required examinations, and becoming proficient in five languages. Sport was an essential part of this life: games, riding, hunting, and, in every spare moment, shooting — sometimes for the pot, sometimes to control man-eaters, but mostly for sport. The editor describes the devastating depressive illness that afflicted his father, but nothing of this appears in the diaries, which are a laconic account of his ceaseless activity in the tradition of the Service. If the regular attacks of fever were more severe than usual, he took an extra dose of quinine and continued at work.

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MATS RYDÉN, *The English plant names in The Grete Herball (1526). A contribution to the historical study of English plant-name usage*, (Stockholm Studies in English LXI), Uppsala, Almqvist and Wiksell, 1984, 8vo, pp. 110, [no price stated].

This is the first product of the Swedish study ‘The English plant names in early modern