

A speciality has evolved uncertain of its identity, its purpose and its relationships with other health professionals. Acheson attempted to redefine the role and training of public health doctors but their role and identity has again been blurred in the subsequent on-rush of structural changes in the NHS and Department of Health.

Sheard and Donaldson in their preface note, 'there is no history, only histories'. Their account of the role of the CMO is 'a history' from one perspective and therefore inherently partial. This means that while their work will be of interest to many, it also requires it to be read critically.

RICHARD HIMSWORTH  
Former Director of the Institute of Public Health  
University of Cambridge

## References

- 1 Newsholme A. *The last thirty years in public health. Recollections and reflections on my official and post-official life.* London: George Allen & Unwin, 1936:49.
- 2 Brock L. Correspondence to V Markham. In: Markham V. *Friendship's harvest.* London: Max Reinhardt, 1956:200.
- 3 Ministry of Health. *Consultative council on medical and allied services. Interim report on future provision of medical and allied services.* Cmd 693. London: HMSO, 1920.
- 4 Pater JE. *The making of the National Health Service.* London: King Edward's Hospital Fund for London, 1981:10.
- 5 Briggs A. *A history of the Royal College of Physicians of London, Volume IV.* Oxford: Oxford University Press, 2005.
- 6 House of Lords Select Committee on Science and Technology. *Priorities in medical research. Supplementary report.* HL Paper (51). London: HMSO, 1990.

### Stutter's casebook. A junior hospital doctor 1839–1841.

Edited by EE Cockayne and NJ Stow. *Suffolk Records Society, Vol 48.* Boydell Press, Woodbridge 2005. 224pp. £35.

During the past half century, the study of history has been greatly expanded. Instead of the ponderous constitutional histories of the past, or the detailed analytical history of followers of Sir Lewis Namier, modern historians have concentrated on social history and subjects such as local and oral history have come to be seen as important. George Rude's study of the crowd in the French Revolution, for example, was a social history that concentrated on the *sans-culottes* who actually stormed the Bastille rather than on the great men of history such as Robespierre, Jean-Paul Marat or the Marquis de Lafayette. There has also been an increasing number of studies of local areas, Ronald Blythe's study of a Suffolk village, *Akenfield*, being perhaps the best known contemporary example of this genre. It is a remarkable evocation of rural change. As in *Akenfield*, oral history has made an important contribution to the work of local historians.

Suffolk, however, is making a contribution to the study of local history whose importance goes far beyond Akenfield. The Suffolk Records Society, based in the Suffolk Record Office in Bury St Edmunds, has taken upon itself the task of making available in print selected examples of the county's manuscript records, 'for the use of scholars and amateur historians all over the world'. It is to their great credit that to date they have published 48 volumes. Volume 47, pub-

lished in 2004, contained the maps and roadbooks of the Kirby family and includes rare large-scale Suffolk maps of the early 18th century. Volume 49, to be published in July 2006, will present 83 documents relating to the Suffolk family of Sir Thomas (later Viscount) Savage. Volume 48, the subject of this review, moves into the world of medicine and presents for the medical historian the case book of a young Suffolk doctor between the years 1839 and 1841.

WG Stutter (1815–87) was for much of his life a respected general medical practitioner in the Suffolk village of Wickhambrook. His casebook, along with other documents, was discovered in the 1970s in the attic of the house where he lived. It lists the patients and the treatment they received during the two years when Stutter was the house surgeon and apothecary at the Suffolk General Hospital, Bury St Edmunds. There are records of 77 admissions. Little is said of diagnosis and the most significant information is the treatment given. The prescriptions are mostly in Latin and the measures given in minims, scruples and so on. The customary use of purgatives and of bleeding, whether by venesection or by leeches, is well described. Many of the patients were young and tuberculosis was frequent. The material, however, is a useful account, given verbatim, of therapy in a country hospital in the early 19th century.

The book does not, however, limit itself to the publication of original documents. The editors have also provided an excellent introduction dealing with medicine and its practitioners in Suffolk in Stutter's time. In addition, there is a pharmaceutical introduction describing the therapies of the time as well as detailing the now incomprehensible symbols used to describe minims, drachmas and ounces, and the ways in which prescriptions were written. There are five appendices: the biographies of doctors listed in the work, the diagnoses of the patients whose records are given, a description of the diseases they suffered from, as well as the physical treatments and the drugs and chemicals that were inflicted upon them.

For so long, medical history has dealt with the heroic doctors of the past, usually working in the great hospitals and rarely, like James McKenzie, working in provincial practice or in rural England. Increasingly, however, the medicine of the *sans-culottes* of the provinces is attracting the attention of contemporary historians, as in Steven King's recent account of medicine and society in Lancashire between 1760 and 1830.

There is so much to be learnt. How many other doctors' diaries, records or casebooks are gathering dust in country attics? How much more can we learn of the life of the patient rather than his medical attendant? The Suffolk Records Society is to be congratulated on their efforts; as are the editors of this useful casebook.

SIR CHRISTOPHER BOOTH  
Wellcome Centre for the History of Medicine, UCL

### The AIDS pandemic: impact on science and society

Edited by Kenneth H Mayer and HF Pizer. Elsevier Academic Press, San Diego, CA 2005. 520pp. £52.99.

I can do no better than to use the same quote given in the preface to this excellent book taken from *The plague*, part V by Albert Camus:

*Dr Rieux resolved to complete this chronicle – to state quite simply what we learned in a time of pestilence: that there are more things to admire in men than to despise.*

Written mostly from a US perspective with contributors across the spectrum of medical and social sciences, this book chronicles the part played by so many people in the extraordinary scientific, medical, public health and societal responses to the HIV pandemic. Although there are chapters on the 'medical aspects' of HIV ie virology, immunology, treatment etc, this is not a book to buy as a reference for medical practice. Its purpose is to make the case that this is a 'bio-social' problem which can only be contained by a multifaceted response, giving insights and conclusions that are universally applicable, only a very few of which can be covered in this review.

Since HIV was identified, a vaccine has been sought. Initially it was predicted with some optimism that this would take about 10 years. Twenty years later a new 10-year goal remains but with considerably more pessimism. Remarkably we learn that around 80 vaccines have entered phase one trials with no obvious candidate in sight to induce an effective neutralising antibody response and now the focus is on one inducing a cell-mediated immune response. Even if a successful vaccine were to be developed there are so many complex issues from the different viral types to the problems of implementing socially acceptable vaccine campaigns for a sexually transmitted disease. It should not be forgotten that over 60 years after the discovery of penicillin to which syphilis has never shown any resistance, we are once again in the middle of syphilis outbreaks in the developed world. The answer in the immediate decades must lie elsewhere.

The remarkable success of antiretroviral therapy and the role of multinational drug companies in this success is charted, as are the disgraceful problems of access to therapy in developing countries where over 80% of worldwide infection occurs. The role of multinational drug companies in this respect has not been an edifying one. This is changing under pressure from governments, for example in Brazil where all citizens with HIV have the right to access therapy using generic drugs. Although this may seem expensive the case is made that the savings on healthcare and social benefits more than outweigh the costs. The history of the now infamous lack of access to therapy and antenatal prophylaxis in South Africa is also told. President Thabo Mbeki influenced by 'HIV denialists' personally intervened to refuse access to therapy because of his belief that HIV was not the cause of disease. This contrasts poignantly with the example of the South African judge, Justice Edwin Cameron, who chose the World AIDS Conference in South Africa to publicly announce his HIV-positive status and call for access to therapy for his fellow countrymen. This is only one of the many examples of personal bravery that has inspired those with the disease and those working in the field to redouble their efforts.

The traditional public health control model of case finding, treatment, partner notification, isolation and vaccination are simply not adequate to control the spread of HIV. A recurring theme is the synergy between other sexually transmitted infections (STIs) and HIV. There have been serious consequences for prevention by treating HIV in a different way from other STIs, a lesson which

rather belatedly seems to have been learnt. The involvement of particular communities in decision making and taking control of their own lives has been critically important. In particular the involvement of the gay community in shaping public health policy, decision making and direct action has influenced a change in behaviour, reducing transmission of the virus. Unfortunately in recent years there have been signs of fatigue and a re-emergence of unsafe sexual behaviour, with HIV and other STIs rising once again in this at-risk group.

Despite the overwhelming evidence for the efficacy of condoms to prevent transmission, their use has also tragically become entwined with religious and moral issues. Of course there is a role for encouraging reduction in other risk-taking behaviour but these should not be mutually exclusive. One of the most important aspects for the transmission of HIV is a woman's ability, or lack of, to control her own sexual health. For victims of cultural and religious prejudice, often with partners who subject them to violence or unprotected sex, it is essential that strategies are developed to give them control. The sections on prevention, human rights and the search for vaginal microbicides are of particular relevance in these respects.

Chapters on the involvement of legal systems, HIV transmission in prisons and the effect on medical ethics further demonstrate fundamental challenges posed by this disease. All contributors give their views on what the future holds which gives rise to some fascinating speculation which should be used to influence future direction of research and rational policies. This book makes it very clear that this pestilence has indeed influenced so many aspects of contemporary life.

RAYMOND MAW

*Consultant Physician, Genito Urinary Medicine Clinic  
Royal Victoria Hospital, Belfast*

### **The scalpel and the kukri: a surgeon and his family's adventures among the Gurkhas**

**Peter Pitt. Royal Society of Medicine, London 2005. 248pp. £15.**

The unhappy recent history of the mountain kingdom of Nepal has included the slaughter of many of the royal family by one of its members in 2001 and a Maoist insurgency in the countryside which finally reached the streets of Kathmandu in the spring of 2006. Complicating factors include considerable ethnic variety among its people and the fact that its monarch has a Hindu religious role as an incarnation of Vishnu. In calmer times there was a British Military Hospital (BMH) in the British Gurkha base at Dharan, one of the larger towns in South East Nepal. It was staffed by three Royal Army Medical Corps (RAMC) doctors, five Queen Alexandra's Royal Army Nursing Corps officers, four RAMC technical sergeants, and about 100 local civilian nursing, technical and administrative staff, many of whom served for the entire 29 years of existence of the BMH from 1960 to 1989. RAMC physicians, surgeons and anaesthetists regarded their tours at Dharan as some of the most professionally rewarding of their careers in that they were able to practise 'Third World' medicine in abundance in the clean and efficient surroundings of a British Army cantonment redolent in