

*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.

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### **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

some ways of the days of the 'Raj'. The old wards of the BMH have since been sensitively incorporated into a new and much larger teaching hospital funded mainly by the Indian Government. Your reviewer was greatly impressed by its clinical and academic standards when he had the privilege of revisiting in 2004.

Peter Pitt was one of the earlier surgical specialists posted to BMH Dharan for two years from 1966 to 1968. This experience produced his successful book *Surgeon in Nepal*<sup>1</sup> in which his crisp, graphic and often moving accounts of his clinical experiences were enhanced by superb line drawings of patients and local scenes by George Douglas, although some RAMC officers felt that he had been rather ungenerous in his scant mention of his medical and nursing colleagues. He does address this issue in his new book, which contains further accounts of particular patients, again with Douglas' illustrations, and reminiscences of family holidays in Pokhara, Darjeeling, Chitwan, Hong Kong and Kashmir, as well as a few

parenthetic updates on more recent events in Nepal. The dust jacket reproduces a painting by Brigadier Richard Hunt of Machhapuchhre in the Annapurna Himal overlooking Pokhara (a long way from Dharan), and Pitt's title perhaps hints that he saw active service as a surgeon with Gurkha soldiers, which is not the case.

Like the lady overheard at the 'Monet in the 20th century' exhibition to say that she preferred Monet in the 19th century, your reviewer prefers Peter Pitt's original book and is uncertain of the purpose of this one.

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## Reference

- 1 Pitt P. *Surgeon in Nepal*. London: John Murray, 1970.