

book reviews

Dr William Budd: Bristol's most famous physician
Michael Dunnill. Redcliffe Press, Bristol 2006.
160 pp. £12.95.

As a major contributor to the many (often contentious) debates as to the causes of the various epidemics which regularly ravaged Victorian Britain, William Budd came to have a national and international reputation. The subtitle of this well-written and attractive biography may perhaps be intended by the Bristol-based publishers to appeal particularly to a local readership, but the subject of the book will be of much wider interest.

Budd came from a large and interesting family, the activities of some of whom provide many of the more entertaining anecdotes in this book, the author sensibly devoting much of one chapter to describe these.

Budd's fame came from his prolific writings on topics of the time, in particular the causes of the 'fevers' which came and went without any obvious explanation, killing thousands and condemning the resulting orphans to a life of poverty. While working in his father's practice in North Tawton he was able to study one such 'fever' epidemic and subsequently, in 1840, entered a competition for an essay prize, sponsored by what was to become the British Medical Association, entitled 'The investigation of the sources of the common continued fever of Great Britain and Ireland'. His essay was said to have been considered the best but was not deemed acceptable for the prize by the examiners because of his conclusions, which were too revolutionary for their time. This essay, however, contained the basis for his seminal paper published sixteen years later when he outlined the features of typhoid fever which distinguished it from other fevers, showing that it was a specific disease (which was not the general view at that time) with a number of characteristic clinical and pathological features. He also suggested that typhoid fever was spread by diarrhoeal discharges from the diseased bowel, the unknown agent responsible coming from the ulcers at the lower end of the small intestine which were so obvious at post mortem.

Budd wrote a paper on cholera in 1849, which appeared shortly after John Snow's, concluding similarly that the disease was caused by a distinct living organism which lived and multiplied in the intestinal tract, was present in the diarrhoeal discharges and was acquired by ingestion, particularly of drinking water. His evidence and reasoning seemed convincing, as were Snow's, but their views were not accepted by the medical establishment for many years.

It was clear to Budd that a clean water supply, without any chance of faecal contamination, was essential to prevent the spread of diseases such as typhoid and cholera. He played a key role in the Bristol Water Company, which was set up to supply the city with clean water piped in from outside sources, and Royal Assent was given in 1847. Similar improvements in the sanitary conditions in London and elsewhere came rather later and were due less to the acceptance of Snow and Budd's water contamination theory (the

miasma mechanism of disease being preferred by many) than to the dreadful smell of sewage in many towns, culminating in the 'Great Stink' of the Thames in the hot summer of 1858. Parliament was suspended and a complete overhaul of the sewerage and water supply of the capital took place.

Apart from being a well-written and well-referenced biography of a pioneer of public health, this book gives an excellent insight into the beliefs, politics and social conditions of Victorian England. Resonances of more modern epidemics abound as Budd tries and often fails to convince his contemporaries of the correctness of his new or politically inconvenient ideas on many diseases common in Victorian times, not only typhoid and cholera, but also tuberculosis, diphtheria, anthrax and others. It is not good enough to be correct in your views, the harder task is often to convince senior colleagues or politicians of what may seem an obvious truth. Such problems still seem to be a common feature of frightening and unexplained epidemics today. Recent examples abound, such as the political denials of the cause or extent of the AIDS epidemic and the lengthy opposition to the 'impossible' concept that duodenal ulcers might be due to an infection.

This book is highly recommended.

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A practical guide to human cancer genetics, 3rd edn
Shirley Hodgson, William Foulkes, Charis Eng and Eamonn Maher. Cambridge University Press, Cambridge 2006.
410 pp. £45.

When I told a colleague that I had been sent the third edition of *Human cancer genetics* to review she said two things, 'Thank heavens there's a new edition' and 'Can I borrow it?! This just about sums it up; for the busy clinician, nurse, specialist registrar-in-training and clinically orientated scientist this book is the essential reference source.

There are now four authors, moving the anglophile focus of Eamon Maher and Shirley Hodgson to be now firmly mid-Atlantic with the addition of prominent US cancer geneticists William Foulkes and Charis Eng. Helpfully, any differences in UK and US practice are noted. As before the book is designed to be accessed in two ways: by cancer site or type, and by cancer predisposition syndrome. Despite this, there is little redundancy because of the tight and necessarily terse style. With great skill the authors have managed to allocate space in the text in proportion to the importance of the cancer or syndrome.

Clinical management of people with cancer or cancer predisposition syndromes makes up the majority of the book – focused on clinical genetics and not on surgery, oncology or prognosis. Guidelines on detection of tumours and patient follow-up are given wherever possible, and the limitations of these noted. That the authors are practicing cancer clinicians is evident in many places in the text, for instance: the diagnosis of neurofibromatosis type 1 and type 2, and differential diagnoses to watch out for, such as homozygous PMS2 mutations; the section on adrenal gland tumours; and discussion of the phenotypes and surveillance necessary for more recently emerged cancer predisposition syndromes such as juvenile polyposis and the