

Finally, just over halfway through the book, issues that concern lower-income countries are addressed. After placing the public health of developing countries in historical context, Berridge describes the complex health burden that these countries have today – both communicable diseases, in areas where health coverage and access to health technologies are neglected, and non-communicable diseases associated with lifestyle and behaviour which cross all geographic and demographic areas. It is in these remaining chapters that the issues related to globalisation and health are also further described – clearly leaving the reader with the understanding that borders do not stop the spread of infectious disease, and that they also fail to stop the spread of risk factors of non-communicable diseases such as advertisement and other influences on behaviour in an interconnected and globalised world. Public health in the world today has become complex, and created a new concept of health security as enshrined in the International Health Regulations (IHR), which Berridge mentions. The IHR, in fact, an agreed treaty by which all countries are required to develop eight core capacities in public health, will hopefully provide the technical fixes necessary to protect populations from the international spread of disease. But inequalities will remain, and it is these, as Berridge points out, that require cross-sector solutions which most governments have yet to master.

Public Health, A Very Short Introduction, is an excellent primer for those who want to learn about the history of public health in England (and by extrapolation in other countries that have rapidly industrialised during the past centuries); to understand how public health in developing countries evolved from the time when medical missionaries introduced western understanding of tropical diseases; and to better grasp how, in today's globalised world, we must work together in public health to ensure the health security of individuals and communities. But at the same time we are left with the understanding that protecting and improving the health of individuals and communities requires complex innovations and investment to mitigate the social determinants of health, a task which governments and those working in public health have not yet been able to fully accomplish.

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Gerrit Bos, *Maimonides Medical Aphorisms, Treatises 16–21: A parallel Arabic–English edition* (Provo, Utah: Brigham Young University Press, 2016), pp. xxix, 204, \$89.95, hardback, ISBN: 978-0-842-52843-6.

Maimonides, the greatest Jewish thinker, wrote many works in Hebrew and Arabic. His topics were not restricted to philosophy and theology; as is suggested by the fact that he was employed as a court physician for most of his life: he composed quite a few books on medicine. The existence of many Arabic manuscripts of his medical works as well as of their Hebrew translations manifests the enormous importance of his achievement in medicine, especially for Jewish society. Maimonides' original Arabic versions of these medical works, however, had never been published, whereas Hebrew translations of them were printed (uncritically) by Muntner. Thus, Gerrit Bos began his project entitled 'Medical Works of Moses Maimonides', and is publishing many Arabic critical editions of Maimonides' medical books based on Arabic manuscripts, frequently comparing them with their Hebrew and Latin versions. Maimonides' *Medical Aphorisms* is one of his main targets in this project.

The title ‘Medical Aphorisms’ clearly shows that Maimonides composed this work by imitating the style of Hippocrates’ *Aphorisms*. The Hippocratic *Aphorisms* consist of short sentences on important topics in medicine, and Greek medical students tried to memorise the aphorisms in order to obtain the basic set of medical knowledge. Because of its handiness for educational use, this Hippocratic work gained great popularity not only in the Greek tradition, but also in the Arabo-Islamic world, where many scholars composed commentaries on it. (On the Arabic tradition of the Hippocratic *Aphorisms*, see Peter E. Pormann and N. Peter Joosse, ‘Commentaries on the Hippocratic *Aphorisms* in the Arabic Tradition: The Example of Melancholy,’ in *Epidemics in Context: Greek Commentaries on Hippocrates in the Arabic Tradition*, Peter E. Pormann (ed.) (Berlin: De Gruyter, 2013), 211–49.) Following the Arabic tradition of the Hippocratic *Aphorisms*, Maimonides collected maxims from Galen’s works, sorted them according to the subjects, and composed his own *Aphorisms* in 25 treatises entitled *Medical Aphorisms*. From among them, Bos has already published three volumes containing treatises 1–15. The volume under review includes treatises 16–21, which are on women’s diseases, the regimen of health in general, physical exercises, bathing, food and beverages and their consumption, and drugs.

As he did in the previous volumes, Bos thoroughly clarifies the source of each aphorism. His citation-search effort enables us to understand which of Galen’s books Maimonides regarded as the basic set for medical education when he wrote the *Medical Aphorisms*. And if we have Arabic translations of Galen’s works, most of which were composed by Hunayn ibn Ishaq and his circle, we can more clearly see how Maimonides handled Galen’s texts, although Bos generally compares the aphorisms with Galen’s Greek texts, not their Arabic versions which Maimonides directly used, probably because, unfortunately, only a very few Arabic translations of Galen’s works are published, while most of them remain in Arabic manuscript form. From his careful detective work on the sources, however, we realise that Maimonides thought Galen had more authority than Hippocrates. For example, he informs us that *Medical Aphorisms* 16.26:

‘When the breasts of a pregnant woman shrink so much that they become emaciated and thin, you should expect that she will miscarry. If she is pregnant with twins and one of her breasts becomes emaciated and thin, one of her fetuses will be aborted.’

is from Galen’s *De locis affectis*, 6.5 (see p. 147 n. 47). But obviously Galen used here Hippocrates’ *Aphorisms* 5.37:

‘In a pregnant woman, if the breasts suddenly lose their fullness, she has a miscarriage’

and 5.38:

‘If, in a woman pregnant with twins, either of her breasts lose its fullness, she will part with one of her children; and if it be the right breast which becomes slender, it will be the male child, or if the left, the female.’

(Arabic text in John Tytler, *The Aphorisms of Hippocrates* (Calcutta: Education Press for Committee of Public Instruction, 1832), 46–7; other similar examples are found, eg. in *Medical Aphorisms* 16.36; see Bos’s notes 62 and 64 on p. 147.) Since Maimonides wrote a commentary on the Hippocratic *Aphorisms* itself (the text and English translation of which Bos will publish soon in the same series; see p. 145 n. 25), Maimonides definitely knew that Galen composed this sentence by combining these two lemmata from Hippocrates’ *Aphorisms*. This example suggests that even if Hippocrates was the original author of the dictum, Maimonides chose Galen’s reference due to his authority. This tendency reveals his aim in writing the *Medical Aphorisms*: constructing his medical education system based solely on the works written by Galen, the most authoritative Greek medical scholar,

with the update of practical knowledge such as pharmacology by adding information taken from books composed by authors contemporary with him including ibn Wafid (see Bos' introduction, pp. xvii–xxii).

This short analysis illustrates the importance of publishing the Arabic texts of Maimonides' medical works, when we explore the history of medicine. Bos has made a great contribution to the scholarship by providing this critical material.

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Colleen Derkatch, *Bounding Biomedicine: Evidence and Rhetoric in the New Science of Alternative Medicine* (Chicago, IL, and London: University of Chicago Press, 2016) pp. xi, 238, \$41.80, hardback, ISBN-13:978-0-226-34584-0.

This unique analysis of medical rhetoric expands the recognised conflict between biomedical care and CAM (complementary and alternative medicine) to present related history, boundaries, biases and research standards and to consider recent discourse about different approaches to patient care and research.

Bounding Biomedicine summarises recent history related to CAM's relationship with traditional medicine in the United States. This historic review is grounded in the 1990 Eisenberg survey, the 1998 *JAMA-Archives* CAM-themed issues and the 2002 United States media's coverage (specifically via one issue of *Newsweek*) of CAM as a 'new science'. In addition, Derkatch explains how medical treatments are proven to be safe and effective, considering the role of evidence and research design in a biomedicine framework and analysing how biomedicine (as a category of healthcare and also individuals who practice) considers CAM. (CAM as defined in *Bounding Biomedicine* includes alternative health care practices that include traditional Chinese medicine, chiropractic medicine, herbal medicine, meditation and prayer, homeopathy and naturopathy (p. 1).) Derkatch's research for this book encompasses textual analysis of the nine *JAMA-Archives* issues, five interviews with related CAM and biomedical practitioners and researchers, and an analysis of the *Newsweek* article about CAM. She creates a strong rhetorical framework, focusing on the 'boundaries' of traditional medicine as it is rooted in basic sciences, and then moves through the perspective of evidence and rhetoric, the established boundaries of medicine and peer review to build credibility, the scientific methods required for biomedicine versus the standards in CAM, and the media's perspective of CAM and biomedicine. Throughout the book, she presents diverse perspectives to support her arguments.

She explains how biomedicine and CAM differ; for example, biomedicine is established in scientific research and uses evidence-based heuristics, whereas CAM is established in traditional procedures and allows practitioners to personalise standard treatments to meet their patients' needs. The history of evidence-based medicine and how science came to require evidence of safety and efficacy also explain why biomedical practitioners, in response, created uniform standards of practice and care based on scientific research. In contrast to standardised care, Derkatch presents CAM's standards: 'This emphasis on uniqueness means that [CAM] treatments can be difficult to standardise in experimental settings...CAM practitioners...typically aim to address all symptoms together' (p. 39). The holistic approach taken by practitioners of CAM contradicts the scientific and evidence-based focus of biomedicine, as medical practitioners tend to focus on symptoms that support one diagnosis and then offer a similarly focused treatment. In other words, medical