

Book Reviews

calls “the politics of knowledge dissemination”, the tension between the desire to enfranchise the masses medically and the need to keep potentially dangerous knowledge in competent hands.

These chapters hardly exhaust the subject, of course. Porter’s compendious introduction acknowledges as much, but also rightly suggests that the value of this work is not simply that it explores several new patches of territory, but that by raising many broad questions about the nature of popularization, it “points the way towards a more comprehensive history”.

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VIRGINIA BERRIDGE and PHILIP STRONG (eds), *AIDS and contemporary history*, Cambridge History of Medicine series, Cambridge University Press, 1993, pp. x, 284, £35.00, \$54.95 (0–521–41477–6).

Most of the papers in this valuable collection examine evidence that both precedes and is contemporary with the HIV epidemic, despite the editors’ division of the book into the “prehistory” and the “history” of AIDS. Historians and their colleagues in adjacent disciplines will be greatly instructed by: Jeffrey Weeks on the regulation of sexuality in Britain; Jane Lewis on British public health doctors’ long search for a role and recognition; Bridget Towers on medical screening in the United Kingdom; Ilana Loewy on the history of the Wassermann reaction; Paul Weindling on the use of militaristic models in international policy to control sexually transmitted diseases; William Muraskin on responses to Hepatitis B in the United States in the 1970s and early 1980s; Virginia Berridge on continuity in British drug policy; Warwick Anderson on the politics of needle exchange in New York (as deduced from printed primary sources); Ewan Fairlie on district authority responses to disease (and on the use of management theory in historical analysis); John Street on the continuing policy salience of the epidemic in Britain; and Monika Steffen on AIDS policies in France. Janet Foster’s appendix on the “archive potential” of AIDS is a useful guide, although she ignores electronic data about patients collected as a result of clinical investigation during the epidemic.

The only paper not mentioned above is Harden’s and Rodrigues’ celebratory history of research policy at the National Institutes of Health in the United States. The authors defend their employer’s contributions to scientific progress. But they do not even foreshadow the important story: NIH leadership in mobilizing investigators and patients for community-based trials, and the vast expansion of women and members of minority groups among research subjects.

The authors are poorly served by a curious title, an embarrassing jacket illustration, and an opaque introductory chapter. The title adds a third, unexplained, category to those of “prehistory” and “history”. The jacket illustration is epidemiologically incorrect; it identifies “risk groups” rather than risky behaviour. Berridge’s introduction strives for historiographic profundity without achieving it.

Two errors require correction. Berridge erroneously claims (p. 12) that the papers on the social impact of AIDS in a 1986 issue of the *Milbank Quarterly* were reprinted as a book in 1988, despite accurate citations by many of the authors in this collection. Towers three times misidentifies Professor Stanley Joel Reiser as Reisler.

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MICHAEL B. TYQUIN, *Gallipoli: the medical war. The Australian army medical services in the Dardanelles campaign of 1915*, Modern History series, Kensington, NSW, New South Wales University Press, 1993, pp. xiv, 277, illus., Austral. \$39.95 (0–86840–189–7).

Gallipoli—widely regarded as one of the most disastrous “sideshow” of the First World War—occupies a special place in the collective memory of Australians. It was there, during the eight-month abortive campaign to wrest the Dardanelles from the control of the Turks in 1915, that some 72,000 Australians lost their lives (albeit, overwhelmingly, to enteric diseases). Michael Tyquin’s *Gallipoli* richly supplements the multi-volume official medical histories of the Australian involvement in the campaign through a focus on the day-to-day experiences of the sick and injured

Australian troops and their medical and para-medical aides. By drawing on a wealth of unpublished diaries, letters, and archival material, Tyquin recaptures the physical and psychological terrors consequent upon, not just the shell fire and shrapnel, but the terrain, extremes of climate, meagre rations, decaying teeth and broken dentures, rotting corpses, lack of sanitation, plagues of flies and, interestingly, fears of castration at the hands of the Turks. That an epidemic of self-inflicted wounds resulted seems hardly surprising. Overall, we gain an image of the Aussie soldier which sharply contrasts with the bronzed super-warrior regaled in Australian folklore.

Tyquin's account also undermines the vanities characteristic of medical men's reflections on war. He does not belittle the efforts of those at Gallipoli who sought to perform their medical duties under impossible odds, but he provides evidence, too, of cowardice, loafing and incompetence at levels beneath that of the hapless military medical command. More central to his purpose, though, is a reapportioning of the blame for the whole medical fiasco. He shows that, at least in part, the Australians were themselves culpable. Not only did the medical profession bring with them all their divisive petty jealousies and political quarrels, but also, crucially, the Australian government (unlike the Canadian) failed to insist on retaining control over its own army medical services, leaving all to the British. Consequently, the Australians suffered when it came to obtaining medical equipment and supplies, and they had no means of transcending the near-inertia effects of the conflict between the British Navy and Army over who was responsible for evacuating the wounded and who for caring for them once on board ambulance ships.

Tyquin's *Gallipoli* is first and foremost a contribution to Australian history. It does not aspire to be a major contribution to the study of the relations between medicine and war; nowhere does it engage with other work in the field—not even that on medical aspects of the First World War. Nor does it seek to compare the medical experience of the Australians with that of the Canadians, British, French, and others engaged in the Dardanelles campaign. However, on its own terms, it can be criticized for failing to impart anything on the significance of what it describes for the subsequent social and political history of medicine in Australia. Tyquin enriches our knowledge of the Australian medical experience of Gallipoli, and he succeeds in dispelling various lingering down-under myths. But in failing to comment on the importance of the event for the social relations of medicine in Australia, he provides no reason for medical historians in Australia or elsewhere to regard Gallipoli as other than a tragic “sideshow”.

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JERROLD M. POST, MD, and ROBERT S. ROBINS, *When illness strikes the leader: the dilemma of the captive king*, New Haven and London, Yale University Press, 1993, pp. xvi, 243, £19.95, \$30.00 (0-300-05683-4).

A few years ago, discussing a recent supplement to the *Dictionary of national biography*, a reviewer commented that the old shibboleth of not mentioning sexual proclivities had gone, though another remained: illness or substance abuse. An eighth of the great and the good commemorated in that volume, he estimated, had been dependent on alcohol. Yet since Hugh L'Etang's pathbreaking *Fit to lead?* all too few journal articles and books have been devoted to this theme, and these have had a limited focus, such as the admirable in-depth study *Hidden illness in the White House*.

The reasons for such reticence, Jerrold M. Post and Robert S. Robins say in *When illness strikes the leader*, are self-evident. The public is reluctant to accept illness in its leaders, the surrounding staff may stand to lose much if the king-figure is toppled, while the physicians' task is particularly difficult given the ethical codes. Such different interests may, then, collude to keep the leader in power, an egregious example being after Woodrow Wilson's stroke, when for seven months the U.S. government was run by a cabal composed of his wife, political aide, and physician.

As professors of psychiatry and political science, respectively, Post and Robins are ideally placed to compare the medical with the political events—in beautifully crafted prose. I have only two minor quibbles: firstly, their criticism of Eisenhower's physician for not hospitalizing him immediately after his myocardial infarction—which may have saved his life, given what we now know about its risks. Secondly, entertainingly, they confuse Dennis Brain, the distinguished horn player, with Russell (later Lord) Brain, the neurologist who saw Churchill after his stroke.