of medical narrative and the doctor's presentation and charting of the patient's story. She then discusses the status and role of anecdotes, single-case reports, syndrome letters and clinico-pathological conferences. She closes with a plea for the restoration of narrative in clinical care.

For medical historians, especially those who track the history of diseases and disease concepts, Hunter's comments on the nature of clinical uncertainty and of narrative evidence will be illuminating. We are right to admire men like Jenner, Lister and Asher, whose successful disease concepts were constructed directly from the narrative of single cases, collected together. It is easy to misconstrue illness; as Pfeifer did with his discovery of *Haemophilus influenzae* in 1892.

One minor point. Hunter reminds us that "70 to 90 percent of the time a good clinician makes the diagnosis from the history" and adds in a footnote, "this is statistical medical folklore: widely believed, probably true, but unproven". The use of the word "unproven" is doubly surprising here. Devotees of detail will recall Hampton and colleagues on this topic.[1]

My main criticism is that she did not find space for patients' stories verbatim. The patient's voice is therefore absent, and Hunter effectively starts her own story from the point at which the admitting clinician presents the case. This intellectual posture is second nature to tertiary care, but untenable in primary care or anywhere else. Nor does she acknowledge the extent (well documented in the published work) to which patients rehearse, discuss and reconstruct their presenting complaint before they ever see a doctor. In one sense, stories of illness have an ancient life of their own, and are persisting cultural echos which find a voice and a shape whenever an individual succumbs to disease. Hunter has shown that doctors must live and work with the uncertainty that this process creates, now as ever before.

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IAIN D. LEVACK and H. A. F. DUDLEY (eds), *Aberdeen Royal Infirmary: the people's hospital of the north-east*, London and Philadelphia, Ballière Tindall, 1992, pp. xiv, 274, illus., £17.95 (0–7020–1666–7).

A volume commemorating the 250th anniversary of an institution which developed from a seven bed "House" into a major teaching hospital aims to be thorough rather than controversial, and the central theme of progress is understandable. Drawing on the contributions of more than fifty people associated with the Aberdeen Royal Infirmary, the editors have indeed produced a solid, yet accessible, account. Chapters providing a historical outline, and on early medicine and surgery could, with an eye to the broader context, have highlighted some unusual features. For although the infirmary was part of the voluntary hospital movement, its directors were initially appointed by the Town Council, it was expected to admit the workhouse sick, its first "Physician and Surgeon" was offered a fee, and it briefly experimented with inpatient charges. An attempt to interpret early statistics on patient treatments might also have been made, for example, in the light of surgeons' suspicions of anaesthesia and Listerian techniques, or the suggested decline in nursing standards for much of the nineteenth century, or the possibility of overcrowding behind the constant additions made to the infirmary fabric.

Circa 1920, plans for the relocation of the infirmary with other local hospitals and research facilities to the Foresterhill site offered an early opportunity to establish a complete city and regional medical centre. The attitude of municipal authorities, suggesting alternately co-operation and veiled competition, influenced the rate of progress towards this objective, and features beyond the personalities of successive Medical Officers of Health might have been considered. Similarly, the motives of the local BMA, which apparently played a vital assisting role in relocation, were worth exploring as professional, sectional interest and a lack of co-ordination of hospital facilities were important features of British interwar hospitals.

A further phase of expansion on the new site began in the 1950s. Framing and implementing the hospital development plan involved arguments to which we are not privy, though these "contributed

[1] J. R. Hampton, M. J. G. Harrison, J. R. A. Mitchell, *et al.* 'Relative contributions of history-taking, physical examination, and laboratory investigation to diagnosis and management of medical outpatients, *Br. med. J.*, 1975, **2**: 486–9.

greatly to the health service education of the committee's perspiring secretary" (p. 64). An interesting retrospective of this period contrasts with a thin treatment of the 1940s and the transition to the NHS. While there has been substantial coverage of the high politics of this period, grass roots material on how the infirmary and its patients were affected would have been valuable. Given the subtitle "The people's hospital" and the emphasis on expansion, detail on these matters and on how the infirmary financed its growth is also appropriate. A popular "penny in the pound" scheme launched in 1883 was reckoned less than successful and its limits ascribed to "the careful nature of the Aberdonian". Is the subsequent story only one of grants and philanthropy?

Overall this is a sound and very well produced treatment of the growth of a specific institution and its facilities. Chapters dealing with the rise of modern medical and surgical specialities in particular are clear and informative. The editors note that the era of Trust status and managers has brought to an end basic consensus within the hospital and the words "business plan" and "resource initiative" do not appear until the final page of the text. One can sympathize with their wish to leave discussion of such matters to "future historians".

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NANCY ELIZABETH GALLAGHER, *Egypt's other wars: epidemics and the politics of public health*, Syracuse University Press, 1990, pp. xiii, 234, illus., $32.50 (0–8156–2507–3).

In the 1940s Egypt suffered a series of devastating outbreaks of epidemic disease: falciparum malaria in 1942–44, relapsing fever in 1946, and cholera in 1947. The first half of the twentieth century had seen other diseases afflict the country, but the epidemics of the 1940s were in one crucial respect unique. For all its importance to the modern medical profession developing in Egypt since the mid-nineteenth century, public health had never been much of a political issue. In the heady nationalistic mood of the 1940s, however, activists across the political spectrum were quick to conclude that their country suffered from epidemic diseases rarely seen in the West because Egypt was poor, underdeveloped, and colonized. The epidemics of malaria, relapsing fever, and cholera, which affected over 400,000 people and claimed nearly 150,000 lives, thus posed political as well as public health problems. For example, they drew attention to the wretched living conditions recognized as largely responsible for them. The result was a massive official and popular mobilization which not only eliminated the threat of major outbreaks of epidemic disease in Egypt, but also saw public health emerge as a key issue with far broader implications in Egyptian politics.

Nancy Gallagher's analysis of the response to these epidemics is a masterful synthesis which does full justice to the complexity of the subject, and it is particularly to her credit that the activities of elite groups and foreign aid organizations do not obscure the plight of those who bore the brunt of the outbreaks—the millions of poor fellahin in the rural countryside who composed the vast majority of Egypt's population. In the malaria epidemic of 1942–44, rural mortality rates jumped by as much as 1000 per cent; and while almost everyone in a given area might fall ill, it was always the poor who died, while government functionaries and more prosperous inhabitants recovered. In the cholera epidemic of 1947, peasants continued to drink from canals known to be contaminated—as no other source of water was available, the only alternative was to die of thirst. The ubiquitous traditional healers and barbers were of course no use at all, and peasants worried over whether the DDT used to spray homes and clothing was ritually unclean (and hence forbidden under Islamic law), and snapped the air with wooden scissors to ward off the spirits (*jinn*) they thought were responsible for the disease. People thronged to inoculation centres, but as it was impossible to maintain acceptable standards of hygiene, protection from cholera often cost them infection with hepatitis from dirty syringes.

In her assessment of the response to the epidemics, Gallagher highlights the efforts of the women's relief society Mabarrat Muḥammad 'Alī and the American Rockefeller Foundation. The Mabarra consisted of elite-class women who publicized the effect of the epidemics, raised funds and organized relief work, and went themselves to remote areas to render assistance. As Gallagher rightly emphasizes, these missions were unprecedented in that the philanthropic activities of Egyptian women now for the first time focused on long-distance travel to establish and administer