
Review

Reviewed Work(s): Mortgaging The Earth by Bruce Rich

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Critical Condition: Human Health and the Environment

Ed Eric Chivian, Michael McCally,
Howard Hu, Andrew Haines
MIT Press, £14.25, pp 240
ISBN 0-262-53118-6

There is a real danger that concern for the environment will turn to apathy. *Critical Condition*, a report by Physicians for Social Responsibility, is therefore to be welcomed because it takes a fresh approach—examining the impact of environmental change on human health. Physicians for Social Responsibility shared the 1985 Nobel peace prize with International Physicians for Prevention of Nuclear War, for educating the public about the medical consequences of nuclear war. It is appropriate that they should now address themselves to the global environmental crisis.

Quantifying the impact of environmental changes on human health is difficult because of inadequate data and uncertainties associated with models of climatic change. None the less, the signs are ominous. Global warming is likely to cause an expansion or shift in vectors of infectious diseases, such as malaria and yellow fever, to higher latitudes and altitudes. If depletion of the ozone layer continues to the year 2075 an additional 154 million cases of skin cancer and a 50% increase in cataracts are expected. Ground level ozone, from cars, industrial facilities, and increased penetration of ultraviolet B radiation reduced crop yields by 5-10% in the United States in the 1980s. Given exponential population growth, a reduced ability to produce food becomes critical.

The report presents strong arguments for maintaining biodiversity to prevent the loss of medical models. The observation that sponges don't get cancer led to the identification of cytarabine—used to induce remission of acute myeloid leukaemia. Bears hibernate for five months each year—during which time they lay down new bone and metabolise urea. Understanding the physiology better might lead to treatments for osteoporosis and renal failure. Untold opportunities will be lost if, as expected, a quarter of all species become extinct in the next 50 years.

While many of the report's arguments are persuasive, some sections are less convincing. The statement that increased ultraviolet B radiation will seriously impair the immune system seems speculative and should be backed by better references. Similarly, the assertion that atmospheric testing of nuclear weapons will lead to 2.4 million deaths from cancer requires more than one reference.

The authors' stated aim is to motivate both physicians and general readers to make changes in their lifestyle. It is difficult to address both types of reader in one report, and the medical terminology may deter



Many villages near rivers in West Africa have had to be abandoned because of the high incidence of onchocerciasis (river blindness). The success of a public health initiative designed not only to prevent blindness but also to reinvigorate potentially fertile land is described in *The Onchocerciasis Control Programme in West Africa* (WHO Geneva, Sw fr 23, ISBN 92-4-156168-8).

general readers. In addition, the report lacks positive messages and possible solutions, which are essential if people are to be motivated to change. It is therefore unlikely to appeal to those who do not have a special interest. This is sad because the environment is a fundamental determinant of human health, and doctors should be seen to be concerned.—MICK BRADDICK, *consultant in public health medicine, Highland Health Board, Inverness*

Mortgaging the Earth

Bruce Rich
Earthscan, £14.95, pp 376
ISBN 1-85383-221-8

This summer marks the 50th anniversary of the World Bank and the International Monetary Fund, two of the century's quintessential institutions, founded at Bretton Woods in New Hampshire in 1944 in the wake of economic collapse during the second world war. Their aim was to encourage global economic growth, smooth out financial fluctuations, and finance international relief. Bruce Rich of the US Environmental Defense Fund finds no cause for celebration. In *Mortgaging the Earth* he harshly criticises the social and environmental effects of many of the World Bank's projects and views this agency as a "prime accomplice in a quiet war against the diversity of human cultures and our planet's biological inheritance."

The founders of the bank saw it feeding off limitless natural resources to bring ever increasing economic prosperity to all corners of the globe. Instead, obsessed with

grandiose projects, pressurised into turning money around quickly whatever the consequences, centralised, bureaucratic, and highly secretive, the bank has been responsible for environmental destruction on a vast scale, catalysing widespread deforestation in the name of "economic progress." Whether building a polluting coal fired power plant in India, burning rainforest in Brazil, or moving populations in Indonesia, the bank has to answer for the involuntary uprooting of tens upon tens of millions of people—the poor, the illiterate, and the voiceless. Vast agricultural expanses have been removed from the hands of small farmers and consolidated into enormous holdings for the export trade. Dams, which destroy untold biological species, also breed illnesses such as schistosomiasis and malaria.

Doctors should be especially aware of the bank's role in reversing social welfare during the 1980s. By creating a reverse negative flow of funds from poor South to rich North the bank has failed in its role as a "development agency." To prevent debt meltdown and provide quick fixes of foreign exchange, it has exacerbated the debt crisis with its "structural adjustment" programmes, which reduce public spending on social services and health. This has particularly affected Africa, where a slowing down, or even reversal, of the decline in infant mortality, plus deteriorating nutrition and reduced access to health and education are reality for most people.

This book is, however, more than just a critique of the World Bank. Rich uses the bank as an example of a wider global environmental sickness, one of lack of accountability and lack of attention to local knowledge. He sees hope in the growth of grassroots communities, increasingly intercommunicating, such as the Indian Chipko movement and the Brazilian rubber tappers' resistance.

For most of the world "development" has simply failed to materialise, and this failure encourages the spread of ethnic and regional nationalism and religious fundamentalism. Rich's eminently readable book questions the post Rio philosophy of centralised "sustainable economic development," epitomised in the bank's new Global Environment Facility. This important book contributes significantly in the struggle to save our human habitat. I hope that the bank will spend its 50th birthday considering its criticisms.—DOROTHY LOGIE, *general practitioner, Melrose*

Companion Encyclopedia of the History of Medicine

Ed W F Bynum, Roy Porter
Routledge, £150, pp 1806
ISBN 0-415-04771-4

We should not ignore our history, but how can we learn about it when there is so much other pressure on our time? One of the most frustrating things about the history of medicine is the lack of any single overview that does the subject justice. The standard books that usually sit at the dusty end of the library do all the things that the modern historian abhors: they pluck medicine out of its social and historical context as if it had an existence separate from the people who engaged in it. They selectively glorify those aspects of the past that we now approve of even if they were irrelevant in their own time. They ignore important works that turned out to be blind alleys even though whole generations based their medical thinking on them. In short, they distort the past rather than explain it. Moreover, the subject is so huge that any short overview inevitably skims over the surface, leaving you with more questions than answers. And if you then turn to the literature to answer those questions you are immediately sunk into long, detailed, and often turgid monographs written not to enlighten the curious but to impress other historians. Bynum and Porter's excellent two volume work goes a long way towards overcoming these difficulties.

Why a "companion" encyclopaedia? It seems designed as a guide for anyone wanting to become more familiar with medicine's past without being fobbed off with superficial distortions or swamped in meticulous scholarly detail. In order to cover this broad scope and yet maintain intellectual integrity and depth, the editors have elected to produce not an encyclopaedia in the usual sense of the word but a collection of authoritative yet user friendly essays on as wide a range of subjects as one could have hoped for. The essays, written by virtually a "who's

who" of current medical historians, do not merely convey most of the important facts about medicine's past but provide the context of the thinking that lay behind them. They also give the flavour of the questions that modern historians are concerned with—a broader and deeper set of questions than one might expect from the standard texts on the history of medicine (from concepts of life, death, and suffering to the context of biochemical discoveries; from folk medicine to genetic engineering; from professionalism to health economics; from childbirth to Chinese medicine).

There are of course disadvantages in this design—if you want to look up a particular subject you must use the index to flit around several essays to build up a picture of the topic you are inquiring about. Sometimes this works well—for example, following the trail of humoral theories, which pervade so much of medicine's past throughout the world, results in a much richer picture than would ever have emerged from a single entry under "humoral theory" in a conventional encyclopaedia. But sometimes you are left with a void. "Asthma" took me to a dry account of late nineteenth century immunology, a discursive amble through theories of human constitution, an excursion into psychosomatic theories in the mid-nineteenth century, a reminder of the therapeutic use of adrenaline shortly after its discovery, and a roam around homoeopathy and magnetic healing—none of which told me much about the history of asthma but all of which had me wandering into new and fascinating areas that no standard history would have even mentioned. This book may not always be the perfect reference tome for looking something up in a hurry, but it should be a leisurely and intellectually enriching companion for life.—

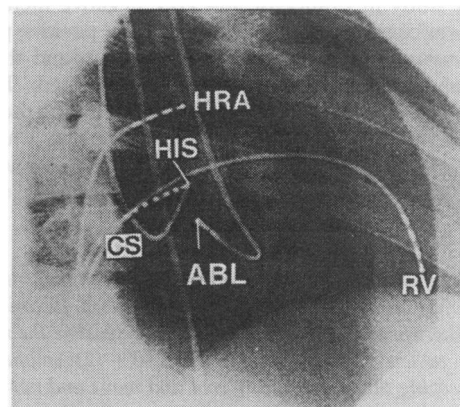
JOHN GABBAY, *director, Wessex Institute of Public Health Medicine, University of Southampton*

Making Sense of Partnerships

Ed Norman Ellis, Tony Stanton
Radcliffe, £13.50, pp 116
ISBN 1-87095-62-8

Disputes tend to bring out the worst in human nature. We act reasonably and rationally most of the time, but when a dispute occurs reasonableness and rationality may go out of the window, attitudes became entrenched, and the disputants defend to the hilt what they perceive to be their moral rights regardless of the cost to themselves and others. This is a problem faced by lawyers working in all branches of the law, and it applies as much to general practice partners as to anyone else.

Making Sense of Partnerships offers useful advice to those thinking of entering a



The extraordinary ingenuity of today's cardiologists is shown by this picture in *Catheter Ablation of Arrhythmias* (Futura, ISBN 0-87993-580-4), which aims at presenting the topic "in as complete a form as possible." Catheters are seen in the high right atrium (HRA), near the His bundle (HIS), in the coronary sinus (CS), and in the apex of the right ventricle (RV). The ablation catheter (ABL) is also shown.

partnership or embroiled in a partnership dispute. A common thread running through the book is the importance of drawing up a comprehensive and well written partnership agreement at the start of a partnership, when all parties have clear heads and can look at the situation objectively. If a dispute later occurs the answer may be found in the partnership agreement; failing that, the agreement should specify the procedure to be followed if a consensus cannot be reached.

Using case studies from BMA files, the book gives a fascinating insight into the numerous and ingenious ways in which general practitioners have made life difficult for their partners. One doctor disappeared abroad and left his partners to pay his income tax. Another found himself covering a three partner practice singlehandedly for six weeks each year because the two other partners were married to each other and always took their holidays together. But my favourite example is of the three handed practice in which new patients with surnames beginning X to Z were allocated to the junior partner. A doctor who is prevented in this way from building up his or her list will be in a weak bargaining position and vulnerable to exploitation.

Several authors, each experienced in a particular aspect, have contributed chapters. This pooling of expertise has resulted in an authoritative, helpful, and readable book. My only complaint is about the arrangement of boxes in the text, which are often separated from the relevant passages and cause the reader to skip back and forth between sections in order to piece together the required information.

I would particularly recommend the book to doctors who have just finished vocational training and are applying for partnership.—PETER GRAY, *doctor and barrister, Canterbury, Kent*