Book Review


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The authors present what they claim to be the first history of fungal diseases. This is a conscious distinction from histories that describe the diseases and the individuals and organizations that have investigated them. The emphasis is on clinicians’ practical accounts of fungal infections, their epidemiology, and treatment. Readers looking for the history of the science that has been applied to understanding fungal disease should look elsewhere.

The first substantive chapter, “Ringworm: a disease of schools and mass schooling,” is about tinea capitis, and the great bulk of the text describes the outbreaks of scalp ringworm among young people in schools and the vicissitudes of its early treatment with potentially hazardous X-ray epilation therapy (pioneered for the condition by Sabouraud).

The ringworm chapter ends, somewhat abruptly, in the early twentieth century, because the dermatophyte story continues in the next chapter, entitled “Athlete’s foot: a disease of fitness and hygiene.” Mycologists may be more likely to think of tinea pedis as a disease of skin occlusion, but indeed the term “athlete’s foot” has its origin from the 1930s, when the association with growing numbers of males indulging in athletics as a leisure activity became apparent. A reader without prior knowledge of tinea pedis might become confused whether the infection is made more likely by good or by poor personal foot hygiene, since the two possibilities seem to alternate through the narrative. The chapter builds to a discussion of the high prevalence of tinea pedis among soldiers and workers wearing occlusive footwear in heavy industries. The history of treatment of tinea pedis, from unproven remedies to griseofulvin and later azoles and terbinafine is covered in some depth.

Candida infections are described in the chapter entitled “Candida: a disease of antibiotics.” The authors are impressed by clinical accounts of rising incidence of genital and disseminated Candida infections after the widespread introduction of antibacterial agents into clinical practice. One might argue that antibiotics are one of several predisposing factors for Candida infections, but the chapter title clearly illustrates the authors’ preference.

It has to be regarded as eccentric, to put it very mildly, that almost one-third of the pages in a chapter on the history of Candida infections is devoted to “The Yeast Connection” or “chronic candidiasis syndrome,” a polysymptomatic condition that exists only in the minds of impressionable patients and of doctors and other individuals selling books on the subject and all kinds of untested remedies. The authors seem to be impressed by the notion of what they call “twentieth-century diseases,” broadly hinting that these are illnesses related to “chemicals in the environment.” Their apparent enthusiasm for the importance of chronic candidiasis is unhindered by the absence of any body of scientific evidence to support its anecdotal basis; indeed one senses little respect for scientific approaches to medicine throughout the entire book. It just might have been of interest, in the context of the history of candidiasis, to have noted that biennial specialist conferences on Candida infections have been sponsored by the American Society from Microbiology since the 1980s. Instead we learn that the main exponents of the Yeast Connection held a meeting in Dallas in 1982.
The chapter “Endemic mycoses and allergies: diseases of social change” acknowledges an American readership by covering coccidioidomycosis, histoplasmosis, and blastomycosis. It feels curious to read a history of coccidioidomycosis with no mention of the story of Posadas and the first cocci patient, Escurra, whose head remains preserved in Buenos Aires. But the emphasis is on coccidioidomycosis outbreaks in the US endemic areas. A similar emphasis on endemic outbreaks is seen in the accounts of the history of histoplasmosis and blastomycosis. The chapter ends with a description of Farmer’s Lung and allergic bronchopulmonary aspergillosis. The reader will not learn from this that Farmer’s Lung is properly referred to as extrinsic allergic alveolitis or that its most common causes are thermophilic actinomycetes, not fungi.

The final disease chapter, on aspergillosis, covers mycotoxicoses as well as the various forms of invasive aspergillosis. Here the information provided is better and more balanced than in the other chapters, probably because of input from the authors’ Manchester colleague, David Denning, and his specialist interest in Aspergillus-related disease.

To this reviewer, the book appears unbalanced in its coverage. In each chapter the authors write at length on one or two historical subtopics that apparently impress them, at the expense of a dispassionate, scholarly, and critical history of the diseases they have chosen to describe. The book contains many errors of detail. Examples include incorrect names of mycologists (it’s Libero Ajello, not Louis Ajello; Michael Furcolow, not Leo Furcolow), incorrect names of fungi (C. immittis sometimes written as C. immittus), incorrect attributions of antifungal drugs (miconazole came from Janssen, not from Bayer), and incorrect pluralization of genus names (e.g., it’s Aspergillus spp., not Aspergilli spp.). By the way, Studdert’s use of the adjective “fungous” is perfectly correct, not justifying the authors’ “sic.”