through the miasma of filth on city streets) there is a danger that the historical value of his work on cholera becomes submerged in the froth of drama. For what Snow's work reveals is the complexities of constructing new knowledge at a critical period in the history of medicine. It is significant, not just because we can retrospectively mark it as a moment when our ideas of germs and disease-spread took root in the 19th century, but because it allows us to see the conjunction at which classical ideas about the body as an individual constitution met head on with the new view of the body as a set of universal systems and organs, and disease as specific and local. Snow's detailed observations of cholera victims take account of the individual composition of their lives, habits and final illnesses and thus pay homage to older ideas of bodily individuality. But he builds on this initial analysis and teases out the common factors—namely evidence of a contaminated water supply—to construct a universal principle for the action and the spread of the disease. In essence, it is knowledge in the making and though, as Hempel demonstrates, it is malleable material for creating the peaks and troughs of dramatic narrative, its deeper significance and the lessons we can learn should not be overridden lightly.

STEPHANIE J SNOW  
E-mail: stephanie.snow@manchester.ac.uk

doi:10.1093/ije/dyn068  
Advance Access publication 24 April 2008

War and Public Health. 2nd edition. BS Levy and VW Sidel (eds).  
Oxford: Oxford University Press, 2008 in collaboration with the  

This is not a book to be read cosily by the fire. Rather it should be absorbed standing on both feet, in small digestible chunks, preferably over several months. Readers in the United States, and particularly supporters of George W Bush, are advised to don a hairshirt before embarking on the harrowing journey this book will take them on.

In their introduction, Levy and Sidel set out three roles for public health professionals on the health effects of war and on factors that may cause war—advocacy, surveillance and documentation. War limits human rights; and the basic principles of prevention apply (primarily to avert war; second, to minimize the health and environmental consequences of actual wars and finally to ameliorate the sequelae of war). War and Public Health then catalogues the dire human cost of wars. Part 2 deals with the short and longer term consequences of war (epidemiological, human rights, environmental and mental health—‘men whose minds the dead have ravaged’). Part 3 chillingly charts types of weapons from conventional through biological to nuclear, and Part 4 the vicissitudes of vulnerable populations (children, women and displaced persons) and the new face of torture of detainees. ‘Rape and pillage’ as spoils of war demoralize an enemy in the 21st century as through history. There is an important role for (international) military forces in making logistically safe the camps for refugees.

Numerous minor but important inconsistencies pepper the pages. The chapter on ‘detainees and the new face of torture’ lacks historical perspective, perhaps understandably in the rush to assemble this revised edition. The quality of the illustrations is also disappointing for such a well-researched work, and they seem to have been an afterthought.

Specific wars from Vietnam to Iraq by way of Chechnya, Democratic Republic of Congo and Latin America are considered in Part 5. This litany, by no means complete, is hard, unwelcome, but essential, to read. Its testimony is summed up in a Foreward by...

614 INTERNATIONAL JOURNAL OF EPIDEMIOLOGY
Jimmy Carter, who writes: ‘We need to gather and analyse information systematically, and then we need to ensure that this information is used to educate national leaders and others’. When democracies visit war, they do so in the name of their people. How can the competency of diplomats and politicians to resolve potential conflicts be assured? Could they be trained to an internationally agreed standard? Most frightening—even to military men—must be amateurism and ignorance by national politicians, even when elected, who take hugely costly decisions that launch military force. (See Chapter 27 for the education of health professionals on human rights and international health.)

Part 6 deals with international law [dating back to the 19th century and the United Nations Charter [jus ad bellum (the law governing when armed force may be used) and jus in bello (including that the law of war disclaims all cruelty and bad faith, pp. 359–363)]. Part 6 deals with international law, humanitarian assistance organizations and, brilliantly, a public health approach to prevention of war and its health consequences, together with peacemaking in the aftermath of disasters. Again, professional standards (statistical as well as medical) are needed—public health amateurism costs lives. To avoid that peacemaking be long delayed, war makers need to be re-constructors: by anticipating—and budgeting for—the substantial costs of war’s aftermath.

Levy and Sidel author a stern chapter on the roles and ethical dilemmas for military medical care workers. They believe that the ethical principles of medicine make medical practice under military control fundamentally dysfunctional and unethical. And that the overriding principles of military service, namely ‘concern for the effective function of the fighting force’ and ‘obedience to the command structure’, jar with ‘concern for the welfare of the patient’. Medical triage in disasters or major epidemics, or prisoners’ health, poses similar dilemmas but, rightly, good doctors do not abrogate to practice medicine where there is need of them. Labelling their efforts ‘fundamentally dysfunctional and unethical’ risks making an enemy of the good. Military surgeons are passionately eloquent¹ on their patients’ behalf.

War and Public Health is silent on statisticians’ role in counting the toll of war. Reference is made to the Sphere Guidelines on data collection, analysis and dissemination and to some key epidemiological approaches but there is not much actual epidemiology—perhaps because the costs of war are on such an enormous scale.

In preparing this review, it was easy to jot down myriad recollections without reference to notes, yet much was noted because so much of note is to be found within War and Public Health. Lest we forget... surprising, perhaps, is that such a textbook lacks military contributors, other than medical men.

Finally, this overview of War and Public Health makes little reference to the impact of modern communications and the media’s power to influence and temper outcomes. In particular, it ignores the handheld camera, also one of modern surgery’s essential tools, to shine a light on events for the rest of the world to see—and to disapprove of. Had there been mobile phone cameras in the trenches in the First World War, surely its duration, fatalities and morbidity might have been quite different?

SHEILA M BIRD
E-mail: sheila.bird@mrc-bsu.cam.ac.uk
doi:10.1093/ije/dyn075
Advance Access publication 2 May 2008

Reference
¹ Hodgetts T. UK statistical indifference to military casualties in Iraq. Lancet 2006;367:1393.