reviews

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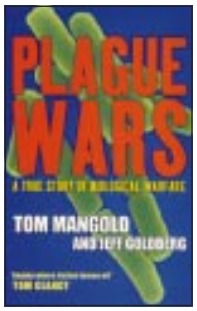
Plague Wars

Tom Mangold, Jeff Goldberg



Pan, £7.99, pp 416
ISBN 0 330 36753 6

Rating: ★★★★

Plague Wars begins with an imaginary attack on the airport in Houston, Texas, by terrorists, who spray the area with anthrax and botulinum toxin. It goes on to describe the history of biological warfare, with the main focus on the former Soviet Union. The authors' credentials are impressive: Tom Mangold is the senior correspondent in London for the BBC documentary series *Panorama*, and Jeff Goldberg is an award winning independent television producer and investigative journalist based in Washington, DC.

Politicians and police forces are worried about the prospect of bio-terrorism. Bill Clinton said recently that the "enemies of peace" had given up on traditional arms and were working on "new forms of assault." David Veness, head of specialist operations at Scotland Yard, said: "The great nightmare facing antiterrorist experts is a group with access to significant stocks of chemical, biological, or nuclear weapons. The threat … is not academic."

The historical account begins with a description of Japan's Unit 731 in Manchuria, which carried out hideous experiments testing disease organisms on Chinese prisoners in the 1930s. A major threat to the world came from the former Soviet Union's huge agency Biopreparat, which secretly manufactured a super-lethal plague and also favoured anthrax and tularaemia as bio-weapons. In the Vektor laboratories in Novosibirsk it also developed a genetically engineered, highly virulent form of smallpox. This was a violation of the 1983 World Health Organization's programme to eliminate smallpox, in which the only surviving samples were to be kept at the Centers for Disease Control in Atlanta and the Ministry of Health laboratory in Moscow.

The Soviet Union also perfected a variety of delivery systems for bio-weapons, in violation of the 1972 Biological and Toxin Weapons Convention. When the US bio-warfare stockpile was eliminated, Richard Nixon commented ominously: "We'll never use the damned germs, so what good is biological warfare as a deterrent? If somebody uses germs on us, we'll nuke 'em."

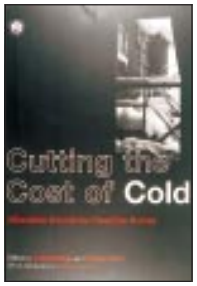
There are interesting chapters on bio-warfare during the civil wars in Africa, the research efforts of nations like North Korea and Iraq to produce bio-weapons, and the attack on the Tokyo subway by the cult Aum Shinrikyo using sarin nerve gas. The penultimate chapter quotes US Secretary of Defence William Cohen's concern about "ethnic weapons." He called them agents that could be "designed to take out just certain types of people, depending on their genetic makeup." He insisted that the science community is "very close" to being able to produce such weapons.

The authors conclude: "The grim truth is that the world does now face the very real prospect of an outbreak of plague wars either locally or internationally within our lifetime."

Fred B Charatan *retired geriatric psychiatrist, Boynton Beach, Florida, USA*

Cutting the Cost of Cold: Affordable Warmth for Healthier Homes

Eds Fergus Nicol, Janet Rudge



Spon Press, £35, pp 288
ISBN 0 419 25050 6

Rating: ★★★

Remarkably, even as we complete the sequencing of the human genome, we have only a limited understanding of how the quality of the home environment affects health. *Cutting the Cost of Cold* considers aspects of this environment, focusing on temperature, humidity, and biological agents, for which evidence about effects on health is remarkably deficient.

We cannot specify the optimum indoor temperature and humidity, particularly for infants, children, and elderly people. We lack effective control measures for prevalent indoor biological agents that cause disease—respiratory pathogens and allergens such as the house dust mite. In many developed countries, particularly in urban areas, housing quality is increasingly inadequate for the poorest people as structures built over the past century, particularly public housing built after the second world war, deteriorate. In my own city, Baltimore, decayed high rise apartment buildings are being leveled to be replaced by low rise dwellings that should be healthier and more appealing. Appropriate and sufficient evidence is needed to guide housing and energy policy as we spend public resources on future housing and attempt to remedy the deficiencies of existing structures.

This book—based on a symposium on health, housing, and affordable warmth—provides a multidisciplinary perspective. Its four sections cover research findings on cold, ill health, and energy use; tools that might be used for identifying adverse effects of fuel, poverty, cold, and damp housing; case studies; and perspectives on the future. The chapters range from brief reviews and presentations of research findings to case studies and policy analyses. Some chapters are repetitive, and coverage of topics is uneven, but readers will gain a sense of the issues, albeit without in-depth review, and will understand the key concept of "affordable warmth" and its link to health status.

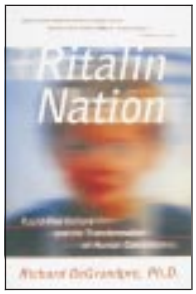
Remedies to the problems described in *Cutting the Cost of Cold* will be hard to find and will be costly. Chapters identify the many data gaps to be filled before policy makers will be motivated to find solutions—some examples are offered in the case studies. Some of the tools described in the book will be needed, particularly models that link housing quality and heating to healthcare costs. Policy makers may best respond to cost estimates even though quality of life and health status are also at issue. The case studies offer some solutions, most of which are applicable in the United Kingdom, and make clear the challenge that lies ahead.

Jonathan M Samet *professor, Johns Hopkins University School of Public Health, Baltimore, USA*

Reviews are rated on a 4 star scale (4=excellent)

Ritalin Nation: Rapid-Fire Culture and the Transformation of Human Consciousness

Richard DeGrandpre



W W Norton, £9.95, pp 284
ISBN 0 393 32025 1

Rating: ★

If children's behaviour becomes "out of hand" it is understandable that parents may seek a diagnosis to explain it away. There are several to hand. *Ritalin Nation* looks at one such diagnosis—attention deficit disorder. Richard DeGrandpre proposes that US culture has medicalised child development and that attention deficit disorder is a child strategy for coping with the "go faster" ethos of modern life. In a medical model the disorder is a deviance from the norm, and the underlying biological changes require a biological treatment—methylphenidate (Ritalin).

DeGrandpre, a psychologist, takes issue with the way in which attention deficit disorder is attributed to an underlying medical cause. Development, he argues, includes a continuous process of learning how to handle responsibility. Is attention deficit disorder being used as a medical solution to relieve parents of guilt, and children of responsibility for their actions?

Ritalin Nation discusses the issue of how much stimulation is good for a child. Intrusive parenting based on adults' parameters and timing, says De Grandpre, is overstimulation, and it is associated with biological changes in children such as a change in brain amines. The book's central thesis is that when adults dive into child rearing from 6 pm to 9 pm, work permitting, they put their children at risk of developing attention deficit disorder.

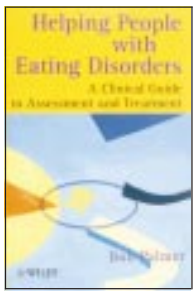
Although the book has some interesting data on the psychosocial aspects of the disorder, it fails to present a balanced biopsychosocial model of what is a complicated condition. As with schizophrenia nearly 30 years ago, the time has come for the World Health Organization to look at the different prevalence of attention deficit disorder in different countries. The diagnosis clearly has biological correlates and is also associated with child abuse and neglect.

The author's mission is to encourage Americans to slow down. The Sami in northern Norway say that time is always coming rather than going. Perhaps De Grandpre should persuade the United States to take on the Sami's view of time. But who knows whether this would protect children from attention deficit disorder?

Simon R Wilkinson *consultant in child and adolescent psychiatry, Oslo, Norway*

Helping People with Eating Disorders: A Clinical Guide to Assessment and Treatment

Bob Palmer



John Wiley and Sons, £17.99, pp 286
ISBN 0 471 98647 X

Rating: ★★★

Written primarily for doctors working in multidisciplinary services for eating disorders, this book's small size belies its breadth and depth. The author has managed to be concise but also comprehensive, readable and also accurate.

The book provides a thorough guide to assessing and treating anorexia and bulimia. In addition, it gives useful background information on the history of the eating disorders. Palmer combines fact and anecdote to good effect. He states clearly throughout whether his statements are based on research evidence, clinical judgment, or personal opinion. With regard to specific treatments, the approach is broadly eclectic, and deficiencies in the evidence base are dealt with honestly.

The chapter on service configuration would have been enhanced by some discussion of whether inpatient services still have a place or whether the assertive outreach model will be shown to have more to offer. Although doctors working with young adolescents will certainly find the book very helpful, it does not cover all the issues affecting child and adolescent patients.

I was impressed by Palmer's simple and compelling explanations of technical matters. For example, he does not say that most anorexics are ambivalent about their weight; instead he writes that "the usual experience seems to be one involving knowing that the body is thin and having a variable feeling of fatness that exists alongside." This certainly rings true for most of my patients. Indeed, Palmer's combination of simplicity and accuracy is so compelling that I will be recommending this book not only to my clinical colleagues but also to some of my patients and their parents.

Mark Berelowitz *consultant child and adolescent psychiatrist, Royal Free Hospital, London*

NETLINES

● A subsection of the King's Fund website (www.kingsfund.org.uk/eHealthSocialCare/html/rehabilitation.htm) explores the organisation of rehabilitation services, especially when both health and social services are involved. The page provides various features, such as a discussion forum, and is a good example of how to organise a web page for easy access to other subsections. A quick scroll down the page allows readers to see easily what is on offer. That's the way it should be.

● If you are interested in attending forthcoming conferences in your own specialty, or even posting information about one that you are organising, then www.healthcareconferences.com may be able to help. A functional home page allows readers to interrogate the database in various ways and provides other relevant information such as local weather reports and maps. The site organisers also offer basic contact information, such as their office address and details of their legal and accountancy advisers, at www.healthcareconferences.com/contact.html.

● The Radiology Education Foundation claims that its stylish and user friendly website (www.refindia.net) is the premier radiology portal in India, but it is also an excellent global resource with plenty to interest the international community. It has a good collection of neatly catalogued links and a quiz (a new one is added regularly), which will undoubtedly encourage people to return—the sign of a healthy and vibrant site.

● If you want to know what is available on line about vaccinations and immunisations take a look at www.immunofacts.com. It has a substantial collection of links, but the page is so long that it takes a while to load. Fortunately, an internal links section near the top of the page helps to make navigation much simpler. The links lead to a pretty impressive array of resources, and there is a good global selection of material, which can make fascinating reading.

● All sorts of medical journals are coming on line, but a useful full text one from the north of England (www.sexualhealthmatters.com) is certainly worth a browse. The layout is simple yet effective, and there is a good selection of articles covering many issues of sexual health.

Harry Brown *general practitioner, Leeds*
DrHarry@dial.pipex.com

We welcome suggestions for websites to be included in future Netlines. Readers should contact Harry Brown at the above email address.

The Human Face

BBC1, Wednesdays at 9 10 pm,
7 to 28 March

The face serves many important functions, ranging from supporting the airway and the organs of special sense through to forming the most distinctive aspect of our personality. Since society began, facial appearance has been important. Psychologically, the concept of beauty and ugliness can result in a variety of psychiatric conditions, while abnormal development, trauma, cancer, or surgery affecting the face can cause considerable physical and psychological morbidity. Socially, discrimination based on facial appearance occurs in both workplace and classroom. The human face is therefore of great interest—as Cicero said, "everything is in the face."

The *Radio Times* described *The Human Face* as the definitive guide to the history of the face. Four 50 minute episodes, which have taken a year to complete, explore identity, beauty, expressions, and fame. Evidence from medicine, surgery, and psychology is presented in the form of case documentaries and comic sketches linked by veteran comedian John Cleese, a coauthor on the series, and actress Elizabeth Hurley.

BBC

Face facts: John Cleese and Elizabeth Hurley put appearances to the test

The first episode, entitled "Face-to-Face," examines facial expression as a method of communication. Two cases illustrate the difficulties that can result either when facial expression is made difficult due to abnormal facial nerve development, as in Möbius's syndrome, or when facial expressions cannot be interpreted, as with Asperger's syndrome. A vignette focuses on an arguing couple on the brink of divorce, who are sent to a research unit to learn how to understand and hence avoid provocative facial expressions. More for dramatic effect than for its relevance is the inclusion of a US study claiming features of facial expression on a single photograph could predict success and happiness for an individual 40 years later.

The second episode, "Here's Looking At You," is an improvement on the first. The concept of facial deformity is introduced using an individual with cherubism, while the US plastic surgery phenomenon is demonstrated by a Mexican woman who undergoes a "Westernisation rhinoplasty" to adopt a more Caucasian appearance, something that many in Britain would consider inappropriate. Failure to consider body dysmorphic disorder at this point was surprising. The episode also discusses the cognitive pathways involved in face recognition and the resulting neuropsychological disorders such as prosopagnosia, the inability to name familiar faces, but the discussion becomes oversimplified.

Although the first episode is rather disjointed, and the sketches with Mr Cleese and Miss Hurley somewhat laboured, the series improves in the second episode. However, much more could have been made of this fascinating and complex subject in this ambitious and expensive production. Most of all, *The Human Face* highlights the problems encountered when documentary researchers and writers unfamiliar with a subject exclude core scientific material in exchange for that of high journalistic impact. Somewhat surprisingly, this British production also seemed aimed at the US market and gave the impression that expertise did not exist in the United Kingdom. It does raise the question whether marketing of programmes abroad is now of prime importance for the BBC.

The final two episodes were unavailable to us. Entitled "Beauty" and "Fame," they are likely to be popular because of the public appeal of these subjects. In the press John Cleese has described this project as "a total nightmare." For those who miss the nightmare, a book is available for just under £20.

Nayeem Ali *specialist registrar in oral and maxillofacial surgery, Royal London Hospital*
Paul Farrand *lecturer in medical psychology, St Bartholomew's and the London School of Medicine and Dentistry*

WEBSITE OF THE WEEK

Health inequalities What a difference a digit makes. For a newborn baby in New York City, a one digit difference in zip code can be a matter of life and death. Babies born in 10027 (Central Harlem's Morningside Heights) have a 1 in 50 chance of dying before they reach their first birthday, but for babies born in 10028 (on the Upper East Side), the risk is only 1 in about 600. And according to www.inequality.org, it is the way income is distributed within a zip code, not the average income itself, that makes all the difference. Inequality.org, a New York based non-profit organisation made up of a network of journalists, writers, and researchers is packed with research based findings along these lines, delivered in journalistic soundbite form. It doesn't advocate any particular policy but seeks to circulate ideas not covered elsewhere in the media. The site is colourful, easily navigable, and has links to the weird and the wonderful, including the Bill Gates Personal Wealth Clock (on www.webho.com/WealthClockRealTime), which calculates the fortune of the world's richest man at any particular moment. There is also a site (http://philip.greenspun.com/bg/) which shows you, in seven easy lessons, how to become as rich as Mr Gates (lesson one: choose your parents carefully).

Inequality.org is based mainly in the United States. For a more international perspective on health inequalities, the subject of a paper in this week's *BMJ* (pp 391), try the International Society for Equity in Health (on www.iseqh.org/purposes.htm), which aims to promote equity in health and health services internationally through education, research, publication, communication, and charitable support. The site is currently under reconstruction, but it promises to be a valuable resource.

PovertyNet (www.worldbank.org/poverty/), aimed at people working to understand and alleviate poverty, has a substantial health focus. It is part of the World Bank Group's extensive site (www.worldbank.org/), which has been featured in this column before (*BMJ* 1999;318:882). Those who have exhausted what it has to offer may like to know there is now a parody site available (www.whirledbank.org), complete with bank prayer: "Thy kingdom come, thy will be done, or else there'll be no more lending."

Trevor Jackson
BMJ
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PERSONAL VIEW

Why have sex?

It started as a comment that a sex atlas was needed as one of a series of atlases, covering health, social, and political issues, some of which I had written. I have never been allowed to forget my reply: "I don't know much about sex, but I do know how to write atlases."

I had no idea that it would take me five years to research statistics on sex worldwide or that it would be so difficult. In contrast to health statistics, there is no central depository for global sex information. In most countries there are few sexology institutes or specialists, and only a handful of countries have comprehensive statistics.

In some countries laws relating to sex may be disregarded—for example, parental decisions can override the legal minimal age of marriage. Sex research, where it exists, is usually fertility related rather than sex oriented. Even definitions vary. There is no agreed definition of sex counselling, obscenity, or even what people mean by the term "sex," all making comparable analysis difficult.

Yet quantitative data are obviously needed to devise interventions. There is no point planning sex education for 15 year olds if young people are having sex at 13. The provision of and advice on contraception, facilities for treating or preventing AIDS, sex counselling, and arrangements for dealing with sexual abuse, can be designed only on the basis of epidemiological information.

There is no point planning sex education for 15 year olds if young people are having sex at 13

The most intriguing aspect of my research was why we have sex at all. After all, sexual reproduction in animals started only 300 million years ago. Life on earth got on pretty well for 3000 million years before that with asexual reproduction. Biologists came up with a surprising answer: sexual reproduction reduces susceptibility to parasites. Sexual reproduction also creates new variants making extinction less likely through better adaptation to changing environments, and it dilutes disadvantageous genes. But it takes more time, it uses more energy, and mates may be scarce or uncooperative.

Trying to compare human sexual practices with those in the animal kingdom seems impossible. Sex, even among primates, is diverse. Some animals copulate frequently with a large number of different partners, while others are monogamous for life. The common key seems to be the survival advantage to offspring offered by different mating patterns, an integral part of the selfish gene theory. Human males are lucky in that our social system enables most of them to have sex if they want to.

What shocked me was the punitive attitudes towards various aspects of sex, especially masturbation, extramarital sex, and homosexuality. One of the cruellest examples was reported in Brazil in 1996, when a Catholic bishop refused to sanction the marriage of a man who was paraplegic because he would not be able to have sexual intercourse and father children.

In eight countries, all in the Middle East, homosexuality carries the death penalty. Four countries have the death penalty for adultery: Iran, Pakistan, Saudi Arabia, and Yemen, although there have been no recent executions unless other crimes were involved. More often, it is the family who kill women suspected of adultery. In some countries in the Middle East and Latin America husbands are often exonerated from killing an unfaithful, disobedient, or even "wilful" wife on the grounds of "honour."

Even finding out about sex is often hindered by laws, regulations, and public opposition to sex education in schools, to disseminating sex and family planning information, and to advertising or providing contraceptives. There are sometimes censorship laws governing obscenity.

What is the future of sex? Sex is increasingly separated from reproduction by test tube babies, surrogate mothers, and cloning. The immediate future will probably be an era of more open attitudes and sexual practices. But this is nothing new. History has shown repeated cycles of liberalism and conservatism towards sex.

But for the first time new technology will introduce undreamt of possibilities. The *Journal of the British Interplanetary Society* devoted a special issue to what colonists will do when they get to the moon. Much of the issue eulogises about the marvellous opportunities for astronomy, but the supreme experience will be sex. In the weaker gravity of a lunar hotel room the sex act will last very much longer, as people's bodies move much more slowly. And every lover will be six times lighter. Now there's a thought to finish on.

If you would like to submit a personal view please send no more than 850 words to the Editor, BMJ, BMA House, Tavistock Square, London WC1H 9JR or email **editor@bmj.com**

Judith Longstaff Mackay *physician and author of The Penguin Atlas of Human Sexual Behavior, Hong Kong*

SOUNDINGS

Just sign this…

Every pile of paperwork contains one, but this particular request took the biscuit. A patient had sent in the usual scribbled note accompanied by a picture of her strapping youth and a blank passport application, asking me to "endorse the attached for identification reasons." She would call by to pick it up that night.

I had never met the youth or his mother, who had been on the list for 18 months, nor had anyone else who currently worked at the practice. To the child's great credit, his last encounter with a health professional was for a preschool booster 11 years before. I wrote back, declining my services and gallantly refusing to accept the standard fee (which had not, incidentally, been offered).

The link between the medical profession and the mushrooming industry of countersigning passports and other official documents is surely a complete anachronism. Its origins lie in those halcyon days when the family doctor was not only the moral guardian of the community but someone who had, more often than not, personally delivered, circumcised, immunised, and managed the successive childhood exanthemata of the people concerned. Signing the passport application was the final rite of passage that certified them sufficiently healthy and moral to venture out into the world beyond.

Let's get real. Both general practitioners and patients move on from practice lists, the turnover being between 15% and 40% a year, with the variation explained largely by the deprivation index of the catchment area.

Furthermore, it is no accident that the patients applying for passports and visas are more mobile than most. The frequently quoted statistic that 97% of registered patients see their GP over a five year period is nonsense. "Routine" health care is provided by a combination of self management, nurses, and community pharmacists, and an increasing amount of it happens over the phone or by email.

The last time I applied for a passport I had my picture countersigned by my neighbour, who wrote "housewife" as her occupation; the application was not challenged. Surely it is time that doctors officially relinquished their claim to a role that any competent member of the community could perform as well as any of us?

Trisha Greenhalgh *general practitioner, London*