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already been well charted elsewhere. In part because there is scant comparison of the sort that can extract broader significance from narrowly local scrutiny, the monograph offers little that is analytically new. But it does draw upon a rich cache of regional manuscripts that often generate intriguing glimpses of what health care and the experience of illness were like. Accordingly, the most unexpected and useful chapter, 'Physician-patient relationships', is based almost entirely on letters that patients wrote to their physicians, and provides one concrete portal into assessing the elusive texture of patient perception and expectation.

Local history has returned to vogue in American historiography (medical and otherwise) during the past decade, and in so far as this facilitates a more finely grained empirical reconstruction of context, it is a good thing. Professor Crellin's book will serve well the popular readership for which it was principally written. Yet at the same time it reminds the historian and teacher that there is still no satisfactory general history of American medicine that systematically exploits the burgeoning bibliography of good local studies.

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GAINES M. FOSTER, *The demands of humanity: army medical disaster relief*, Washington DC, US Army Centre of Military History, 1983, 8vo, pp. x, 188, illus., \$5.00 (paperback).

This very readable book is a history of the United States Army Medical Department involvement in disaster relief. In 1973, as a contribution to the celebration of the approaching Bicentennial of 1976, the Army Medical Department Historical Unit assigned a newly arrived lieutenant to prepare a history of army medical relief for civilian communities struck by natural disasters. The study took more than three years, which is not surprising, considering the extent and breadth of the source material detailed in the numerous footnotes.

The first relief operation was undertaken in 1792 to famine-stricken Creek Indians and the last recorded mission to Nicaragua at the end of 1972. Most missions were for domestic assistance in earthquakes, floods, and fires, particularly the Texas City explosion in 1947. Nineteenth-century assistance overseas was mainly to stem epidemics of diseases, such as cholera and plague in the Philippines. It was interesting for me, as a surgeon, to learn of the limitations of sanitary measures in such situations and the recognition by some physicians, far in advance of their time, of the necessity for prophylaxis and case control. Prevention is only likely to be successful if one understands exactly what one is trying to prevent.

In some earthquakes, there were considerable numbers of injured requiring medical help, but in others, the main requirement was for the establishment of sources of clean water, power, and food distribution. In some circumstances, too much aid and too little co-ordination sometimes meant that international aid was as much harmful as helpful.

In underdeveloped countries, aid for natural disaster requires medical assistance. In developed countries, medical assistance is not often necessary and the main requirements are for command and control of relief operations and the establishment of basic facilities. In all types of relief operations, the questions of cost, and the relationship between government agencies and voluntary agencies are fundamental. The issues are thoughtfully explored in this book, which is useful reading for anyone involved, or likely to be involved, in disaster relief. Two facts seem to me to emerge clearly from this study. The first is that national disaster relief should not depend on the army, and the second is that disaster relief is not primarily a medical responsibility.

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H. GRENSEMANN (editor), Hippokratische Gynäkologie: die gynäkologischen Texte des Autors C nach den pseudohippokratischen Schriften De Muliebribus I, II und De Sterilibus, Wiesbaden, Steiner, 1982, 8vo, pp. xiv, 191, DM.130.00.

In his Knidische Medizin I (Berlin, 1975), Grensemann tried to distinguish three layers of Hippocratic gynaecology, using the evidence of both medical doctrine and language; for example, the different terms preferred for womb and menses. The present volume draws