BOOK REVIEWS

INFECTIOUS MONONUCLEOSIS. Edited by R. L. Carter and H. G. Penman. Oxford and Edinburgh, Blackwell Scientific Publications; Philadelphia, F. A. Davis Co., 1969. 258 pp. $12.00.

In his foreword to this volume, Dr. Paul Beeson points out that "the disease certainly justifies prodigious study, as it may well be the model which will provide important clues to links between immune phenomena, virus infections and neoplastic diseases." In this book, thirteen distinguished contributors have provided a comprehensive review of both clinical and experimental observations as well as a critical evaluation of recent findings in infectious mononucleosis.

A careful recording by the editors of the early history of mononucleosis does much to dispel a number of inconsistencies and contradictions that prevail in the extensive literature of this disorder. The spirited controversy surrounding Pfeiffer's description of Drusenfieber is put in perspective as is the long-lasting confusion that has resulted from the indiscriminate use of the terms, infectious mononucleosis and glandular fever.

The chapters devoted to clinical features and hematologic changes are particularly complete and well documented; it is clear, however, that a major problem that plagues much of the literature has been the lack of a generally accepted definition of this disorder.

Detailed attention is given here to experimental studies of atypical lymphocytes and to general observations of heterophile antibody systems. Another chapter provides a lucid summary of the clinical serology of infectious mononucleosis. One contributor, the late Dr. William Dameshek, speculates on the nature of this disorder as a self-limited leukemic disease and immunoproliferative disorder and raises any number of pertinent and valuable questions.

The recent observations on the relationships between EB virus and infectious mononucleosis have been included in an extensive appendix. These are sharply focussed in relation to each of the preceding chapters and current literature is thoroughly covered.

All in all, this monograph is an authoritative reference work of very high quality and is a valuable and very timely book.

JAMES C. NIEDERMAN

SAFEGUARDING THE PUBLIC. Historical Aspects of Medicinal Drug Control. Edited by John B. Blake. Baltimore, The Johns Hopkins Press, 1970. 20 pp. $7.50.

Historical perspective is provided here on economic and ethical problems concerning medicinal drugs. Twenty-five participants, besides the skillful editor, were sponsored in a two-day conference by the National Library of Medicine and the Josiah Macy, Jr. Foundation. Special consideration was given to controls of the purity, quality, safety, and efficacy of drugs prescribed by physicians, rather than to problems relating to quackery, narcotics control, and price control.

The development of drug control in Britain between World War I and the Medicines Bill of 1968 is an enlightening story. Among other provi-
sions of the new bill, the British Pharmacopoeia Commission and its laboratories will be taken over by the Ministry of Health, and many clauses about the legal control and sale of drugs "will give Great Britain its first really comprehensive legislation on medicines, and will give the public the best possible protection in the light of modern knowledge."

In a survey of drug therapy before 1900, the distinguished author from Zurich observes that controlled clinical trials and pharmacological experimentation grew up in the 18th century, but did not affect authorities on materia medica like Cullen and Arnermann. In the early 19th century, John Stuart Mill's work gave much philosophy of experience. The founder of experimental pharmacology, Francois Magendie, was followed by Claude Bernard, Buchheim, and others, we are reminded. It was observed that the historians can describe the growth of critical acumen over particular time spans and contexts, while the active investigator, not a historian, can analyze his own critical methodology and the concepts behind it. And what of the so-called creed that "science progresses by successful approximations to the truth"?

And what of the A.M.A. goals set in the Progressive Era "that were far beyond its reach"? "Actually, the A.M.A. was near the dawn of a brighter era. Its own Council and Chemical Laboratory were to regulate the manufacture of American synthetic drugs after the United States entered the war, and within a few years there would be major breakthroughs in drug research." Later in the discussion:

On the other hand, the consumers of drugs have few champions, and those it has are sometimes better intentioned than informed. Who can look out better for the consumers' interest in the area of drugs than the physician who is knowledgeable about drugs from his training, who sees the needs of the consumer every time he treats a patient? One of the great physicians of the 19th century, Rudolph Virchow, said that the physician is the natural advocate of the poor. Surely he is the natural advocate for all consumers of drugs, rich or poor.

It is noted that in the early 1930's drug control seemed essentially a problem of how best to protect the public against quacks. Another objective was to provide against the sale of drugs that were "dangerous" as used, and to require that the drugs' labeling contain proper directions for use. Introduction of the sulphonamides was a development of importance in the evolution of drug control. Later, in evaluating drug regulation under the 1938 act, and the F.D.A.'s responsibilities, many factors of cause and effect are discussed. Considering the drug industry, the medical profession, and the public, a basic theme is the medical communication problem. In partial summary, "How do we best keep doctors up to date on therapeutic matters? How can we negatively reinforce bad therapeutics, and positively reinforce exemplary therapeutics?" Someone has asked if there is a crisis spiral in health care and public health. This relatively small volume contains a wealth of information, opinion, and material for reflection toward future action.

IRA VAUGHAN HISCOCK