



## Book Reviews

De Haan M, De Jong LTW. *Wat doe ik — Neem ik medicijnen?*  
Bureau Alcea, Gouda, The Netherlands, 1995, Dfl. 8.50.

Chetley A. *Problem Drugs*. Health Action International,  
Amsterdam, and Zed Books, London, 1995, £14.95.

The longer the battle around inappropriate drug treatment goes on, the more need there is for novel weapons in order to wage it successfully in the public interest. No-one really doubts that the ultimate solution lies in training (and retraining) the doctor much better, developing the pharmacist's profession so that it becomes more useful than it has been of late, and helping the public to understand more of the whole problem, but these are in part very long-term goals. 1995 has seen two interesting new tools which help us ahead.

The series of small booklets under the general title “*Wat doe ik?*” (What do I do?) is one of those products which make one wonder why so many of the best initiatives — from Welsh poetry to Norwegian cabaret — come out in secondary languages and small countries. Holland has a knack of tackling the drug issue the right way; it has for decades had a sensible medicines control policy, a progressive information service, and a pharmaceutical profession which has brushed off the cobwebs, put away the retorts, and made sure that people use drugs as well as they can. The *Wat doe ik?* booklets, seventy pages or so each, set out to show people what they can best do when they feel under the weather. The first in the series covered health problems in the young family, the second the elderly; this third booklet puts a second question — shall I take medicines? It provides the answers according to the symptoms, set out alphabetically, through acne and bellyache to wounds and worms, devoting a page or two to each and getting the point across again and yet again that the lay person can perfectly well use medicines on his own initiative but that he will often find a much better way of dealing with his symptoms than taking a tablet. The latter

part of the message is not the central element in the booklet, but it is precisely in that part of the advice that this excellent little book distinguishes itself from a great deal of the humbug currently surrounding the expansion of the self-medication market. It is obvious that a public which is routinely trusted with razors and electric wallplugs should be capable, by and large, of handling simple drugs intelligently; the previous generation of health professionals was far too paternalistic. But if the public is to find its way safely to dealing with rather more drugs than were on free sale before, ranging today from anti-diarrhoeals to H<sub>2</sub>-blockers, it needs some well-written source of advice. Here it is; precisely at the right level, and entertaining into the bargain. Where are the translators?

Andrew Chetley tackles the medicines problem from another angle. *Problem Drugs*, originally a well-written but inconvenient package of pamphlets from Health Action International, is now under Mr. Chetley's editorship a handsome volume of 338 pages which David Werner on the cover blurb rightly describes as a "much needed resource, both for lay persons and health workers." All the same, it is difficult to categorize the book. It is not primarily a work of reference, for it concentrates very heavily on a number of selected areas of drug treatment; but within those areas it is well documented and has an excellent index. It is not a book to read from cover to cover — it is too disjointed for that, jumping from one tale of woe to another. It might be a good bedside book, in which one browses in small portions, but that might well result in nightmares. All this however is inevitable because the world of problem drugs is like that; broad areas in which there are broad problems (misuse of antibiotics) alternate with sudden peaks of horror relating to a particular drug, with a lot more areas in which there is no horror at all but a lot of reason for caution, and with fields of foolishness across which inactive drugs chase non-existent diseases.

Good things in the present volume are the balanced introductory chapters and the recommendations for action with which many sections climax. The greatest merit of the book is perhaps that it fills a void in the pharmacotherapeutic literature. All the really good books — Goodman and Gilman, for example — are so busy dealing with great and effective and safe drugs that they tend to ignore the substantial part of the drug market accounted for by drugs which do not meet their standards yet thrive in spite of that. E. Merck's Encephabol, going strong for 35 years as an anabolic for the brain, is one which Chetley's text puts in that category; he finds many more (not least among the brain tonics and nootropics) and backs his views with facts.

It is as we said at the start. The longer the battle, the greater the need to re-armour. For all the assurances we have that the drug industry, the professions and the public are now one big happy family with the same ends in view, there is

a great deal of garbage around; people and companies continue to make themselves ridiculous and health suffers in consequence. We all need Andy Chetley's book, not necessarily as something to be read from cover to cover, but to remind us, in occasional reading, of the seriousness and scope of the problems which some drugs present, either because they are problems in themselves or because people have made problems of them.

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Cannon G. *Superbug — Nature's Revenge*. Virgin Press, London, 1995, 339 pp., £15.99.

The title of this book makes one fear the worst in sensationalism. Is this not the same Geoffrey Cannon who authored *The Food Scandal* and *The Politics of Food*? Fortunately it is. In a situation in which there is reason to sound the alarms, and to do so both loudly and responsibly, Geoffrey Cannon is well qualified to take on the task.

Tore Midtvedt from Norway (and now at the Karolinska in Sweden) was one of those who, in the 1970's, when few took the matter of antibiotic resistance very seriously at all, first and forcefully pointed out that the world was faced not by a theoretically possible calamity but by one which was already under way. Ever since the advent of penicillin the problem of resistance had been recognized, as well as the risk of promoting such resistance by using antibiotics unnecessarily, in insufficient doses; to that was soon added the risk that a newer antibiotic might be prescribed where its predecessors were still effective, thus falling back too early on the second line of defence — something which a thoughtful general will never do. The consequences of all these things emerged relatively soon. Just as the gonococcus had begun to develop resistance to sulphonamides before the Second World War, and mosquitos resistant to DDT emerged by 1950, so by those same hopeful 1950's people were dying of staphylococcal sepsis despite penicillin. But the massive use of antibiotics was still gathering momentum. The late Leo Meyler cited in 1952 a skipping rhyme which American children were singing at the time:

Mother, mother I am ill!  
Call the doctor from over the hill!  
Penicillin, said the doctor, Penicillin, said the nurse  
Penicillin, said the lady with the alligator purse.

Penicillin said everyone indeed, until (much too early) the world had to turn to chloramphenicol, the tetracyclines, the cephalosporins and the quinolones to try and stem the rising tide of resistance. The process continues: in 1994 *Newsweek* magazine was proclaiming “The end of antibiotics” with a dire story of numerous outbreaks of seemingly unconquerable infections.

For all this, one can try to apportion blame, as a first step towards finding a way in which the burgeoning calamity can be held at bay. Geoffrey Cannon indeed apportions blame where it is due, while realizing that this is one of the roads to hell which are paved with good intentions. The industrial hunt for ever more effective antibiotics is entirely praiseworthy; so is the desire of the therapist to make assurance doubly sure, by prescribing what is supposedly the latest and best. The good intentions, however, need to be backed by a great deal more insight into the risks involved; Prof. Midtvedt is quoted here, no doubt rightly, as saying that antibiotics are today doing more harm than good. While not everyone would go so far, he has a clearer perception of the disaster than most, and there is no arguing with the fact that the injury now being done is very extensive indeed.

By coincidence, Geoffrey Cannon’s book reached the shops almost at the very moment that an American horror film about an unstoppable virus epidemic arrived in the cinemas. The book is incomparably better than the film because it tells the truth; and because it tells the truth it is a great deal more frightening. One just has a hope that book and film will catalyze one another. Cannon’s stark confrontation with what we are doing to ourselves, coupled with a fiction writer’s portrait of where it may all end, comes at a time when one simply must shake the world out of its seeming inability to come to grips with the reasons why the superbugs are upon us.

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