Australian troops and their medical and para-medical aides. By drawing on a wealth of unpublished diaries, letters, and archival material, Tyquin recaptures the physical and psychological terrors consequent upon, not just the shell fire and shrapnel, but the terrain, extremes of climate, meagre rations, decaying teeth and broken dentures, rotting corpses, lack of sanitation, plagues of flies and, interestingly, fears of castration at the hands of the Turks. That an epidemic of self-inflicted wounds resulted seems hardly surprising. Overall, we gain an image of the Aussie soldier which sharply contrasts with the bronzed super-warrior regaled in Australian folklore.

Tyquin's account also undermines the vanities characteristic of medical men's reflections on war. He does not belittle the efforts of those at Gallipoli who sought to perform their medical duties under impossible odds, but he provides evidence, too, of cowardice, loafing and incompetence at levels beneath that of the hapless military medical command. More central to his purpose, though, is a reapportioning of the blame for the whole medical fiasco. He shows that, at least in part, the Australians were themselves culpable. Not only did the medical profession bring with them all their divisive petty jealousies and political quarrels, but also, crucially, the Australian government (unlike the Canadian) failed to insist on retaining control over its own army medical services, leaving all to the British. Consequently, the Australians suffered when it came to obtaining medical equipment and supplies, and they had no means of transcending the near-inertia effects of the conflict between the British Navy and Army over who was responsible for evacuating the wounded and who for caring for them once on board ambulance ships.

Tyquin's *Gallipoli* is first and foremost a contribution to Australian history. It does not aspire to be a major contribution to the study of the relations between medicine and war; nowhere does it engage with other work in the field—not even that on medical aspects of the First World War. Nor does it seek to compare the medical experience of the Australians with that of the Canadians, British, French, and others engaged in the Dardanelles campaign. However, on its own terms, it can be criticized for failing to impart anything on the significance of what it describes for the subsequent social and political history of medicine in Australia. Tyquin enriches our knowledge of the Australian medical experience of Gallipoli, and he succeeds in dispelling various lingering down-under myths. But in failing to comment on the importance of the event for the social relations of medicine in Australia, he provides no reason for medical historians in Australia or elsewhere to regard Gallipoli as other than a tragic "sideshow".

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JERROLD M. POST, MD, and ROBERT S. ROBINS, *When illness strikes the leader: the dilemma of the captive king*, New Haven and London, Yale University Press, 1993, pp. xvi, 243, £19.95, $30.00 (0–300–05683–4).

A few years ago, discussing a recent supplement to the *Dictionary of national biography*, a reviewer commented that the old shibboleth of not mentioning sexual proclivities had gone, though another remained: illness or substance abuse. An eighth of the great and the good commemorated in that volume, he estimated, had been dependent on alcohol. Yet since Hugh L'Etang's pathbreaking *Fit to lead?* all too few journal articles and books have been devoted to this theme, and these have had a limited focus, such as the admirable in-depth study *Hidden illness in the White House*.

The reasons for such reticence, Jerrold M. Post and Robert S. Robins say in *When illness strikes the leader*, are self-evident. The public is reluctant to accept illness in its leaders, the surrounding staff may stand to lose much if the king-figure is toppled, while the physicians' task is particularly difficult given the ethical codes. Such different interests may, then, collude to keep the leader in power, an egregious example being after Woodrow Wilson's stroke, when for seven months the U.S. government was run by a cabal composed of his wife, political aide, and physician.

As professors of psychiatry and political science, respectively, Post and Robins are ideally placed to compare the medical with the political events—in beautifully crafted prose. I have only two minor quibbles: firstly, their criticism of Eisenhower's physician for not hospitalizing him immediately after his myocardial infarction—which may have saved his life, given what we now know about its risks. Secondly, entertainingly, they confuse Dennis Brain, the distinguished horn player, with Russell (later Lord) Brain, the neurologist who saw Churchill after his stroke.

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One of the book's strengths is to discuss less-cited examples: the Shah of Persia, for instance, whose plans to modernize his country foundered with his leukaemia, concealed from all except the French secret service (was this why France supported the Ayatollah Khomeini?); or Ferdinand Marcos, whose systemic lupus erythematosus and renal failure led to a repressive regime largely dominated by his wife, Imelda, who may have ordered the assassination of Corazon Aquino's husband. And in even more totalitarian states the results of paranoia have been horrendous: 100–300,000 people killed during Idi Amin's reign in Uganda and 40–50,000 in Marcias Nguenna's in Equatorial Guinea.

After J. F. Kennedy's assassination, the USA passed the Twenty-fifth Amendment to deal with any future incapacity of a President. Though not invoked—and mentioning neither the words medical nor physician—it remains, the authors say, a model of precision compared with provisions elsewhere. Nevertheless, our best safeguard is a free investigative press. In the midst of a financial crisis in 1893 President Grover Cleveland was "taking a pleaure cruise", but was in fact on the boat having a (successful) removal of cancer of the palate. A newspaper report was convincingly repudiated and the truth did not emerge until 1928. We have come a long way.

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ALEXANDER G. BEARN, *Archibald Garrod and the individuality of man*, Oxford, Clarendon Press, 1993, pp. xvii, 227, illus., £35.00 (0–19–262145–9).

To write the biography of a distinguished scientist is no easy task. It requires a detailed understanding of the scientific achievements of the subject of the biography, as well as a facility with words that is capable of creating a work not only of scientific history but also of literature. If in addition the scientist was a medical man, then the biography requires an understanding of the closed world of medicine, its ideals and its practice. In Alexander Bearn, Sir Archibald Garrod (1857–1936) has found an admirable biographer with all these attributes.

This account of the first individual in Britain to bring biochemistry and genetics to the bedside is remarkable for its understanding of not only Garrod the man, deeply afflicted in his later years by the loss of his three sons as a result of the horrors of the First World War and its aftermath, but also the clinical scientist whose studies of inborn errors of metabolism such as alkaptonuria, cystinuria, pentosuria and glycosuria so clearly demonstrated the link between Mendelian genetics and human disease. Even after his election to the Fellowship of the Royal Society at the age of fifty-two, many of his colleagues regarded his work on rare diseases as esoteric, but his outstanding achievement, the combination of laboratory work of the highest order with that in the clinic, did more for the establishment of clinical research as a discipline than that of any of his contemporaries. Sir Thomas Lewis was to be hailed in later years as the pioneer of clinical science in Britain. The passage of the years has shown that Garrod's influence was much greater, for he founded a science of biochemical genetics that has been of enormous significance in the modern era, several Nobel Laureates referring admiringly to his influence upon their own work.

Garrod, educated first at Oxford, became the most outstanding of St Bartholomew's Hospital consultants in the early years of this century. His original publication on *Inborn errors of metabolism* was based on his Croonian Lectures to the Royal College of Physicians of London in 1908. During the First World War, he joined the Royal Army Medical Corps and was posted to Malta where he was a distinguished member of the British medical fraternity. In 1918 he was knighted, becoming a Knight Commander of the Order St Michael and St George, in recognition of his work. Returning to St Bartholomew's at the end of the war, he was the first consultant at a London Medical School to be nominated to a full-time Professorship in Medicine. It was then that the London medical schools were, for the first time, to develop teaching units in the clinical subjects on the University model that had been developed in both Germany and the United States. He never took up the post, however, for on Sir William Osler's death at the end of 1919 he was appointed to the Regius Chair of Medicine in Oxford, and his Assistant Director, Francis Fraser, later to play so important a role in the foundation of the Royal Postgraduate Medical School at Hammersmith, took over at Bart's. Garrod spent his declining years at Oxford, continuing to publish works on inborn errors of metabolism that were at

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