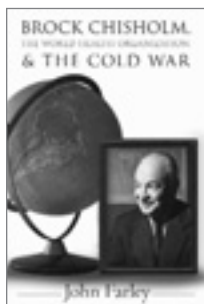


Book reviews



Brock Chisholm, the World Health Organization, & the Cold War. By John Farley. Vancouver, BC: UBC Press, 2008. ISBN 978-7748-1476-8. Hardcover, 254 pages. \$85.

Although an Ontarian by birth, G. Brock Chisholm has a lot in common with British Columbians, and it is only fitting that UBC Press and the *BCMJ* should be recording his legacy 60 years after his remarkable, sometimes stormy but always wise stewardship of the nascent World Health Organization (WHO). Chisholm's retirement years were spent in Victoria, where he even ran briefly as a candidate in the BC provincial elections. Among his many international, political, and academic honors, he received the doctor honoris causa from UBC, where he was honorary lecturer, and was widely sought by many prestigious universities and societies in different countries for his incisive, profound, and sometimes provocative lectures that reflected his concern for man of whatever race, culture, creed, or politics in any part of the globe. Indeed it is this respectful internationality *sans frontières* that has marked him as an exceptional man, a world citizen, even more than a "doctor to the world," as an earlier biographer has presented him.

Based on a mount of documents, the book is an attempt by Dalhousie University medical historian John Farley to clarify the often entangled relationships between an idealistic leader, a burgeoning organization for a new world order, and a merciless Cold War confrontation within an already little-united United Nations. Though by design limited in time and scope, the book is an insightful account of the first decade, without

pretending to be a full biography of Brock Chisholm nor the full history of the WHO, but an analysis of both. Much transpires on the personality of the leader, the politics of the organization, and the postwar competition of ideologies that soon turned into bitter animosity, very considerably detracting from the objectives, performance, and efficacy of the organization. Solidly researched, with a plethora of bibliography, *Brock Chisholm, the World Health Organization, & the Cold War* is a valid contribution to the history of medicine, to health policy studies, and to international organizations.

The book traces Chisholm's life from a young, decorated Canadian soldier who volunteered in both world wars to physician, psychiatrist, major-general, deputy minister of health, representative to the United Nations, and thence to the WHO. Despite this exceptional professional climb, Farley wonders with others whether "Chisholm had been a surprising choice," yet I have found no document or statement alluding to any surprise. Being sent from Health Canada to the UN might initially seem surprising indeed, but once in the international milieu he persistently climbed by the votes of his peers, all respected experts—and potential competitors. Obviously he must have shown superior human, mental, and organizational qualities to have been repeatedly chosen for higher posts, right up to the supreme position of first director-general of the UN's first specialized agency for health. Norman Howard-Jones, the historian of the WHO and no soft-spoken judge, is categorical about this: "he was the natural choice." Farley also lets some doubts persist by using terms such as "visionary," "nationalism," or "citizenship," that lend to vague interpretations and sometimes give the impression of an

impractical man with dreamy ideas on issues such as poverty, family planning, peace, social services, health, or medical coverage. That opponents during the heat of the Cold War might have felt so and used it against him may be understandable, but these are not substantiated by documents. Yes, like most people, Chisholm had his weaknesses and hobby horses, and he did not hold the MPH degree—in an organization predominantly led by public health specialists, but he knew how to surround himself with the best experts of the time, like Stampar, Evang, Parran, Sand, and colleagues, chose his team well, and had confidence in youth. His directors of finance and publications were both aged 38 when appointed, and I recall when he officiated at my medical class graduation his passionate message to us new doctors was "safeguard your youthful vision and work health into social justice." And as his objective was the *public's* health rather than conventional public health, his being from outside the club should be seen as an advantage, as indeed it proved to be. A postscript to the book would also have shown how many Chisholmian visionary ideas have turned out to be not that illusory after all. Just two examples are the relationships between poverty and disease, and between family planning and health, for which he was, at the time, "crucified" by the American Medical Association and the Vatican. Untarnished, his worthy legacy does honor to Canada and continues, in many ways, in the WHO—arguably the most successful among the UN agencies—and in the International Association for Humanitarian Medicine (Brock Chisholm), which this reviewer is honored to have founded with Mrs Grace Chisholm and feels privileged to carry the message.

This important work will be of interest to medical historians, health

planners, social scientists, and government ministries. It is a vast depository of facts and documentation for politologues, students of health policy, and UN administrators. UBC Press should publish more of such books that do justice to British Columbia and to Canada.

—**S. William A. Gunn, FRCS**
Switzerland

Dr Gunn was a Vancouver surgeon and lecturer in the history of medicine at UBC before joining the World Health Organization.



Direct Red. By Gabriel Weston, MD. Mississauga, ON: Random House of Canada, 2009. ISBN 9 7 8 - 0 - 3 8 5 - 66580-3. Hardcover, 181 pages. \$29.95.

In *Direct Red*, Dr Gabriel Weston shares her journey from medical student to fully qualified ENT surgeon. She uses patient and hospital vignettes to outline the training and skill required to master a surgical specialty. These same examples are used to show how humanity plays a vital role in her personal growth and professional development. Dr Weston is very open and honest about her struggles with death, ambition, family, and chauvinism. She is often the only young woman in the male-dominated, old-school operating rooms. As her career progresses her chosen specialty takes over her life, leading to unhappiness and disillusionment. The conflict between work and personal life is a familiar one. Eventually, the author finds her own balance by examining her values and commitments. *Direct Red* is an easy yet thought-provoking read.

—**DRR**

New rural CPD/CME program

BC's 1900 rural physicians will soon have access to rurally relevant CME/CPD in their own communities.

A new Rural Continuing Professional Development (R-CPD) Outreach Program was recently launched by UBC's Division of Continuing Professional Development, with support from the Rural Coordination Centre of BC. The R-CPD program will work with rural physicians to build relevant CME/CPD programs for rural physicians. "There are huge advantages to learning in situ," says Dr Rebecca Lindley, a rural family physician, member of the R-CPD Medical Advisory Committee, and co-principal investigator on the BC Rural Physicians Continuing Professional Development/Continuing Medical Education Needs Assessment (see article in this issue).

The needs assessment helped identify barriers to participation in rural CME/CPD activities. Rural physicians find it difficult to obtain locum coverage to travel and attend conferences and events far from home. These physicians have asked that rural physicians be the educators, and that education happen closer to home. The needs assessment also identified topics of interest to rural physicians. Top priorities include emergency medicine, obstetrics, gynecology, and psychiatry.

The R-CPD will integrate with existing rural physician education programs, create new rurally relevant educational programming, and make content more rurally relevant when presented on these topics in non-rural settings.

"The UBC Division of CPD wants to help support rural physicians in their varied roles as professionals, teachers, and members of their inter-professional health care teams by looking for innovative and collaborative approaches to educational programming. We are open to all ideas,"

says Dr Bob Bluman, assistant dean, CPD, practising family physician, and co-principal investigator on the rural CPD/CME needs assessment. "Our rural physicians are the real heroes of our health care system and we want to support the delivery of quality health care by rural physicians by working to provide for their ongoing professional learning needs."

To register for education programs, please see the CPD web site at www.cpd.med.ubc.ca. For more information about the R-CPD, and for rural physicians to become involved, please contact Ms Deirdre Maultsaid at deirdre.m@ubc.ca.

—**Deirdre Maultsaid, Project Manager, Division of Continuing Professional Development, UBC**

Rape relief

Do you suspect that a patient may be experiencing violence, that she might have been trafficked for sexual purposes, or that she is being prostituted? If you're wondering what resources are available, help and advice is available from Vancouver Rape Relief and Women's Shelter.

We provide free, confidential support services for women who have experienced any form of violence. We provide emotional support, peer counseling, support groups, advocacy, information and referral, legal, and medical and legal accompaniment. We take calls from across the Lower Mainland but because we are the only 24-hour live rape crisis line in the province, we also take calls from further afield.

In addition to the rape crisis centre we also operate a safe transition house for women and their children. We can assist doctors, police, and social workers on how to best respond. 604 872-8302; 604 872-8212 (24/7) www.rapereliefshelter.bc.ca

—**Louisa C. Russell**
Vancouver Rape Relief and Women's Shelter

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Young docs drop drawers for prostate cancer research

Students in the Faculty of Medicine at UBC have released a male model pinup calendar as a fundraiser for prostate cancer research. "Men in Medicine" features medical students and medical residents wearing only minimal clothing. The calendar is officially endorsed by Prostate Cancer Canada (formerly the Prostate Cancer Research Foundation of Canada), and all proceeds are donated to this organization. The calendar runs until the end of 2010, and it is being sold for a minimum donation of \$16.

Prostate cancer "quick facts" with a Canadian focus can be found on each month, as can illustrated pictures of human anatomy from the 20th edition of the classic text *Grey's Anatomy*. The main draw of the calendar is the 20 photographs of some of Canada's finest future medical doctors. The photographs remain tasteful by striking a balance between sexy and self-mocking. Accompanying each photograph is an often humorous biography of the model, detailing his future medical career ambitions and general interests. For more information contact Matt Mayer at 604 716-6853 or mayerm@interchange.ubc.ca. Order online at www.gurmsohal.com/paypal.php (shipped by mail).



Medical student debt is now so bad that many male medical students and residents cannot afford shirts.

—Daniel Malbranche, BSc
Class of 2010, On behalf of the BCE

Cervical cancer web site launch

We are pleased to announce the upcoming launch of the web site for the Cervical Cancer Prevention and Control Network (CCPCN), supported by the Public Health Agency of Canada and the Canadian Partnership Against Cancer Corporation. The web site will be ready for viewing in mid-July 2009 at www.ccpcn.ca.

The web site provides information for the public and health care professionals about cervical cancer, cervical cancer screening, human papillo-

mavirus (HPV), and vaccination.

The CCPCN is a pan-Canadian network of federal, provincial, and territorial cervical cancer screening programs, expert groups, medical and professional organizations, individuals, and cervical cancer survivors. The goal of the CCPCN is to facilitate the continued reduction in the incidence, morbidity, and mortality of cervical cancer in Canada.

We hope you take the opportunity to visit the site. It is also important that you tell your patients to visit the site if they have any questions about cervical cancer, cervical cancer screening, or HPV vaccination. Your comments and suggestions are most welcome and can be submitted through the site's feedback facility.

Flyers and bookmarks will soon be available in both English and French to help promote awareness of the CCPCN web site. If you would like to have the flyers and bookmarks available in your office for patient information, please send an e-mail to info@ccpcn.ca and the flyers and bookmarks will be sent to your office at no cost.

—Francis Gardiner
Public Health Agency of Canada