day such as the printing press, but he was also wary of their limits. While, for example, he was a pioneer of modern anatomical illustration, which he used heavily in teaching, he saw this only as an aid to learning and teaching, not meant to overtake or substitute the prime mode of instruction — inspection of the human body through dissection. In today’s world, transformed and often overwhelmed by technological advances, Vesalius’s balanced approach is instructive.

Vesalius’s career also sends a warning. Throughout history, dissections of human cadavers have been a double-edged sword of anatomy. On the one hand, they enabled insights into human anatomy, but on the other, the procurement of cadavers has always been surrounded by controversy. Vesalius lived in an era of loose regulations and paucity of cadavers for research and teaching. Most of the bodies he dissected were those of executed criminals and obtained legally. However, Vesalius was also involved in illicit activities (common at the time) in order to obtain human tissue, including grave robbing and stealing human remains from the gallows. The morally dubious and even illegal procurements of cadavers plagued anatomy deep into the 20th century and, in some countries, up until the present day. History sends a strong message on the necessity of comprehensive regulations and, indeed, responsible behaviour of anatomists and the medical community in general.

Just as in his own day, Vesalius and his work represent a stimulus, challenge and provocation for students and practitioners of medicine and science. His Fabrica, revived this year in its full English translation, remains one of the most remarkable intellectual achievements in human history.

Competing interests: No relevant disclosures.

Provenance: Not commissioned; not externally peer reviewed.


Book review

Attention: this is a storm warning


THERE ARE MOMENTS in medical history when the evidence compels doctors to do something strange, to go against the prevailing wisdom. Imagine how odd it must have been to be a colleague of Ignaz Semmelweis when he was proposing that you should wash your hands before delivering a baby. Or to watch John Snow trashing the water pump in the midst of a cholera epidemic.

Climate change and global health, edited by Colin Butler, is similarly challenging. It outlines the current state of the evidence across a wide range of the science on the likely health effects of climate change. It takes a global rather than an international health perspective, so it looks at worldwide outcomes, rather than being country specific.

The book opens with two masterly overviews, one by Will Steffen and the second by the late Tony McMichael, titled (and reflecting his life work) “Climate change and global health”. Twenty eight chapters follow, considering primary effects — due to severe weather patterns; secondary effects — from changes to disease vectors and crops; and tertiary effects from social and economic consequences.

The authors, all leading researchers in their fields, set out the evidence convincingly, as well as the current areas of uncertainty, and are not afraid to let the reader know their opinion.

One section outlines regional problems, another chapter describes research methods for assessing and preventing health consequences, and other chapters concern successful health activism. In short, there is something for everyone interested in climate change and health, including those wanting a comprehensive reference text, public health researchers, and advocates and activists.

I was struck by how little of this appears in medical education curricula, so perhaps a second edition could include a chapter on teaching about the impact of climate on health.

For the most part, the book is a dispassionate, technical exposition of the research, which makes it all the more shocking when the passion for action becomes visible. Not acting now, we are told, could lead to “an enforced and unpleasant change, following a time of turmoil that may make the Dark Ages seem desirable” (p 289) — a sentiment that cannot be dismissed as mere hyperbole.

The authors make it clear that action is urgent on purely health grounds, let alone all the other reasons. The concluding chapter, “Climate change and health: from adaptation towards a solution”, reminds us that there are essential conversations for us to join and actions to be taken. Semmelweis and Snow are watching.

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doi: 10.5694/mja4.01615

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So the winter storm that has half the South obsessively checking its phones for NWS updates or Weather Underground forecasts has a name. They'll only try to get your attention if a storm is going to be serious for the people who will experience it, and if it will affect a lot of people. Add to this another new Weather Channel invention called STORM:CON. It's based on the Sperry-Piltz Ice Accumulation Index, a n observational scale that rates ice storms on a five-point scale from 1, with little ice and low wind, which is expected to cause little power-line damage or road problems, up to 5, which can cause “catastrophic damage to entire exposed utility systems,” can last weeks, and can require shelters.