BOOK REVIEWS


The Faculty of Occupational Medicine (FOM) commissioned a study into audit in Occupational Health and have now published their Report. The Faculty considered that an audit of quality should routinely be used to identify areas where improvements are required to meet the standards of best practice and the needs of users. This approach has for some considerable time been recognised as having incontrovertible applications to all military medical practice, and is of course undertaken, in some form, by the clinical specialties. The Report tries to give concise guidance on the application of audit to occupational medicine and in a sense all military doctors are involved in occupational medicine by reason of the special needs of their Service patients.

A cost based investigation indicated that the largest single area amenable to loss control in any manpower intensive industry (i.e. the Armed Forces, especially the Army) is threat of bodily harm. Of course, unavoidable bodily harm is the immemorial risk of military activity and indeed its expectation and estimation should be part of any military plan. This however does not absolve the military hierarchy from undertaking the most intense efforts to conserve their prime resource, manpower, in both peace and war. This Report gives guidelines on how the effectiveness of this aim can be measured. Accordingly it should be considered by all those concerned with medical administration and in particular specialists in occupational or public health medicine will find it provides clear and concise guidance into the practicalities of the application of audit principles which should be invaluable to them. It is to be strongly recommended.

PJ BLACKBURN


The recent tragedy at Dunblane highlights the importance of the opening lines in the preface of this excellent book: “It couldn’t happen to us is not an acceptable excuse for being ill prepared to deal with a major incident”. The valid point is made that major incidents can and do occur at any time and in any place and that whilst every hospital had a major incident plan, unless this is understood and rehearsed by all those who may be involved it will be of little use.

The editors make it clear that although this book is a stand alone text it has been prepared to accompany the Major Incident Medical Management and Support course and emphasise throughout that theoretical expertise is not a substitute for practical experience and training.

The format is straightforward and reader friendly. Each chapter has clearly defined objectives and highlighted boxes to emphasise key points. Definitions and the roles of the emergency services within the restructured NHS system are covered, as is the way in which the medical services interact with the other agencies. Organisation, preparation, medical management and support are covered in detail. The reader is left in no doubt of the importance of control, command and communication and this is reiterated strongly throughout. The triage and treatment chapters are particularly good and outline priorities of care in a difficult setting clearly and simply.

Although there is detailed description of hospital actions on responding to a major incident, an appendix with a framework for the construction of a major incident plan would be a useful addition.

In the chapter on airway and breathing procedures one hopes that in subsequent editions alternative diagrams could be found showing the cervical spine in a neutral position whilst the airway is being cleared. It is also assumed that the reader has a sound understanding of the concepts of the ABC approach to the primary survey. If practical skills are to be included a short section on the primary survey might be appropriate.

Overall this is a much needed and well produced book and should be essential reading for all those working in emergency medicine, be it pre-hospital or in-hospital and who have the potential to become involved in major incidents. To quote the authors “It is no longer acceptable to approach the scene of a major incident as an enthusiastic amateur”.

SV LLOYD-DAVIES


Anyone working within the field of smoking cessation knows the name of Allen Carr, since he is the nearest that we have to a celebrity. He has helped many smokers give up, including countless stars and media personalities. Being non-medical has allowed him to approach the problem from a totally different and non-medical perspective. He was a very heavy smoker for 33 years (up to 100 cigarettes on a bad day!). He illustrates his dependency when, forgetting that he was already smoking a cigarette, he burnt his hand by trying to put another cigarette in his mouth. It was then he realised that he had a problem, managed to stop, after many previous failures. From this developed his career as a stop smoking consultant.

What about the book? Well the reality is that it doesn’t matter what a confirmed non-smoker thinks, but rather
what smokers make of it. The string of clinics run by Mr Carr that are spread all over Europe now, suggest that many like his methods. He uses much that is now considered best practice, but puts it across in his own inimitable, if rather condescending, manner.

‘Smoking is a mug’s game’ is his basic premise and from there he develops a series of simple ideas and lessons through the book which show smokers how they have been brainwashed by society, the tobacco industry and everyone else into believing that they are in control of their smoking.

The rather ‘in your face’ approach will not appeal to all, but it certainly works for many, including military smokers, which is why I have been using Mr Carr’s books as an aid for some years. This new, small-size edition uses much that has previously been published, but then dresses it up in a card dust-cover, which resemble a black cigarette packet, covered in no smoking badges. This unnecessary marketing ploy rather takes away from the book making it hard to read the small type on its small pages. This is a shame, since it detracts from what is inherently a useful book. If you want to stop or want something for your Patient Library, buy any of Allen Carr’s books, but not this particular edition since you must be able to read the book to benefit from it.

RK BHABUTA


One’s first reaction on being confronted by a book on Epithelial Cancer of the Ovary is one of trepidation. Here is a book on a dry subject written by 34 contributors from eight different countries which is not obviously going to make good bedtime reading.

But on starting to read through, one’s depression immediately lifts, and the book’s excellent qualities of eminent readability and its capacity to keep one’s interest immediately shine through.

Inevitably there is going to be a bit of overlapping between chapters, but the easy flowing style and positive presentation make it very easy to read and assimilate.

The subject is covered very comprehensively from epidemiology and screening, through to treatment and quality of life and terminal care. Every chapter is written with authority by an expert in his field and provides a thorough assessment of the subject which will provide a state of the art reference for all personnel dealing with this insidious condition.

I particularly liked the chapters on prevention and screening, as well as one on the management of familial and hereditary ovarian cancer. These highlight the importance of prevention and very early diagnosis and emphasise the role that primary care workers can play in the early detection and immediate management of these cancers.

That advanced disease has poor prognosis is a well-known fact. That improvements in management are being made and survival rates are improving, albeit at a depressingly slow rate is clearly borne out. But it is early detection and prevention of advanced disease which will bring about a generalised improvement in the relevant statistics.

The chapter on chemotherapy regimes is concise and well presented, as is the very topical one on minimal access surgery.

This reasonably priced slim volume is sure to become a yardstick in management for many years to come.

JF DEPASQUALE


Qualitative methods of research have up to now been seen very much as “second best” to quantitative methods, the epitome of which is the randomised controlled trial. Paradoxically health care workers (and doctors in particular) use qualitative methodology, such as personal observation of patient’s behaviour, as everyday tools. However few are aware of the extent to which such methods are formally used and accepted in Health Services Research as research and management tools.

This slim booklet contains a series of papers published as a serial in the BMJ in 1995. The aim of the book is to give a basic understanding of the principal techniques of qualitative research applied to health care. These range from how to conduct observational studies, interviews, focus groups and specific decision-making exercises such as Delphi and nominal groups. Additionally, the authors of each chapter, who are experienced and well-known qualitative researchers, give a brief description of the limitations and pitfalls of each method.

I found the book both useful and easy reading and would recommend it to anyone engaged in this type of research or planning to get involved in it. I would especially recommend it to anyone about to approach the subject for the first time, especially students on MSc courses. My only slight criticism is the relative paucity of examples in the text. This is, however, offset by the simplicity with which methodologies are described by the authors of each chapter.

If readers of this review are wondering why I believe qualitative research is important, they should take comfort from the observation that such methods furnish us with the only pointers to change human behaviour. Contemporary revolutions in the practice of medicine, such as Evidence Based Medicine, are unlikely to achieve their aim without such behavioural changes. Qualitative research then becomes the companion, not the handmaiden, of quantitative methods.

TO JEFFERSON
The highlights of the book include the chapters on Laboratory tests – a comprehensive quick reference to rheumatological investigation which will be of use to all of us who are occasionally, or frequently, baffled by the significance of obscure auto-antibodies. There is an emphasis on orthopaedic medicine, an under-taught subject, which nevertheless comprises a large proportion of a rheumatologist’s and family physician’s workload. There is an especially well written chapter on foot pain which is a common problem in both general and military practice. I enjoyed the chapter on Osteoarthritis which emphasises both the dynamic pathological nature of the disease and the generally good outlook for patients with the condition.

If there are weaknesses then perhaps a dedicated chapter on soft tissue and joint injection would have been useful. The chapter on the Team Approach suffers in this context because of the non-didactic nature of the subject and it therefore resorts to listing various therapeutic options available, of which most clinicians are already aware.

In conclusion, a useful book principally for the General Practitioner but possibly useful as a rapid reference source for the hospital physician. Pre-MRCP examination, it may be a useful illustrated guide to the subject which has usually been poorly taught at undergraduate level and which is a common source for MRCP examination material. At £14.95 the price is reasonable and it would form a handy reference in the practice setting.

**J Etherington**


Minimal access surgery continues to attract intense media scrutiny: patients come to expect it, but reports of failure rates and disasters perpetrated by ill-trained surgeons in all fields appear regularly in the Press. A balanced overview in easily digestible form is a welcome addition to the BMJ Publishing Group stable. As an introduction to minimal access surgery this book is directed towards surgeons in training, general practitioners and medical students. There is more than enough information for GPs to discuss techniques and indications with patients about undergoing any of these procedures. For surgeons in training it is intended as a background reading for the CSIG examination and, such, it covers the ground comprehensively. Procedures and equipment are clearly described and well illustrated. There is appropriate discussion of indications for the various procedures with detailed advice on the avoidance of complications. Of great importance is the clear point of view on the value of the procedure in each case – where there is doubt as to the merit of the procedure, this is clearly expressed. Thus, the laparoscopic approach...
presented as the method of choice for most cholecystectomies, notwithstanding the need to convert if problems arise. Its value in appendicectomy is limited to equivocal causes of RIF pain and the obese where the technique may afford much smaller incisions with correspondingly less postoperative pain. In the case of duodenal ulcer and hiatus hernia, it is rightly stressed that indications for surgery in these conditions are few, but that laparoscopic procedures may afford a more rapid recovery. Long term efficacy has yet to be confirmed. Similarly, the discussion on operative procedures for groin hernia is crisp and to the point, with some up to date figures worthy of consideration. There are a few minor criticisms. Since this is intended for aspiring surgeons, it seems a shame that the Hassan technique for introducing the laparoscopic telescope port is not given both more description and more prominence as many believe this to be the safest and speediest way of achieving the pneumoperitoneum. For the same sort of reason, the technique of tying the Roeder knot could be included in detail. The technique of performing pre-operative cholangiography is described in detail. With increasingly accurate non-invasive preoperative definition of the biliary tree, and strategies that obviate reoperation should there prove to be stones in the bile duct detected, postoperatively, arguably there should be discussion of the need for POC in every case. Surgeons should certainly not be discouraged from performing POC but it is time consuming and not without its hazards. As a general surgeon, it would be invidious to comment on the other sections in any detail, but I found them informative and interesting and, again, well presented.

The consistency of style, excellence of illustration and balanced view of the value of these procedures makes this book a must for both GPs and surgeons in training. Medical students with an interest in surgical procedures will enjoy this book. Minimal access surgeons established in their own speciality should find the other sections of interest.

SG MELLOR


This is a robust paperback in the popular Principle and Practice Series. It is aimed at all members of the acute pain team, be they anaesthetists, surgeons, nurses or pharmacists, and gives a good overall view of patient controlled analgesia in a readily understood fashion. It is well printed and set out with a commendable absence of typographical errors. The index is clear and accurate. The use of photographs and diagrams helps understanding. Excellent summary boxes stress salient points and make for clarity and easy learning.

The book is divided into concise chapters, addressing all aspects of the subject from the historical perspective through drugs, apparatus, methods, safety, complications and psychology to the organisation and funding of a service. It covers both intravenous (IV) and epidural analgesia and the chapter on respiratory depression is particularly helpful.

Storage of drugs is well covered and emphasis is rightly put on the use of standardization and protocols in the interests of safety and for audit and research.

The information presented in a fast-developing field is up-to-date, and the difficulty of dated descriptions of machines is sensibly tackled by stressing general principles illustrated by examples. Diagrams of individual apparatus look complicated but do complement the text and I wish I had had this book when my juniors were attempting to explain Graseby pumps.

The author makes the point that "well run conventional regimens can provide good quality analgesia" but they seldom do because of the difficulty of running them well. He stresses individual needs and assessment tempered with a realistic view of staffing levels.

This is a practical down to earth book from which all members of the acute pain team will learn something and it should be compulsory reading for surgeons both senior and junior. I would wholeheartedly recommend it for both individual and departmental libraries.

HB HANNAH


This, at first sight, formidable volume aims to explore the experience of the participants in the First World War. Sixty-four scholars have contributed to sixty-one chapters, grouped into eleven parts covering such fields as: Command - Responsibility and Stress; Soldier Morale; Peoples at War & Resisters. Of particular interest to readers of the Journal is the section 'Medicine & Experience'. In this section five eminent scholars cover five separate subjects concerning the Army Medical Services.

Professor Nick Bosenquet writes on the British and American experience in the war. The professor reminds us that the Army Medical Services, although faulty at the beginning of the Great War, thrived under the leadership of Keogh, Sloggett and Macpherson. Referring extensively to the volumes on the Army Medical Services Official History of the Great War, he outlines the many and varied developments and changes that took place in the AMS over the four years of conflict.

Dr. Ian Whitehead, from the University of Derby, writes on 'Not a Doctor's Work? The Role of the British RMO in the Field'. Dr Whitehead's opening statement is that one of the commonest criticisms of the RAMC in the
war was that the employment of medical men as RMOs was wasteful. Drawing on personal papers and reminiscences, he then puts forward both sides of the argument and makes reference to the proposed order restraining medical officers from 'acts of mistaken gallantry'. How empty our rolls of VCs and other gallantry awards would be had this order been enforced, but perhaps the figure of almost 740 officers killed during the conflict would have been greatly reduced.

Readers of the Journal may be familiar with Dr Mark Harrison who, in the third medical chapter, discusses an oft forgotten campaign of the Great War - Mesopotamia and the fight against diseases associated with it. One may be surprised to learn that the diseases referred to as causing the greatest loss of manpower were the deficiency diseases - anaemia, beri-beri and scurvy. Dr Harrison states that in 1914 the very concept of a deficiency disease was unfamiliar to many doctors. In Mesopotamia scurvy was the most important. When the causes and reasons were examined, logistics and in particular the lack of transport to bring the supplies forward were to blame, especially amongst the Indian troops with their special dietary requirements.

Andrew Bamji. Consultant Rheumatologist from Queen Mary's Hospital, Sidcup makes a valuable contribution, writing on Facial Surgery, the Patients' Experience. Here the story of Gillies, working at first at the Cambridge Military Hospital and then at Sidcup, is related. This chapter stresses the important work done in the field of reconstructive surgery but also reminds us of the suffering undergone by the individuals themselves.

The final chapter, Dr James Dunn and Shell Shock by Keith Simpson, draws mainly on Captain Dunn's own experiences as a Medical Officer in the First War. Dunn himself was a very brave man and known for his acts of 'mistaken gallantry' which resulted in the awards of an MC and bar and a DSO. He had his own thesis on War Neurosis and both its prevention and treatment and these are discussed.

All five chapters make a valuable contribution to this important work on the human side of the Great War and the book is recommended to any serious student of the conflict. Our own archives have been extensively referred to in the medical chapters but sadly credited to the Wellcome Institute for the History of Medicine as opposed to more correctly The RAMC Muniments Collection in the Care of the Wellcome Institute for the History of Medicine.

PH STARLING