BOOK REVIEWS


This book of 10 chapters amalgamates a series of articles previously published in a mainstream neurological journal that whilst familiar to neurologists is unlikely to be read by less fortunate physicians.

A disease/syndrome specific approach is adopted with subjects ranging from well-researched areas such as multiple sclerosis and stroke to the relatively understudied subject of peripheral neuropathy. An excellent chapter on the epidemiology of disability promotes an alternative approach that is undoubtedly more relevant in the context of planning of medical services. Methodological problems in previous epidemiological studies of Parkinson's disease are highlighted and illustrate the considerable obstacles facing those wishing to embark on future neuroepidemiological research. All chapters are extremely well referenced and serve as an excellent start point for those wishing to acquire greater knowledge in areas cited above as well as schizophrenia, dementia, amyotrophic lateral sclerosis, and perhaps of greater relevance to the military, epilepsy and head injury.

The book costs £40, a sum that may challenge the enthusiasm of non-neurological physicians. It contains much knowledge that would be difficult to find elsewhere and I would recommend it to anyone with an interest in or responsibility for the care of patients with these illnesses or indeed chronic disability.

JRC BOWEN


This is another small but informative book from the BMJ Publishing Group's ABC series. Its aim is to provide an overview of clinical haematology covering those areas most relevant to the non-specialist in addition to highlighting recent advances.

The 15 chapters include selective ones on: Anaemias; Bleeding Disorders; Leukaemias and other haematological malignancies in addition to useful chapters on "Haematological Emergencies" and "Haematological Disorders at the Extremes of Life". There is also a glimpse of the future of haematology with regard to molecular biology and gene therapy. The 22 contributors include a number who are acknowledged experts in their field in addition to input from academic primary care and general practice.

The book is in A4 format and is well laid out with clear type, good figures, tables and a liberal spread of those useful boxed summaries that we find in our BMJs.

On the whole this inexpensive, slim, volume succeeds in providing a lucid and pragmatic overview of the subject and can be recommended to all medical professionals who may have to deal with patients with blood disorders.

RM JONES


"Evidence based medicine" (EBM) has become the great cry in the second half of this decade from all branches of medicine. This is fully justified, and there is a good summary in the British Medical Journal of 1 August 98, pages 339-342. The authors, directors of the NHS Research and Development Centre for Evidence Based Medicine in Oxford, include the four summary points:

1. Practising evidence-based medicine allows clinicians to keep up with the rapidly growing body of medical literature.
2. Evidence based medicine improves clinicians' skills in asking answerable questions and finding the best evidence to answer these questions.
3. Evidence based medicine can provide a framework for critically appraising evidence.
4. Practising evidence-based medicine encourages clinicians to integrate valid and useful evidence with clinical expertise and each patient's unique features, and enables clinicians to apply evidence to the treatment of patients.

This book from the BMJ stable is aimed purely at the general practitioner perspective. It is written by 26 authors from six countries in a variety of styles, and it admits to repetition to ensure that individual chapters are complete in themselves. The editors say there is a need for a book which specifically addresses the relevance and place of evidence based medicine for primary care practitioners. There are two main parts, the first "deals with the approach to utilising an evidence based approach to the care of individual patients". In the second part the focus is on strategies required at professional and disciplinary level in order to develop a culture of evidence based practice within primary care.

Having described what EBM is about, does this text address the needs of general practitioners? The answer must be yes, if the reader can tolerate the repetitions and multiple authorship in the main text of 160 pages. It is a book to skim in the library rather than to purchase and treasure. Of good note is Appendix 1 of using Medline to search for evidence. It is most commendable in its description of MeSH and the application of filters.

JE BURGESS


At the start of the National Health Service, a British Medical Association committee stated that:

'The medical profession should remain free to exercise the art and science of medicine according to its traditions, standards and knowledge, the individual doctor retaining full responsibility for the care of the patient, freedom of judgement … without interference in his professional work.'

Now the proliferation of guidelines, protocols, and codes of practice being issued by a wide range of organisations seems to threaten such clinical freedom. The National Health Service Executive have acknowledged that clinical guidelines can have a legal force but despite concerns about their relevance and quality the Government wishes to see a greater emphasis on the use of guidelines as a means to promote cost-effective and best practice.

This short book, which has the structure of a dissertation, shows that most guidelines do not necessarily have the force of law. Their authority can be confused with that of their authors and developers and sponsors whilst their quality is best assessed by looking at a number of key attributes. In the courts, guidelines are hearsay evidence. As a defence to medical negligence, the

To officers of the Army Medical Services the sword is perhaps something that they wear on their wedding day and infrequently afterwards. It will get in the way, is difficult to clean and why wear it if it can not be drawn like the rest of the army. Few will know what pattern of sword it is and even fewer the history of the sword from the Army Medical Services (AMS) point of view.

This magnificent book by Brian Robson will be too expensive for the casual reader but in its pages will be found the fascinating background not only to the swords worn by the AMS but the rest of the army.

Should the reader acquire the book purely for the section on the AMS (3 pages) they will find that the subject is so interesting and the story so well told by Robson, they will be compelled to read all the book. In the section on the AMS the author summarises the position from 1822 when Regimental Surgeons carried the sword appropriate to the regiment with which they served. He goes on to detail the pattern selected by the newly formed Army Hospital Corps (AHC) in 1857 and how these varied between private soldiers and non commissioned officers. Finally the swords worn after the formation of the RAMC are outlined.

Those swords worn by veterinary officers are treated in the same way.

Perhaps the sword worn by the soldiers of the AMS could have been given more space. On the Formation of the Medical Staff Corps in 1885 these swords, often referred to as the Lancaster Sword Bayonet continued in use and were marked 'MSC' on the hilt. Training manuals of the period included a section entitled 'Lancaster Sword Bayonet Exercise' and this was included in the RAMC Training Manual of 1904. Examples in the RAMC Museum are marked 'RAMC' and an excellent photograph shows a group of soldiers on parade, wearing full dress uniform with the sword bayonets drawn. The author may have felt that this was delving too much into the specialised subject of the bayonet to include it.

Not withstanding the above comments, the book is so well produced with the addition of high quality photographs that it will be the standard reference work on the subject for many years to come.

PH STARLING


This short guide from BMJ Publication is a well written and authoritative account of postgraduate education in General Practice. It was published in 1996 but regrettably already has a particularly dated feel to its content: 'some doctors now have desk top computers...' being one example. The text was written around the time of great change and educational debate, with the introduction of summative assessment and moves to the modular MRCPG examination.

This text does have great strengths in that it goes through the development and short history of GP education from the Good enough report in 1944, mentioning the Todd report, the "Future General Practitioner", Tomorrow's Doctors from the GMC and The Calman report. It has a forward written by the Chief Medical Officer, highlighting the official recognition given to this book. It gives the reasons why change was thought necessary and is particularly good on the structure and committees relevant to training.

It goes beyond the vocational training periods in practice and hospitals, to continuing medical education with the older Section 63 mechanisms, and then to the forthcoming hurdles of reaccreditation or recertification, this text preferring the former term. There is a chapter on the European dimension with topics covering legislation and the free movement of doctors.

The book should certainly be studied by all aspiring GP trainers who need to have a sound knowledge for the justification behind GP training and its associated assessments. It is very easy to read and is well laid out in a methodical and pleasing style.

JE BURGESS


Skin complaints are common in both hospital and general practice settings. They are important to both the patient and the treating doctor as entities in themselves and as a "window" to other clinical conditions affecting the patient. The recently republished Color Atlas and Synopsis of Clinical Dermatology is an excellent reference for the generalist doctor who is required to diagnose and treat dermatological problems. Available in both CD-ROM and book versions, considerable savings can be made if purchased in the USA. Part 1 of the book consists of disorders presenting in the skin and mucous membrane, Part 2 Dermatology and Internal Medicine and Part 3 diseases due to microbial agents. Each part is then subdivided logically encompassing the vast majority of common and serious dermatological conditions. Complete with a large number of colour photographs, some of which are ideal to show to patients during a consultation, each disease section gives information on epidemiology, aetiology, history, physical examination, differential diagnosis, investigations and management. Other dermatological books provide either information or alternatively colour photographs, but few provide the range and depth of both in one text. The Color Atlas and Synopsis of Clinical Dermatology is highly recommended to all clinicians as an excellent aid to diagnosis and treatment.

AJ LEACH
This book is written by the HEMS group, but is not simply about the helicopter transport service. Rather, it is about general trauma care. There are eighty-four authors who contribute to seventy-four chapters. The book has been well edited and reads well as a whole.

Much of the book naturally relates to HEMS, including chapters on the history of the first eight years of HEMS, a reconstructed incident, and a section about on scene medical care. These areas are made of general interest by the inclusion of sections on the various helicopters available, their design and a series of chapters on diverse topics such as pre-hospital analgesia, anaesthesia and physiological monitoring of patients. The section on the Royal London Hospital was too specific to that institution, but did have some useful information on CT scanning methods and intracranial pressure monitoring.

The concept of a trauma care system is discussed, with examples of systems from both the United States and Europe, concentrating on helicopter transport systems. Much of the section on data, outcome and costs is only of interest to developing health service managers and accountants, but the chapter on economic evaluation in brief is well written and gives a succinct idea of economic evaluation in the health services and is very definitely of general interest. The theory and practice of trauma scoring is also explained as is the measurement of disability. This is an area which is often not well explained. The section on the future was rather sparse but did give futuristic ideas of advances in helicopter design, and some ideas for training. Hopefully this does not give an accurate idea of the future of this field.

This is a very readable book. While there are few references and the book does not pretend to be either scientific or a textbook on trauma care, there is much useful information which is in an easily accessible format. It is based mainly on the HEMS experience but will be of interest to anyone interested in pre-hospital care. The variety of backgrounds of its contributors (aircrews, firemen, nursing staff and others as well as ex-HEMS Registrars) gives the book an interesting and varied flavour as well as illustrating the concept of a chain of care. It also gives an idea of the factors behind management decisions. The chapters on the decisions behind the rise and fall of the Birmingham Accident Hospital were especially revealing. The sections of the book on general trauma care are of the most practical use with many well chosen case histories. I found the background on the British Red Cross Society illuminating.

There is obviously no unanimity on the value of a helicopter transport service within the UK as has been shown by the article by Nicholl and this book at least gives the pro-HEMS case well. While I would not accept all the points about the cost-benefits of the HEMS service and would also have welcomed some guidance on more specific medical points such as the issues surrounding the advisability of helicopter versus road transport in, for example the head injured patient. I nonetheless feel this is a book of interest to those involved in pre-hospital care.

REFERENCES


S Sharma


This book gives a comprehensive introduction to uveitis in 160 A5 pages. It covers the spectrum of ocular inflammatory disease from the anterior chamber to the retina. There are helpful illustrations and tables, and the text is fairly concise. References are included after each chapter. Investigation, diagnosis, treatment and clinical course are well discussed.

The authors are major figures in the field and I would have welcomed a more comprehensive discussion of management with detailed treatment and monitoring algorithms. However, assuming their brief was to cover the fundamentals of uveitis from a clinical standpoint, the book does this very well. I would recommend this book as essential reading for ophthalmologists in training at the experienced SHO or SpR stage.

MFP Griffiths