BOOK REVIEWS


This is the second edition of one of the popular BMJ produced ABC series of books aimed at GPs, specialists in training and consultants wishing to expand their knowledge outside their own field. This edition undoubtedly manages to serve this diverse readership. The chapters are well laid out, with some excellent illustrations and well thought out bullet points. I have only one small criticism: the dentate line, an important and occasionally misunderstood landmark, although referred to frequently later in the text is not mentioned in the anatomy section in the beginning. Otherwise, there are some useful and succinct passages worthy of mention. Inflammatory bowel disease is particularly well covered. The indication for surgery in Crohn's disease is well described, lacking the ambiguity, which so often bedevils this difficult topic. Cautionary words about putting over the described, lacking the ambiguity, which so often bedevils this otherwise, there are some useful and succinct passages worthy of mention. Inflammatory bowel disease is particularly well covered. The indication for surgery in Crohn's disease is well described, lacking the ambiguity, which so often bedevils this difficult topic. Cautionary words about putting over the pros and cons of ileo-anal pouches to the patient are worthy of note, as is the final mention of teamwork in management of IBD, reminding us that the patient is the only team on the pitch. The matter of screening for colorectal cancer is dealt with rather well in a few words - this is a controversial subject, and that concept is addressed. The final chapter on drugs used in the management of colorectal disease, I found most helpful.

In summary, this is another well-produced book in the ABC series, with the appropriate amount of information for the audience targeted. It is essentially practical with much useful advice simply delivered, and should certainly be read by any junior undertaking his or her first few colorectal or GI clinics.

SG MELLOR


The continuing popularity of this title 21 years after its first edition is testimony to the editor's resolve to provide a compact yet comprehensive guide for physicians, paramedical attendants and supervisors of divers. The contributing authors range from the expected physiology, otorlaryngology and environmental medicine backgrounds to encompass gynaecology (women in diving). There are specialist chapters as well by internationally-acknowledged experts such as Emeritus Professor Denis Walder on aseptic bone necrosis and Dr Carl Edmonds on Marine Animal Injuries.

In terms of size (418 pages) Bove and Davis is a more portable volume than the other two texts recommended on the INM Alverstoke Standard Underwater Course, namely Lowry, Edmonds and Pennefather's Diving and Subaquatic Medicine and Bennett and Elliott's The Physiology of Medicine and Diving. However the inevitable shortening of certain topics such as Mechanisms and Risks of Decompression Sickness as compared with the other two titles is compensated for by the comprehensible text and clear presentation. As befits a volume whose contributors are largely American the chapter on Diving Physics uses Imperial units with metric conversions alongside. The 12 page chapter on Human Performance Underwater by Egstrom and Bachrach is both detailed and authoritative, as one would expect from two of the USA's leaders on this topic. A useful albeit short chapter by Dr Bove on Diving by the Elderly and the Young contains a good selection of references on these two expanding diving populations. The Medical Evaluation for Sport Diving chapter is a tribute to the late Dr Jefferson C Davis and contains much that is familiar to those who conduct medical examinations for Service recruits - including the phrases "sport diving means different things to different people" and "for sport divers without employers or agencies responsible for diving, the physician can only make recommendations". The latter of course does not apply to Service Adventurous Training diving where the Surgeon General's medical standards laid down in LAND MATI 061 of November 1998 are to be followed. Returning to Dr Davis' chapter, his sections on the panic-prone individual, the "dragooned" (reluctant) diver and the "buccaneer" are well worth a second reading. Dr David Elliott's chapter on Medical Evaluation for Commercial Diving follows naturally on from that on Sport Diving and is likewise excellent.

With descriptions mainly of American diving equipment and also no mention of the hypertonic saline challenge test for suspected asthmatics, Bove and Davis' Diving Medicine can be seen not to be as comprehensive as other texts in the same price-range. I would also have preferred a more complete treatment of Immersion Hypothermia which is a common problem even in tropical waters. But if one text only can be taken on an expedition then this is probably it. It certainly deserves its current place on the medical library shelves at BATSUB Belize and Brunei Seria and is recommended for all Army medical centres where diving medicals of any sort are conducted.

NK COOPER


The recently published second edition of John Eaton's excellent book on the essentials of immediate care is an ideal text for any health care professional who is likely to deal with medical or other emergencies. It is particularly relevant to the military, given our Operational Role. The author is an ex-military general practitioner, is active within the BASICS organisation in the UK and is a member of the Essex Doctors Immediate Care Scheme. The book is well written and illustrated and is complete with the current Resuscitation Council algorithms together with considerable amount of information and advice on dealing with injuries commonly seen both within civilian and military practice. In addition it has useful advice on how to assess incidents, how to ensure that the scene is safe and an introduction to the management of major incidents. Whilst some of the book such as the principles of triage, radio procedures and helicopter evacuation are likely to be well known to some military personnel, their inclusion does not detract significantly from the relevance of the book.

The text is on the list for Tri-Service General Practice libraries, but many personnel, most especially those contemplating taking the Diploma in Immediate Care would benefit from studying this excellent book. It is highly recommended to any health care professional likely to be involved in the immediate care of patients.

AJ LEACH


Readers may be familiar with John Laffin's, long out of print book, Surgeons in the Field, published in 1970. Combat Surgeons is an updated version, with additional chapters to bring
the book right up to the present day. Written by a respected military historian, as opposed to a medical historian this is an excellent book and will appeal to the casual reader as well as the student of military medical history.

The author starts his narrative in Ancient Greece and Egypt giving a brief outline of the role of the 'doctor' who accompanied the armies on campaign. He also guides the reader through the various weapons and associated injuries and the diseases that claimed the majority of lives of these early armies. Many of the great names that Laffin quotes throughout the book will be familiar to many readers, Pare, Pringle, Hunter, Larrey, Guthrie and McGrigor to name but a few. He uses quotes from the works of these great men interspersed with general historical facts concerning the period and campaigns and does it well. Not only does the book cover the military surgeon but the life of the early naval surgeon is outlined, allowing the reader to draw a comparison on service afloat and the hardships of trying to perform amputations in the cramped quarters of a man o war rolling in heavy seas.

There are four additional chapters to those published in Surgeon's in the Field and the photographs and tables have also been revised. These four chapters cover Vietnam, the Falklands War, the Gulf War and finally what is termed 'The Lingering Gulf War' and the investigations into what has been termed Gulf War Syndrome.

As would be expected, RAMC Archives have been referred to extensively and there is an extensive source list at the end of the book. There is little fault to find with this book and it is highly recommended.

PH STARLING
CD-ROM REVIEW

Sexually Transmitted Diseases - CD-ROM. CAB International, £95.00. ISBN No: 0 85199 244 7.

Sexually transmitted diseases are being diagnosed in large numbers in many parts of the world. Awareness and education go a long way in containing the problem as well as preventing morbidity. There are a limited number of books and atlases on this subject. The CD-ROM series on Topics in International Health ambitiously ventures into information technology to facilitate interactive learning. There are occasions where one needs to teach oneself, as there are limits to the subjects one can be taught in a Medical or Nursing School. Faced with the challenge of managing STD's, especially in countries with limited access to post basic training, dissemination of knowledge in this format is very useful. It is advantageous to be able to progress at one's own pace, double check the answers, consolidate one's knowledge, reassure patients and even educate one's colleagues. Complementary supervised learning if available will enhance the value of this package. Hence this learning format is welcome, timely and will be in demand by the Sexual Health Care workers.

Reservations emerge as there are many areas of the world without any computers, let alone a reliable supply of electricity. Computer literacy is assumed, though one must admit that basic skills are all that are required! Mouse operated software is user friendly. If expert help is available, teaching a group becomes easy and enjoyable as group discussion can take place. Clinically accurate colour photographs and their clear reproduction enhances their teaching value and permits better diagnosis. However, further discussion between the clinicians and the software experts will help in streamlining qualitative improvement in presentation of the information. Minimum system requirements are 1) 486 DX2 or better, 2) PC with Windows 3.1,95 or NT operating systems, 3) 16 MB available RAM, 4) Monitor capable of displaying 16-bit colour at a resolution of 800 x 600 pixels, 5) CD-ROM drive, 6) Video for Windows.

Seventeen headings of interactive tutorials are well structured complementing one another and are as follows : Overview, Epidemiology, History taking and clinical examination, Syndromic management, Prevention and control, Gonorrhoea, Genital chlamydial infection, Chancroid, Donovanosis, Syphilis, Congenital syphilis, Genital herpes, Genital warts, Genital skin conditions, Vaginal discharge, Pelvic inflammatory disease and Scrotal swelling. Contents appear to be aimed at an African audience, as most of the clinical material and illustrations have been acquired there. However, this is beneficial in any setting on a truly global basis. Inclusion of material from Europe, Asia and the Americas in future would reinforce the global nature of this problem with some local variance. Easy access to glossary, references, notepad and a particular subject in the tutorial encourages the individual to seek clarification as he moves along at his own pace. A collection of approximately 300 images is the best feature, as no GU Med clinic can possibly see such a variety of cases every day. Equally, good quality of reproduction, highlighting of the lesions, makes lasting impressions on the mind. Ability to group them into sets, access them by key words and print them as a handout is of tremendous help to the teacher and the student. Clear succinct explanations in GLOSSARY with ready access helps the individual and empowers him to approach the next topic with confidence and curiosity.

In conclusion, this package has been put together very well, accessing the new technology to simplify the learning process, by good interaction, relevant illustrations and succinct explanations. It also permits one to add additional information and encourages further reading for those who want to advance their knowledge. Equally, educational material could be culled to suit different audiences. Spread of the Internet, access to computers with the necessary memory and reliable power supply (perhaps solar energy in developing countries), will bring this within reach of all, i.e., patients and health care workers. Working together we should stop the spread of STD’s and aim to achieve sexual health objectives. HIV infection and AIDS are not covered as they will be the subject of a further CD ROM (TIH).

Despite a few earlier glitches in running the programme, all of us in our department are enthusiastic about this product and recommend that it should be available in all the main hospital libraries and primary care Internet, which would go a long way in bridging the big hiatus of understanding of STD’s amongst health care workers world wide. Help is readily available from the publishers via phone or e mail.

P M SREENIVASA RAO

OBITUARIES

Regimental Headquarters would welcome self-written obituaries and when completed they should be forwarded to Regimental Secretary RHQ, RAMC, Keogh Barracks, Ash Vale, Aldershot, Hants GU12 5RQ.
INSTRUCTIONS TO AUTHORS

1. All material intended for publication should be submitted with written permission of Head of Department and Commanding Officer to the Editor, Journal of the Royal Army Medical Corps, Regimental Headquarters, Keogh Barracks, Ash Vale, Aldershot, Hants GU12 5RQ who will arrange for any necessary security clearance.

2. The J R Army Med Corps has agreed to accept articles prepared in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Publications (Br Med J 1988; 296: 401-5 J R Army Med Corps 1990; 2: 73-76) and will consider any paper which conforms to this style.

3. Manuscripts should be submitted in triplicate on A4 paper typed in double spacing with a 5 cm margin at the left hand side and top of each sheet. Each section of the manuscript should begin on a separate page. Tables and illustrations should be on separate sheets with the title, author’s name and top of the figure indicated on the back. Legends for figures should be submitted on a separate sheet and should contain enough information to allow the illustration to be comprehensible without reference to the text.

4. Manuscripts should reach the Editor, Journal of the RAMC, Regimental Headquarters, RAMC, Keogh Barracks, Ash Vale, Aldershot, Hants GU12 5RQ, not later than 16 November, March and July, for the February, June and October issues.

5. SI units are used for scientific measurements except that blood pressure should continue to be expressed in mmHg.

6. Statistical procedures should be described in the methods section.

7. References must be in the Vancouver style and their accuracy checked before submission. They should be numbered in the order in which they appear in the text and referred to by arabic numerals in brackets. At the end of the paper they are listed in numerical order giving author’s name and initials (unless there are more than six when only the first three are given followed by ‘et al’). The names are followed by the title in full, the abbreviated title of the journal; the year of publication; the volume number and the first and last page numbers. Examples may be found in the full text of ‘Uniform Requirements’.

8. Abbreviations should be avoided in the text except for accepted scientific units of measurement. Other abbreviations, if used, should be spelt out in full when first mentioned in the text. Stops are not used between letters of abbreviations. For the abbreviation of military terms the only authority is JSP 101.

9. The Concise Oxford Dictionary and Butterworth’s Medical Dictionary are the accepted authorities. Where alternative versions of a word are given the first is preferred.

10. The main author of each paper will receive a proof and reprint order form. The submitted typescript is assumed to be ready for printing without further alterations. Proofs are for correction not alteration: unreasonable alterations may be charged to the author. Completed order forms should be returned with the proofs to the Editorial Assistant, Regimental Headquarters RAMC. Authors who do not return their corrected proofs within the allocated time will be assumed to have abrogated their responsibility for corrections and, additionally, will risk delay in publication.

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