BOOK REVIEWS


This book provides a practical guide to applying governance in the workplace. Both authors are experienced General Practitioners and not surprisingly this book is orientated to primary care groups (PCGs) and trusts (PCTs). However, as the label suggests, it provides a straightforward overview of the general principles of clinical governance and thus has wide applicability beyond primary health care (PHC).

This is predominantly a jargon free book that makes maximum use of bullet points and text boxes to make easy reading. Each chapter is short with a clear aim and message and concludes with an example of how the information might be practically interpreted by a GP and his/her staff. Examples of clinical governance are provided with short vignettes or supporting research that help build a visual bridge from theory to practical application. Key points are referenced (183 references are provided) and additional suggested reading follows each chapter and includes useful clinical governance website addresses.

The book details 14 steps to developing clinical governance in practice that are linked to government initiatives such as the National Institute of Clinical Excellence, National Service Framework and the Commission for Health Improvement. A stepwise approach takes the reader through the required processes for an organisation or department's development. The 14 steps include establishing and sustaining learning culture; managing resources and services; establishing and disseminating a research and development culture; evidence based practice and policy; confidentiality, coherent teamwork; audit and evaluation; health promotion; risk management and accountability and performance. Many chapters stand alone in their relevance to practice and are as applicable to a NHS Trust as a PCG.

In summary, this book provides excellent support for those working in PHC with an interest in developing their staff and practice, and is straightforward enough for all members of the multidisciplinary team to interpret. It successfully demystifies many aspects of clinical governance and is a working book. It will help you to identify where you want to be and what steps are required to get there. Before rushing out to buy the book potential readers may have a closer look at the contents via the web: www.primarycareonline.co.uk (from this address search on “books” or the author's name).


High altitude medicine is of greater relevance today to the military physician than it has ever been. This reflects not only the direct military imperative for expeditionary operations but also the increased participation in adventurous training activity, which has continued despite downsizing and looks set to persist.

This, the third edition of this excellent book, takes a systematic scientific approach to the subject. It makes a logical progression through physical, physiological and pathophysiological factors, considering areas of special interest such as athletic training at altitude and occupational aspects, as well as related areas of heat and cold injury. It provides a thorough overview and ranges widely in sufficient depth to satisfy all but the specialist reader or researcher, who is clearly directed towards further reading in the comprehensive bibliography. It provides the answers to most likely questions on the subject, but also encourages the reader to look further into the underlying evidence. To concentrate on the pure altitude aspects of this book would, however, be mistaken, as its approach to subjects such as the physiology of oxygen transfer and hypoxia are illuminating to all physicians.

It has a certain pedigree as the principal textbook on the subject since 1989, and this is reflected in the historical references that are found throughout, which give significant insight into the development of the understanding of the topic. It will be noted that the authors are all mountaineers and veterans of mountain expeditions, and their enthusiasm illuminates the text. Some of the research described has been conducted under very challenging or field conditions and is a good reminder that worthwhile research need not be confined to the pure clinical environment.
This book is clearly the first choice for the physician with a genuine interest in the subject, both to read and for reference and bibliography. Those looking for a handy introduction and field reference may be happier with a lighter book such as The High Altitude Medicine Handbook (1).

Lt Col RMF Gill RAMC
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This is an autobiography of Col Raymond Bencini who served as a RAMC GP from 1971 until 1998. Col Bencini's childhood is centred on his close knit family on the delightful Mediterranean island of Malta. His father is a famous policeman who always seems to be at war with the local gangsters. The family move on several occasions as his father is promoted. Malta sounds like an island that I would love to visit. The book is full of childhood adventures including the "confessions" of an au pair girl who turns out to be a prostitute. This episode certainly spices up the book.

The autobiography then follows Col Bencini on his postings around the UK, Hong Kong, Belgium and Cyprus. Many serving RAMC personnel will recognise the different Medical Centres and will have similar memories. Career paths for long serving GPs share common pathways.

The title of the book suggests that Col Bencini was the sole doctor for Rudolph Hess. This is clearly not quite true and requires a bit of liberal thinking for belief. Col Bencini's career centres on his achievements as a GP Trainer. Low points of his career are also covered in great detail. Reflective comments at the end of each Chapter could now be used as the basis of a Personal Development Plan.

Many characters in the book are still serving in the RAMC Primary Care Cadre. If you did know this RAMC Officer, then you should probably check what is said about you! The book does read like the memoirs of a Field Marshall who is still to be decorated for his achievements.

This book is privately published and may be difficult to get hold of. I don't recommend its purchase but suggest it be obtained from a library. If you do find your name in the index then you had better read that chapter!

Lt Col RG Simpson RAMC


The Oxford Handbook of Clinical Medicine, now in its fifth edition, is a familiar sight in the white coat pockets of medical students and junior doctors worldwide, and rightly so. It was originally written to bring together the multitudinous scraps of information detailed out to medical students throughout their training in as clear and concise form as possible. The book is set out in a logical manner and each topic is confined to one page, usually with a blank page opposite allowing the addition and automatic indexing of extra morsels.

This edition, with its new authorship, claims to be the first major rewrite and revision since it was first published in 1985. An initial glance reveals only a minor re-ordering of chapters, the inclusion of extra plates (at the apparent expense of the colour clinical plates of the fourth edition) and a doubling of the number of cases in the 'practical procedures' chapter. You would be forgiven for thinking the expense of upgrading is not warranted. However, a closer line by line inspection reveals that virtually all of the book has indeed been thoroughly reviewed and updated with the latest clinical evidence, taking into account new guidelines and information from the National Institute of Clinical Excellence. Hopefully, this will allow practitioners to move one step closer to this medical ideal.

The book retains its 'Thinking about medicine' chapter, which provides a philosophical look at the practice of medicine and often some very wise words to help guide the new house officer through the difficult times ahead. It also serves to remind us that medicine is not just about science but also the art of applying this to our interaction with people. Finally, on a purely aesthetic note, I find the switch from blue to green highlighting makes it much easier to catch the subheadings within paragraphs and that the slightly finer print is easier on the eye.

2LT Grant Wilde RAMC


"Aviation Medicine" is a comprehensive textbook which is used as the standard text for the Diploma in Aviation Medicine course and as a reference source for aviation medicine specialists. It follows the excellent Second Edition (1988) but there have been many significant changes.

The book is divided into three parts, Pr
one deals with Aviation Physiology and Aircrew. Part two covers Clinical Aviation Medicine and Part Three contains chapters on Operational Aviation Medicine. There are 51 chapters in total and the chapter authors include many of the most notable names in British aviation medicine.

Part one commences with a review of the physics of the Earth's atmosphere and sets the scene for the physiological issues covered in subsequent chapters on respiratory physiology, pressure change, hypoxia and its prevention through the use of aircrew equipment or pressurised cabins. The first part also deals with the physical problems of acceleration due to G and its role in injuries caused by flying accidents, as well as vibration and the thermal environment. Part two covers clinical issues by system, as well as medical standards, sleep, and international travel and disease. Part three deals with practical, operational aviation medicine issues. These include spatial disorientation, motion sickness, noise, vision, anthropometry, restraint and escape, accidents, aviation pathology and toxicology, medication, work and rest. It also covers issues for airline passengers, air traffic control and airline hygiene.

It can be seen from the proceeding list that aviation medicine is a very broad field. Many of the topics merge with other fields such as physiology, physics, psychology and engineering, so it would have been easy to exclude much useful detail, or to include far too much. However, the book is pitched just right; there is sufficient theory to satisfy the specialist reader, without containing so much that it would put off the general reader. If investigating specific topics in depth, however, aviation medicine specialists would have to use alternative sources. The book also has to strike a balance between military and civilian aviation medicine, a task that it fulfils admirably. Although it has not been possible to include specific military regulations, there is sufficient information to allow civilian practitioners to compare military and civilian requirements.

The section on clinical aviation medicine will be the most useful for doctors with clinical responsibilities for aircrew. The section covers all relevant conditions, although there is an assumed level of knowledge because it is impossible to cover each disease in detail. Nevertheless the important aspects relating to aviation are highlighted.

Although this is an excellent book it cannot escape some criticism. When the Second Edition was in print, those who dealt primarily with helicopter aviation used to be amused that this was included in a chapter called 'Special Forms of Flight' together with space flight and supersonic transport. However, to the chagrin of those involved in these forms of flight, this chapter has been entirely removed from the new edition. At a time when the American very short/vertical take off and landing (VS/TOL) Osprey aircraft (once present safety issues are resolved) offers minimisation of vibration as compared with a helicopter for the transport of wounded personnel, this is unfortunate; additionally the second 'space tourist' is due to make his flight in 2002 thereby raising the possibility of ever greater numbers of civilians doing the same. Furthermore, the Second Edition had its chapters divided into ten parts which seemed to make it easier to find the relevant topic.

There is undoubtedly a need for a smaller text similar, perhaps, to the BMJ's now obsolete paperback by Harding and Mills, to meet the needs of the newly recruited Service medical officer. The publisher might profitably consider commissioning one with a view to making it available to internet subscribers, whose periodic subscriptions would cover the necessary updates, for example, deep vein thrombosis and cabin atmospheres in commercial passenger flight. For the present, however, there is no doubt that the third edition of 'Aviation Medicine' is well written and is very readable throughout. It is well illustrated and clearly presented with useful graphs, diagrams and photographs. Each chapter is well referenced. The book will be useful for all aspiring aviation specialists, occupational physicians interested in aviation medicine and any doctor with an interest in aviation medicine (which includes most Service medical officers). Although it is certainly not an introductory text, the clinical sections are invaluable for any doctor who has even occasional responsibility for the health of aircrew. For those considering the Diploma in Aviation Medicine as an external candidate this text book is essential reading. However, it will always remain useful for those who have completed their Diploma in Aviation Medicine.

LT COL MK Harrigan RAMC
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LT COL NK Cooper RAMC
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Nunn's Applied Respiratory Physiology

The phrase 'standard monograph' is amply justified for the fifth edition and thirty first year of publication of this book. Although aimed particularly at anaesthetists (especially those in training), practitioners in other specialities who ignore the existence of this book do so at the risk of significantly limiting their professional knowledge, especially in the area of military respiratory medicine. In the book's foreword the eponymous Dr
Nunn refers to ‘advances in human respiratory physiology having a direct bearing on the well being of patients in many specialities’. This is made plain in the three sections into which the book is divided.

Part 1 on basic principles opens with an initial chapter by Dr Nunn on the earth’s atmosphere and its formation, which is a model of clarity and conciseness. It explains the immense advantages of oxidative metabolism for all but the simplest forms of life. Succeeding chapters on the functional anatomy of the respiratory tract (including an excellent MRI scan of the oropharynx during a Valsalva manoeuvre), elastic forces and lung volumes and respiratory system resistance lead on to control of breathing, pulmonary ventilation and circulation and their distribution and assessment. A clear diagram on page 176 of physiological dead space (i.e. that part of a breath which is exhaled unchanged) is accompanied by its textual definition as the sum of the anatomical and alveolar dead spaces, the latter not being the volume of unperfused spaces at alveolar level but only that part of their contents which is exhaled. This varies with tidal volume. Thus whilst an end-expiratory sample from a health resting subject will be close to that of ‘ideal’ alveolar gas this will not be so in many pathological states (including the inhalation of industrial or military chemical irritants) as well as during anaesthesia. From these considerations the volume of dead space can be calculated from via the Bohr equation which states that, for a single breath:

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\text{Alveolar CO}_2 \text{ concentration} \times (\text{tidal volume} - \text{dead space}) = \text{mixed CO}_2 \text{ concentration} \times \text{tidal volume}
\]

Arterial PCO2 is usually substituted for alveolar CO2 concentration and thus the variations in dead space accompanying exercise or hyperventilation can be derived. This is but one example of the various pulmonary function tests whose basis the author clearly explains, as well as demonstrating their limitations. Their importance in assessing the fitness of military personnel to dive or fly is self-evident. As expected in a book of this nature the non-respiratory aspects of touch, pain and temperature”.

Part 2 on applied physiology sets the tone for the rest of the book by including public health data (recent changes in the incidence of sudden infant death syndrome resulting from health education campaigns) alongside the respiratory physiology of pregnancy, neonates and children. The respiratory changes associated with exercise, sleep, high altitude, raised barometric pressures and respiration in closed environments (re-breathing circuits, submarines etc.) are well covered as are those associated with microgravity. The chapter on drowning is predictably and properly followed by that on the effects of smoking and air pollution; and the chapter on anaesthesia could be profitably read by any general duties MO involved in the post-operative care of surgical patients both in the field and in the MDHU. Hypo- and hypercapnia, hypoxia, anaemia and hyperoxia and oxygen toxicity are covered in the latter part of this section. The effects on consciousness of hypercapnia are covered but not those of hypoxia – however this is a minor quibble.

Part 3 on the physiology of respiratory disease begins by defining respiratory failure as failure to maintain normal arterial blood gas tensions – but excludes hypoxia from cardiac or other extrapulmonary forms of vascular shunting from this definition. A helpful diagram showing the pattern of deterioration of arterial blood gases in chronic obstructive airway disease and pulmonary shunting is followed by another of the anatomical sites where the various causes of respiratory failure arise. Both of these useful reminders lead on to a discussion of breathlessness (“incompletely understood at the present time…having) no single and simple mechanism comparable to those…of touch, pain and temperature”). The chapter on airways disease covers the pathophysiology of asthma and chronic obstructive pulmonary disease together with respiratory aspects of cystic fibrosis – the spectrum of clinical disease in the latter being nowadays so wide that cases of undiagnosed partial penetration cystic fibrosis have been adjudged sufficiently fit to commence initial recruit training, where investigation following failure in forced marches and timed runs has demonstrated (by sweat chloride tests etc) the genetic basis of the recruit’s disability. Pulmonary vascular and parenchymal lung disorders are considered together with direct and indirect acute lung injury and adult respiratory distress syndrome where the benefit of nitric oxide inhalation is discussed. Artificial ventilation, extrapulmonary gas exchange and lung transplantation conclude the formal chapters – and for any who cannot see a case for retaining trained military personnel after lung transplantation it should be pointed out that, some years back, a combined heart and lung transplant in an RAF pilot permitted him to successfully return to navigator duties in a fast jet. That he later lost his life in a flying accident in no way diminishes the second chance which modern medicine gave him to resume his military career.

At £65.00 the book represents good value as a teaching text as well as a reference, as it includes information on units of measurement, mathematical functions for respiratory physiology and nomograms for corrections for metabolism of blood gas samples. The publications cited in the various chapters give the reader a comprehensive lead into the
literature. As such the book should be available in every military hospital library and to any who perform research in the area of respiratory physiology. That it is required reading for all medical officers working at the QuinetiQ Centre for Human Sciences goes without saying – and as the last uniformed doctor to be posted to this site, I commend this text and look forward to future editions.

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This guide covers the practical aspects of computerisation in general practice and how technological tools such as telemedicine, clinical messaging and the internet can be used to streamline working. It would help practices and practitioners maximise the gains from technology and minimise the pain of transition. Information is provided on how practices can meet the Government's targets for transferring electronic records on the NHS net in a jargon-free and user-friendly style, and it can be dipped into as the practice extends its computer system and problems arise, or read through in a more structured way.

It is written in an easy style, comprehensible even to those who are frightened of computers and gives practical advice on how best to use information technology. The major disadvantage of any book (but particularly when related to computers) is that it will quickly become out of date. Thus, whilst it gives good general guidance on the principles to be followed. It should not be used as the primary source of advice. In summary, it is useful but not essential reading, as the information contained within the book is available elsewhere. It does, however, give a good summary of the current thinking within primary care computing.

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Despite the title this is not a textbook on the management of acute and overuse sports injuries in general practice. The book describes itself as a practical guide for doctors, nurses, practice managers and members of the primary health care team who wish to develop their own or the practice development plan as part of continuing professional development. It is part of a series of similar titles on subjects including diabetes, mental health, cardiovascular disease and sexual health. The authors are a Senior Clinical Lecturer in Primary Care, a Professor of Primary Care Development and a Consultant Rheumatologist, currently the Director of the Medical Research Council's Health Services Research Collaboration.

This book aims to teach the concepts of clinical governance using musculoskeletal disease as a framework. The first chapter examines what is meant by clinical governance, and later chapters provide templates for personal and practice development plans.

The clinical sections of the book cover the common rheumatological diseases, including osteoarthritis, gout, rheumatoid arthritis, the connective tissue disorders, systemic lupus erythematosus, polymyalgia rheumatica and osteoporosis. Practical information is provided in the clinical features, diagnosis, and primary care management of each disease. The occupational health issues of disability and employment are also explored. Each chapter concludes with reflective exercises aimed at identifying personal learning needs.

The main criticism of the book is the overriding feeling that two books have been combined with little or no attempt to achieve a uniform style; the differences between the clinical and educational sections are clear. Each part of the book, however, has its merits. The advice on clinical management is simple and concise, whilst other sections provide a useful introduction to the concept of clinical governance with practical help towards producing a development plan.

Does this book have any relevance to Army general practice? The musculoskeletal conditions covered are less common in a military population, but as a consequence are less familiar and represent an identifiable learning need. Clinical governance, personal development plans, appraisal and revalidation are becoming an important part of general practice; military as well as civilian. This short book provides some helpful pointers.

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