

BOOK REVIEWS

The telemedicine tool kit - a workbook for NHS Doctors, Nurses and Managers. Roy Lilley and John Navein. Radcliffe, 2000. £30.00 Pp185. ISBN No. 1-85775-450-8

This innovative and unconventional book deals with a "hot" topic that is becoming increasingly relevant in modern day medicine. It discusses, in a very entertaining, unashamedly irreverent and yet instructive way, the pertinent points that anyone setting up (or indeed already involved in) a telemedicine link should definitely consider. This, therefore, applies just as much to the military as to the NHS, despite its subtitle apparently limiting it to NHS personnel. The authors also make it quite clear why it is relevant to managers and nurses as well as doctors.

It is based on the long experience that the second author has with setting up and maintaining telemedicine systems for the US Military, even before he started doing the same in the NHS. It also draws on the first author's experience in modern health management. The US military had to learn the hard way - they had no book such as this one to help them develop their telemedicine systems. The NHS could save a lot of money and effort by heeding their experience - and that makes this book very good value for money indeed.

It is a book designed to be delved into at random, before the reader then concentrates on the aspects that he finds of most interest or relevance. I confess that this apparently unstructured approach made it difficult for me to easily find the most important points, but its entertaining approach perversely succeeded in keeping me hunting for them until I was satisfied - and I learnt a lot by doing so.

On a personal note, I particularly liked the final chapter "Telemedicine in practice" because it contains extracts from email telemedicine referrals I sent from Kosovo in summer 1999. This was one place where the simple British Forces telemedicine system (which follows many of the principles alluded to in this book) really made a difference in the management of some severely war-wounded patients. If this chapter makes you want to see how telemedicine can really catalyse change and transform a patient's life, especially in a post-conflict setting, then I would encourage you to also read the TIME magazine of 6 March 2000 (European edition).

LT COL DAVID VASSALLO

ABC of Rheumatology. 2nd Edition. Michael L Snaith BMJ 1999 £17.95. pp100. ISBN No. 0-7279-1385-9

This second edition of the ABC of Rheumatology follows the usual excellent pattern of the ABC Series, being crisply presented and well laid out with abundant photographs and useful summaries and lists. The book is divided into twenty chapters beginning with muscular-skeletal medicine moving onto the arthropathies, collagen diseases and vasculitis, ending with a very useful chapter on the team approach. Unusually the chapter on epidemiology is at the end, a reversal of the norm in most texts. This is an easy access reference book

which caters for a variety of medical practitioners and I would highly recommend it to those in general practice as well as rheumatology and general medicine.

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Thoracic Anaesthesia. S Ghosh, RD Latimer. Heinemann Publishers, 1999. £45.00. pp 352. ISBN No. 0-7506-4062-6

This book on thoracic anaesthesia is a very long and detailed publication, which as such will not appeal to the casual student of thoracic anaesthesia. Some of the detail is repetitive and in places too long. The first chapter deals with the history of thoracic anaesthesia and runs to 23 pages. In contrast the chapter on thoracic anatomy fails to cover CT and MRI imaging techniques adequately and is very short. The chapters on pulmonary physiology and indications for one lung anaesthesia are well laid out and very informative.

Subsequent chapters outline the anaesthetic management of the various surgical procedures and provide all the necessary information in a concise fashion although there is too much repetition. Outstanding amongst these chapters are the two relating to paediatrics and chest trauma.

Some of the remaining chapters educate the reader about new ideas and techniques and are the most useful and informative chapters in the book. These include chapters on lung volume reduction surgery and lung transplantation, specialised modes of respiratory support in the thoracic surgical patient and pain control following thoracic surgery. All of these chapters are excellent. The final chapter is about current controversies in thoracic anaesthesia, each of which is clearly discussed and well debated allowing the reader to reach an informed conclusion.

Despite its length and frequent repetition this remains a very informative book. It certainly has a place on the shelf of anyone who spends most of their time administering thoracic anaesthesia. For others it is an excellent reference book which I would recommend to any library or department.

SURGEON COMMANDER DA HETT
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The GP Guide to Secondary Care Investigations. Keith Hopcroft. Radcliffe 2000. £17.95. pp 216. ISBN No. 1-85775-398-4

The thinking behind this easy-to-read paperback is that GPs are increasingly confronted by access to new and unfamiliar investigations. They and their patients will have questions about these new tests, and this book aims to give them answers.

The format is of speciality chapters written by hospital clinicians, describing investigations under the headings of description, indications, potential findings, related investigations, patient advice and GP advice; the book as a whole is edited by a GP. The orthopaedics chapter would be of particular interest to a Service GP, and this includes three sections, on arthroscopy, MRI and

isotope bone scans.

The difficulty for such a book is two-fold - in attempting to encompass the variations that exist in hospital practice across UK and in Germany, where Service GPs refer, and in targeting the book's content to the intended audience.

On-going controversies in the place of various investigations can understandably lead to differing practice between hospital colleagues - which creates difficulties in giving definitive indications for many investigations, or to state definitively the place of particular tests in a plan of investigation. This difficulty was recognised by some contributors, for example, the two authors of the paediatrics chapter who encouraged GPs to be involved in setting local policies in the use of investigations. In contrast, the stated indication for knee arthroscopy ("pain"), is rather incomplete and of little help. Again, the statement that bone scanning "is entirely risk free" sounds a bit of a hostage to fortune.

The other difficulty is deciding who the appropriate audience is. While there is some very sensible advice, for example that "patients' enthusiasm about having a scan should be tempered with an understanding of what the scan is designed to achieve", this will not be news to most GPs; likewise the statement that "arthroscopy is an endoscopic examination of the knee under a general anaesthetic" will not be news to most GP registrars.

Worthy though the intention may have been, the great weakness of the book is that it is limited to the viewpoints of the individual contributors. An opportunity was lost by not providing a broader commentary on individual investigations from a general practice perspective. Much of the information can be found in the Oxford Handbook series, together with much more besides (including journal references); these are now in new editions and one is partly written by our own Lt Col Tim Hodgetts. This book may be useful though, to provide information on some newer investigations for a non-clinician returning to clinical practice.

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TRUSTED MOLE. Milos Stankovic. Harper Collins 2000. £19.99. ISBN NO: 00-00-257024-6

There have been many books written about the recent Balkan upheavals, some good and some average. *Trusted Mole* is quite exceptional. Exceptional not because of the prose or style, but because of the story it tells. The author, at the time a Parachute Regiment officer, had a partly Royalist Serb family background and spoke fluent serbo-croat; he was a natural choice to deploy as an interpreter. His flair as a 'fixer' made him a reluctant interpreter but an outstanding liaison officer. After one long tour, he deployed on a second as General Rose's right hand man, interpreting not the language, but the intentions and conflicts in the minds of the Serb leadership. Liaising with some of the most influential, clever and unpleasant characters on all sides (but mostly Serb) had a profound affect on him, his own life under threat after a horrific time in Srebrenica, he was subsequently more or less confined to Sarajevo where he could not help but get personally and emotionally involved in ways only those with a Balkan heredity could get involved. His involvement leads, perhaps inevitably, to a court martial for espionage, probably as the result of

a grudge. By the time the charge was dropped, his career was destroyed; a familiar tale from history.

This book tells his story, in his words. It is at times riveting, and at times I had to put it down, to take time out and think. It is hard to read cover to cover. It is an honest and open account, and gives a fascinating insight into all the characters, both their strengths and weaknesses, and reveals some reasons why the conflict happened the way it did. Those who were there and who read it will recognise much, and it may bring back unpleasant memories. Those who were not there should read it, to learn a little of what others experienced. More importantly there are some profound lessons for all to learn about the stresses of operations, how to manage them, and how to make a complete mess of management.

Stankovic chooses to write throughout as if talking to his psychiatrist. He clearly feels this is the way to tell the story, and benefited greatly from his psychiatric support. Yet when attempts were initially made to refer him, he resisted vigorously, horrified by the prospect of an 'F Med 8'. Crucially, this viewpoint was reinforced by the chain of command. This is as much our problem, we must understand this mistrust, work with individuals and the chain of command and win the trust of all. Psychological support is not black and white. This book demonstrates quite clearly that there are many shades of grey, and much of Stankovic's support comes from his friends and commanders. Some of his superiors clearly understood and supported him while others failed. The lessons are profound and make this a must for all those studying and managing men and their stress on operations.

LT COL AN WILLIAMS RAMC
ARMY HEALTH POLICY TEAM

A Bloke's Diagnosis It Yourself Guide to Health. Dr Keith Hopcroft & Dr Alistair Moulds. Oxford University Press 2000. £9.99 pp 178. ISBN No: 019262 8259

This is a unique attempt by two very experienced General Practitioners to provide a man's self help ABC of health. The book is directed at men aged 17 to 55 and is divided into three sections:

Section 1 - 'How to get a good seeing to' gives a brief guide explaining the various agencies available to consult with health problems. Although fairly short it does introduce the idea that there are very reasonable alternatives to the GP in some circumstances. It also covers some brief do's and don'ts with your GP which I would like to send to all my patients.

Section 2 - 'Diagnose it yourself'. This is the main body of the book and consists of a series of flow charts in alphabetical order dealing with the major symptoms an average male may be faced with, eg back pain. It is very comprehensive but contains a large number of footnotes and may confuse the irregular user.

Section 3 - 'Live fast and die old' is a final brief summing up of current general health advice. It puts them in rank order and includes advice even on marriage and frequency of intercourse.

This book is well written and the concept is fascinating. It is obviously attempting to fill a large hole in the market of men's health. The figures of a recent Royal Pharmaceutical survey show that more than half the men surveyed, who were younger than 40, would try to treat themselves. Less than 5% would seek advice

from their GP or practice nurse. There may well, therefore, be a genuine requirement.

This is an excellent book in the right hands, by which I mean - male, sensible, literate and not over-anxious of health. As with all self help manuals, it may well only serve to increase anxiety in the already 'worried well'. I think this is unavoidable. I just hope they are not the only ones to buy it (particularly in my practice area!).

Its chatty, modern '90s lad' approach is refreshing and entertaining. It is, however, not for the over-sensitive, i.e. "you're a lard arse who smokes too much", "do get laid at least twice a week".

As a book for the military it has great potential and I would have no reservations in recommending it. In particular, it would be a useful accompaniment to senior ranks and officers who traditionally worry about health, but will not attend for medical advice for fear of loss of face. Overall this is a new approach to health, but with doctors working out of supermarkets to provide around the clock health care in the future, such sensible advice to potential patients cannot come in large enough quantities.

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Textbook of Hyperbaric Medicine, 3rd Edition. KK Jain. Hogrefe & Huber, 1999. £70.00 Pp 700. ISBN NO. 0-88937-203-9

The latest edition of this excellent and comprehensive text remains probably the standard work on the subject. It contains over 2000 references, many of which are very recent; the meaning of the text is clear throughout, and a well-edited system of chapter headings introduce the major topics. The tables, graphs, drawings and photographs are likewise well-selected and clear.

The section entitled "Basic Aspects" provides a good introduction to these; however it is disappointing to find the Type I and Type II classification of decompression sickness in so recent an edition, as this system of classification has now been virtually abandoned by most hyperbaric authorities (notably the Undersea Medicine Division of the Royal Navy). The indications for hyperbaric oxygen (BhO₂) treatment of a large number of other medical conditions follow on - these range from unusual gastrointestinal disorders such as pneumatosis cystoides intestinalis, to the more widely known neurological indications such as cerebral and spinal contusion, CVAs, multiple sclerosis (very controversial), near drowning and near hanging, and, above all, carbon monoxide poisoning. No mention is made however of trials of HbO₂ in severe Crohn's disease or in pneumoencephalocoele - the latter a rare but well recognised complication of penetrating cerebral injury and neuro (including otological) and facial surgery. The sections on HbO₂ in the management of compromised skin and myocutaneous flaps and HbO₂ in gas gangrene reflect the very extensive clinical experience of the authors.

The bald citations of extensive German work on BhO₂ in inner ear contusion (e.g from live firing or blast injury) as well as in cases of tinnitus do not however carry any caution as to how lively the debate is which this topic has engendered. Personal contacts with some of the protagonists and antagonists of HbO₂ in otology at the Bundeswehr Krankenhaus at Ulm, Bavaria,

indicate that there is no clear benefit from the controlled trials so far performed - but, in fairness, this reviewer would gladly avail himself of HbO₂ therapy if afflicted by an inner ear blast injury.

Two errors are noted: Table 36.11 suggests that insertion of chest drains and endotracheal tubes is only available in monoplace, and not multiplace, chambers - whereas these interventions must be available in all chambers providing hyperbaric treatments. Secondly modern high-energy X-rays are not electively absorbed by bone as compared with soft tissue as is stated in Chapter 15.

All in all, this is an essential reference text for any medical personnel who use HbO₂. It provides a vast introduction to the published literature, and as such, this latest edition should certainly be available in all military hospital libraries. Newcomers to the hyperbaric scene should, however, discuss the indications cited in the text with more experienced hyperbaric practitioners, as many of these indications are frankly controversial.

LT COL NK COOPER RAMC

Army Professor of Occupational Medicine

Resuscitation Rules. Tim Hodgetts, Nick Castle. BMJ. 1999. £13.95 Pp vi+116. Illustrated. ISBN No. 0-7279-1371-9

Resuscitation Rules is a pocket guide to the data central to the emergency management of patients. It is aimed at doctors, nurses, paramedics and practitioners trained in resuscitation. It has been written by Tim Hodgetts, the Consultant and Speciality Adviser in Accident and Emergency Medicine to the Defence Medical Services and Nick Castle, the Resuscitation Training Officer at Frimley Park Hospital. The book acts as a companion to Trauma Rules which gave us the same approach to learning about the management of injured patients. Resuscitation Rules stresses the importance of an evidence-based approach to resuscitation and provides key references as footnotes. The book is divided into sections, Basic Life Support, Advanced Cardiac Life Support, Medical Emergencies and Paediatric Resuscitation and provides a series of 'rules' illustrating the fundamentals of resuscitation.

For those who have had the 'Hodgetts Experience' during a real resuscitation it will come as no surprise that his 'rules' are delivered in a forceful, dogmatic but ultimately engaging style. The emphasis is practical and based on a problem-solving approach and while the book would not prove too useful in the setting of the resuscitation room, reading and absorbing the rules will provide sound practice to fall back on. Some of the 'rules' will undoubtedly 'stick' in the readers' minds and provide a useful aide-memoire for those of us faced with critically-ill patients. The paediatric section is particularly useful as this is an area where training and experience may be hard to come by.

From a surgeon's perspective, this book clearly sets out sound practical advice for the emergency management of patients. Basic Life Support and Cardiac arrest rhythm treatment algorithms are easy to follow and the footnotes are valuable.

My hackles rose only when I read how physicians secure chest drains (to a little flag of tape, apparently!), and I was surprised to read a description of the technique of pericardiocentesis after reading the (correct) rule "that a positive pericardiocentesis only

indicates there is a clot at both ends of the needle”.

Those tiny points aside Resuscitation Rules is an easy to read, informative and enjoyable contribution to the literature surrounding the management of resuscitation which deserves to be widely disseminated and read by all practitioners who are, or may be faced by critically ill patients. Perhaps by surgeons most of all.

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Disease and History. 2nd Ed. Frederick F Cartwright and Michael Biddiss. Sutton Publishing 2000. £20.00. Pp VIII + 230, Illustrated. ISBN 0-7509-2315-6

This book is the result of the collaboration between a doctor and a historian, the aim being to provide an easily accessible account of how disease has influenced history. This they have done admirably.

The book of ten chapters covers disease from the ancient world right up to HIV/AIDS and includes such subjects as The Black Death, Syphilis, Cholera, Malaria and even how the Monarchy, at the beginning of the 20th century, was affected by Haemophilia. The style of writing allows the reader to understand and enjoy this book and the manner in which the historical background to the subject is presented, assures that the reader's attention is maintained.

In the chapter The Black Death the authors inform us that the movement of British troops back and forth to France contributed to the spread of the disease and the Black Death itself brought about a six-year truce in the fighting with France. The chapter entitled General

Napoleon and General Typhus puts forward the theory that Napoleon's defeat in 1812 was due to a combination of failing judgement and typhus, which spread throughout his army. According to the authors, typhus has been associated with warfare for centuries; the conditions that men live in on campaign contributing to the spread of the disease and examples are given for the many campaigns in the fifteenth, sixteenth and seventeenth centuries. Napoleon himself, was not of sound health and it has been suggested that he suffered from epilepsy and even syphilis but the latter has been disproved. He also suffered from migraine and prolapsed haemorrhoids. It was the latter which almost brought his triumphant return to Paris to an end. For part of the journey he lay prostrated in his carriage, unable to ride or walk.

On the eve of Waterloo Napoleon was worn out and his piles agonizingly painful and therefore his judgement was clouded on the famous day in June 1815. Perhaps if he had been fit and well then the course of history would have been dramatically changed.

The subsequent chapters, including those on Cholera, include references to the army and Sir David Bruce is mentioned in the chapter entitled Mosquitoes, Flies, Travel and Exploration. His travels and investigations into sleeping sickness, accompanied by his wife, are the subject.

The book is recommended to both the serious student and those with a general interest in medical history.

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