
BOOK REVIEWS

Evidence Based Paediatrics and Child Health. Virginia A Moyer, Elizabeth J Elliott, Robert L Davis *et al.* BMJ Books. HB. £65.00. Pp ix-384. ISBN No. 0-7279 142-3.

Since its inception in 1991 Evidence Based Medicine (EBM) has been more acceptable to clinicians regarding patient care. This book, which has around 400 pages, is the first of its kind in paediatrics, authored by around 70 paediatricians and allied specialists from North America, Australia and Europe and is aimed at practising paediatricians.

It has 3 sections, the first section which has around 100 pages, deals with means by which evidence is found, evaluated and applied to individual situations, and is aimed at clinical paediatricians. In the past EBM is rarely taught at the undergraduate or postgraduate level and this book helps us to address the problems by thinking laterally and addressing the available medical literature by which some of the recalcitrant clinicians can be made to feel humble.

Section 2, which has around 60 pages addresses the routine medical practice regarding screening and preventative paediatrics and deals with subjects such as development delay, immunisation, injury prevention, childhood obesity, sudden infant death syndrome and smoking at school. This section also deals with the routine of care of well children and school children.

Section 3, which covers over 200 pages addresses the common paediatric clinical problems discussing the diagnosis, investigation, treatment and prognosis. The medical treatment of common clinical conditions are addressed with the review of the medical literature available to date, and advises the reader the recommended practice based on evidence.

It is a very useful book in every hospital where Paediatrics is practised and should be available in the department or in the hospital library so that the current medical practice can be assessed, altered and audited based on Evidence Based Medicine which should be the way forward.

Lt Col B Moorthy
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Local and Regional Anaesthesia. Per H. Rosenberg. BMJ 2000. £25.00. Illust. PB. Pp 175. ISBN No. 0-7279-1480-4.

This text aims to provide a concise up to date overview of current practice in local and

regional anaesthesia. It covers the required core of knowledge of pharmacology, toxicity, complications, technical and practical aspects of procedures, before more specific chapters on practice for ambulatory surgery and obstetrics. The chapter on current controversies provides an extremely useful, more in depth perspective of a limited number of key issues including ensuring placement of an epidural catheter and comparison of methods used for axillary brachial plexus block.

The chapter on common local anaesthetic blocks provides an overview of how to perform a variety of blocks with some useful illustrations. However, for someone looking for how to do a particular block, more detailed and better illustrated texts are available.

I recommend this as useful reading for a trainee, for both clinical examination use and also for consultants or career grade practitioners as an update on current practice dealing well with some questions which trouble all who practice in this field.

Lt Col P Sadler

The Oxford Companion to Military History. Edited by Richard Holmes. Oxford University Press, 2001. Illust. + maps. £35.00. Pp 1048-xxi. ISBN No. 0-19 - 866209 -2.

This weighty tome, edited by Professor Richard Holmes, well known as a military historian and broadcaster, is hardly bedtime reading or even a book for the casual military historian. As the flyleaf states, although the book provides an overview from classical to modern times, its primary focus is on land warfare from the 18th century to the present day. With over 1300 entries compiled by over 150 contributors, including in excess of 70 maps and numerous diagrams, as one would expect it is a comprehensive work.

There are numerous entries in the field of military medicine and here are to be found numerous inaccuracies. Under the heading 'Ambulances' it is stated that modern military ambulances include in their equipment 'blood transfusion apparatus' and all modern western armies employ purpose equipped medivac/casevac helicopters. There is no reference to the term being used to describe a medical unit.

There are entries under the heading 'Casualties' and 'Psychiatric casualties' and in both cases the references are poor, citing Redmond McLaughlin's Famous regiments edition 'The Royal Army Medical Corps' but with no mention of the major reference work on the subject, Cantlie's A History of the Army Medical Department or even the more

recent Centenary History of the RAMC by Blair. Nor is there any mention of the numerous books that have appeared of late on Shell Shock.

Baron Larrey is credited with the introduction of wound debridement and the contributor states that this technique was revived during the Falklands Campaign. I am sure many military surgeons will take exception to the inference that this technique lay dormant for many years prior to 1982.

It is stated that the Army Hospital Corps was formed after the Crimean War but there is no mention to the Medical Staff Corps being formed prior to that and once again the references leave a lot to be desired. These basic inaccuracies are also to be found in other entries such as Hospitals and Military Nurses.

What a pity that the contributions relevant to military medical services were not written by a military medical historian or at the least checked by one.

It is hoped that these inaccuracies are not to be found under all subjects.

PH Starling
Curator AMS Museum

Clinical Governance in Gastroenterology – Key Points for Primary Care.

Greg Rubin, Roger Jones, Jim Price and Richard Stevens. Radcliffe, 2000. £14.95. Pp112. PB. ISBN No. 1-85775-438-7.

The last book I was asked to review for this Journal was on Medical Management for Clinicians by one of the doyens of that subject, Mr AE Young at St Thomas'. His book contained much wisdom but probably failed to achieve its full potential because it was published just too early to incorporate the then new concept of Clinical Governance. This is one of the most misunderstood developments in medicine with too much emphasis on appraisal and revalidation at the cost of the far more important issue of optimising patient care. From this misunderstanding comes more confusion about who should lead on Clinical Governance. Clinicians in primary and secondary care have end responsibility but recognise their difficulty in achieving organizational change particularly at the hospital/GP interface. Public Health doctors are trained in the latter aspects but lack knowledge of best clinical practice.

Here is a book which aims straight at the clinical issues of Governance in gastroenterology. Its authors share a considerable experience in academic and clinical General Practice as well as in gastroenterology and in PCG management. Each chapter takes a common GI problem and lists some key clinical and therapeutic points with further comments on risk management and health economics. In reviewing the appropriately slim and lightly

referenced book it is easy to find unsupported statements with which I disagree, but that would be missing the point. It is a book about Clinical Governance not a textbook of gastroenterology.

What surprised me most was that so much of the book was clearly about secondary care aspects of gastroenterology (for example the chapter on GI bleeding). Those involved in PCGs who are commissioning hospital services must be able to evaluate them, but I hope this book will not be used as a quality check list to turn focus back from patient care to appraising doctors.

Col PJ Fabricius L/RAMC
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Occupational Health Matters in General Practice. Ruth Chambers, Stephen Moore, Gordon Parker & Andy Slovak. Radcliffe, 2001. £18.95. Illust. PB. Pp v – 195. ISBN 1-85775-463-8.

All military doctors are, or should be, occupational physicians even if they have not been touched by the golden wand of MFOM and consultancy. This book has been written by 3 occupational physicians and a professor of primary care development and can be used either as part of a distance learning programme with Staffordshire University or simply to expand knowledge.

The book is written in a chatty style and gives a broad-brush approach to occupational medicine. It is evidently written with the busy GP in mind and gives an insight into the spectrum of, and potential for, occupationally associated illness. The reflective exercises and questions at the end of each chapter could form a useful basis for discussion during registrar training sessions on GP training units. Specific answers to these exercises are not provided but this is not surprising as the book is a text for distance learning and there is the option to send answers to Staffordshire University for marking if registered on the course. Since occupational medicine is a wide subject, the book can only touch on some areas but gives detailed advice on elements that would be particularly relevant to practice managers/senior partners responsible for occupational health risk assessments in their own practices. The final chapters give considerable detail on the development of personal and practice development plans and, although they have an occupational flavour, come across as a slight non sequitur.

In summary, this is an interesting book to browse through and a number of the exercises would make interesting topics for tutorials in the military primary care setting as our job is intimately involved with occupational matters. It would be useful to the library but not essential.

Wg Cdr DL Bruce RAF

Clinical Effectiveness and Clinical Governance Made Easy Second Edition. Ruth Chambers and Elizabeth Boath. Radcliffe, £18.95. PB. Pp 184. ISBN No. 1-85775-443-3.

The first edition of this book appeared in 1998 and this new version has been fully updated to include clinical governance issues. The aim of the book is to increase awareness of, and skills in, the adoption of an evidence-based approach to the practice and delivery of healthcare. It assumes that the reader has a degree of literacy in information technology and is a competent user of the Internet and the World Wide Web. Nevertheless, it explains in some detail how to use the various clinical effectiveness sites to their best effect and how to extract the most useful information.

It has a section on research methodology and practical examples to show how clinical governance can be implemented in everyday practice. It gives sound and realistic advice on collecting, evaluating, interpreting and applying evidence in practice and is written in simple understandable language.

The author manages to highlight each stage of the effectiveness process with helpful practical examples that are fully explained. Woven into the text are the core components of professional and service development, which taken together, form a comprehensive approach to providing high quality healthcare services and clinical governance.

I would recommend this book as a valuable addition to a primary care library list and, indeed, to any practice library.

Wg Cdr L Chew
CGPO (RAF)

A-Z of Medical Writing. Tim Albert. BMJ, 2000. £14.95. PB. PP vii-145. ISBN No. 0-7279-1487-1.

I found myself smiling, nodding and even laughing out loud as I read this book. It is written for doctors and healthcare professionals who encounter a range of predictable problems as they prepare articles, chapters, books, grant applications or even just their CV. The book is presented in dictionary format, with some explanations being expanded.

For someone for whom writing is a hobby, and verging on a way of life, I was pleased to learn new editing tips (the "yellow marked test") and a new approach to creative writing ("free writing"). However, much of this book would entertain and inform the occasional writer who dips into its pages in an idle moment. When there is a requirement for guidance, this may also be present but it is not exhaustive.

I did look for an inspirational quote to guide a book review, but was a little disappointed to find the simple statement

"follow the same principles as for review articles, but keep them shorter." Maybe a thought for the second edition.

Col TJ Hodgetts L/RAMC
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Clarks Special Procedures in Diagnostic Imaging. Stewart Whitley, Adrian Moore, CW Alsop and MJ Wright. Arnold. £95.00. Illust. HB. Pp417. ISBN No. 0-7506-1715-2.

It gives me great pleasure to review this excellent book on Special Procedures in Diagnostic Imaging. This book which runs to over 400 pages is a comprehensive description of diagnostic procedures in Radiology for medical officers and radiographers. It will be an excellent guide for radiologists in training and equally it would also be a good reference book for general practitioners. The illustrations and the radiographic pictures are clearly reproduced. The text is clear and comprehensive and covers all the imaging modalities that are available in most UK hospitals. It will be a sound investment to purchase this book for the Service Libraries and for the Radiology Departments.

Gp Capt R Dharmeratnam RAF
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MRCGP Preparation and Passing. John Ferguson. Royal Society of Medicine Press Ltd. 2000. PB. £17.50. Pp 200. ISBN. No. 1-85315-468-7.

This is a well written concise book addressing preparation for the MRCGP examination. It is split into two parts of about 10 chapters, each chapter being written by an impressive selection of experts.

The first part concentrates on some of the broader issues in general practice, including views from John Chisholm and Mike Pringle the Chair of the RCGP, about where general practice is now and where it may well be in the future.

The second part focuses onto the different sections of the MRCGP exam and is written by senior members of the panel of examiners.

This book is less than 200 pages and attempts to summarise what most registrars take 6 months preparing for. It does, therefore, end up more of a brief overview of some of the non clinical aspects of general practice and a description of the papers of the examination. It is in no way a stand alone guide to preparation and passing. There are only limited examples of MCQ, CRQ and MEQs, or even frameworks/constructs/tricks for tackling the different parts of the examination. With each chapter being written by a different expert the book can feel a bit disjointed at times.

During MRCGP preparation most registrars are overwhelmed by the amount of

reading material they are faced with. This book, although an interesting read, could be avoided. In comparison, however, approaching the New Modular Examination (John Sanders) and Notes for the MRCGP (Palmer) would be on my compulsory list. These between them cover a broader list of topics and give some very clear guidance and examples of how to pass the MRCGP examination.

Col JC Richardson L/RAMC
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The Peer Appraisal for General Practitioners. Hilary Haman, Sally Irvine & Di Jelley. Radcliffe, 2000. £19.95. PB. Pp 130. ISBN No. 1-85775-570-7.

This small handbook is a must for all GPs. Revalidation is nearly upon us and the backbone of revalidation will be annual peer appraisal. This is a workbook. It is well written and very easy to follow. It is well laid out with lots of "tools" to be used in the appraisal process. Two of the authors run management development courses and undertake organisational reviews of practices as Haman and Irvine Associates (HIA) while the third is a GP and educational research fellow with the Northern Deanery.

The GMC, RCGP and DOH have all addressed the issue of peer appraisal in recent years. They describe a model of appraisal for general practice based on an individual interview with an *external* appraiser. The authors of this book believe that there is no evidence to confirm that this is the best way to set up appraisal in general practice. They believe that there is a strong argument that appraisal carried out within the practice and based on feedback from primary health care team colleagues and patients is more likely to lead to constructive and informative review. Furthermore, they also believe that group appraisal (rather than individual appraisal) has distinct advantages.

The book is written for those who wish to undertake peer appraisal within a group practice. It is aimed at appraisers and appraisees. It discusses the advantages of group appraisal as opposed to individual appraisal. There are good chapters on training for those who will undertake peer appraisal. The authors state that some may feel that they require no further training after reading this book but that the majority

will be able to identify further training needs.

However, the best chapters concentrate on what a GP should do to prepare for an appraisal and what information and evidence should be collected to demonstrate adherence to the principles of *Good Medical Practice*. For these chapters alone I recommend this book to all GPs who will have to undergo peer appraisal, that is everyone.

Brig DW Smith
Director Army Medical Practice

Surgeons at War. Matthew H Kaufman. Greenwood Press, 2000. £44.95. Pp x + 227. ISBN No. 0-313-31665.

Mat Kaufman examines the training and status of the military surgeon during the late 18th and 19th centuries. In his introduction he tells us that despite excellent schools of military medicine and surgery on the continent, Britain lagged far behind and that any specialised knowledge that the British military doctor possessed was in all probability gained on the battlefield. He commences by giving the 'state of play' of the Medical Department in the late 18th century, briefly touching on the Navy and Ordnance Medical Department.

Kaufman's research started as a study of George Ballingall and the Regius Chair of Military Surgery at Edinburgh University, this subject became so large that it is hoped it will be published as a separate work some time in the future. Here the author devotes a chapter to the subject, briefly including the Regius Chair at Dublin University. The chapter concludes by examining the effectiveness of Ballinghall's teachings.

There is a lengthy chapter on the Crimean War examining both the preparations for war and the conduct of the Medical Department during the campaign in the East. This is followed by a chapter which examines the education of the medical officer post Crimea.

There are extensive endnotes and many contemporary texts have been consulted during the writing of this book. It gives a good overview of the military medical services during the period but does not contain much new information.

Published in USA, the book is expensive for one containing only 227 pages in six chapters.

PH Starling
Curator AMS Museum