
BOOK REVIEWS

Winston's Folly: Imperialism and the Creation of Modern Iraq.

Professor Christopher Catherwood.
Constable 2004. £12.99 ISBN 1-84119-939-7.

After the first world war and the demise of the Ottoman empire, much of the Middle East was ruled by the French and British. Geopolitics dictated that there were tensions between the French, the Turks (under Kemal Ataturk, who later founded the modern Turkey) and the British. In March 1921 Winston Churchill, who was then Colonial Secretary saw an opportunity to rule large areas using two Hashemite kings – Feisal in Mesopotamia (now known as Iraq) and his brother Abdullah in Transjordan (now known as the Kingdom of Jordan). He met with interested parties in Cairo (including TE Lawrence or Lawrence of Arabia) and decided upon the formation of Jordan, Iraq and also the conference had considerable influence upon the formation of Palestine and ultimately Israel.

The recently published book by Christopher Catherwood outlines the history of the formation of Iraq, using many of the documents kept in the Churchill archive. Whilst Churchill was later to be seen as one of the greatest statesman of the twentieth century, the book outlines the many twists, turns and unfortunate decisions made during 1921, which continue to resonate and have impact in modern Iraq today. The book outlines in detail the history of Mesopotamia, the ethnic mix between Kurd, Sunni and Shi'ite and the tensions between them and the ways in which the British tried in one sense to have control, but also to reduce costs to the minimum. It also articulates the reasons why Britain wished to have control of Iraq – interestingly not initially for oil but to have a passage to India and Persia (Iran). Having read the book, many of the lessons from the early 20th century are just as apposite in the early 21st. If you would like to know more about Iraq as an academic historical exercise the book *Winston's Folly: Imperialism and the Creation of Modern Iraq* is recommended.

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**Textbooks of Military Medicine:
Ophthalmic Care of the Combat
Casualty**
Borden Institute

Although at first glance this book may seem too heavily slanted towards the US historical experience, delve a little deeper and it will be seen to be of universal interest.

Several of the section authors who are known to me personally, have ophthalmic war experience dating back to early Vietnam, and some had experience as soldiers before turning their M16s into if not ploughshares, then various forms of ophthalmic instrumentation.

I would particularly recommend the chapter by Frank La Piana & Tom Mader on '*Lessons Learned*' and wish it could have a more general distribution to Staff & Role 1&2 units, perhaps as a pamphlet or chapter in the Corps Journal. Issues such as equipment scales, the requirement for a harmony between how fast the system can get a casualty to treatment and the equipment, personnel and training available there are explicitly identified and discussed.

For the most part, the rest of the book is aimed at military ophthalmologists and those involved in the management of ocular trauma. However, the chapter on Ocular Trauma Scales is of interest to A&E specialists, and I would particularly draw their attention to the Madigan Eye & Orbit Trauma Scale. Whatever the criticism of such scales, one thing they do achieve, is to force the examiner to assess the injury and not 'patch and ship'. In tense circumstances, faced with unfamiliar injuries, they may also provide a calming influence.

Almost uniquely, there is a chapter on ocular Chemical and Biological injury, with a mix of recent photos and an illustration I recognise from one of my grandfather's WW1 books on Gas eye injuries. There is a most useful summarised classification and suggested evaluation template, with an up-to-date topical treatment regime representing current best practice. Some of the referenced source is available through the US Army website which has been recently updated; the current web address for Medical Aspects of C&B Warfare is http://www.bordeninstitute.army.mil/cwbw/default_index.htm. It still amazes me how accessible the US make this sort of information.

The full range of globe and periocular trauma is covered in authoritative, well-illustrated and well-referenced chapters. Detailed and evidence-based treatment advice is presented in uniform, clearly laid out and easy to follow protocols, and this includes an excellent chapter on traumatic optic neuropathy, an injury often associated with seemingly trivial bumps to the forehead. This book never resorts to phrases like: 'in some cases steroids may be considered', it

tells the reader when they are appropriate, how much to give and why, always backed up by a balanced review of the studies underpinning this advice.

Perhaps slightly less satisfactory are the chapters on laser injury and geographical (tropical) ophthalmology, but this is a minor criticism and to cavil at an overwhelmingly superb contribution to ocular trauma in general and military ophthalmology in particular. I hope the RAMC Journal editor will contact the authors for permission to reproduce the 'Lessons Learned' chapter. If not, it is freely available at http://www.bordeninstitute.army.mil/ophthalmiccare/default_index.htm by selecting La Piana on the index & paging down.

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Textbook Of Hyperbaric Medicine 4th Edition. KK Jain. Hogrefe & Huber 2004. £70.00. Pp xiv-536. ISBN No. 0-88937-277-2.

The fourth edition of this well respected text follows the traditions of its predecessors in providing a clear introduction to the practice of hyperbaric medicine as well as discussing the various indications for the use of this therapeutic modality, in the course of which no less than 1700 references (the majority recent) are cited.

The maintenance of Type 1 and Type 11 classifications of decompression sickness following Haldane's work of the last century continues to surprise this reviewer, but apart from this the book's clear and concise (164 pages fewer than the 3rd Edition) format provides a text which is both reference and teacher. Terrestrial practitioners of Environmental Medicine (which most of the Army Occupational Medicine cadre are) will be interested in von Heimburg's (2001) case cited on p159 where hyperbaric oxygen (HBO) applied 3 days after frostbite – when amputation of the affected fingers was being considered – resulted in complete recovery after two weeks of daily HBO treatments. To quote from the text: 'HBO counteracts tissue hypoxia and reduces edema. It promotes wound healing and prevents infection. Eventually it helps to demarcate the necrotic area from the viable area...HBO is indicated in ischemia that is refractory to other measures and where surgery is considered to cover soft tissue defect'.

As expected in a book edited, and part authored, by a neurosurgeon there are several well evidenced chapters on the use of HBO to treat neurological disorders, including strokes (controversial) and multiple sclerosis (still very controversial). HBO in the treatment of

headache is well written up in Chapter 22 by Dr Caroline Fife, an acknowledged US based researcher in the subject, and although no startling claims are made, the editorial comments on p103 on the economic and quality of life benefits conferred upon sufferers from cluster headache and migraine by HBO are worth the attention of any DMS Medical Officer. Lamm's 1998 review of HBO in hearing loss amongst German patients (many military) is summarised on p377 and a tantalizing suggestion of the reduction in frequency by HBO of episodes of dizziness amongst Meniere's Disease sufferers is cited on p376.

The world distribution of hyperbaric facilities shown on pie-charts on p464 demonstrates that more than two thirds are located in Russia and China. In Europe nearly two thirds are in Germany, France and Italy combined. Clearly wherever a hyperbaric facility is available hyperbaric treatments are offered more frequently, even where the indication may be less clear cut than in cases of, for example, CO poisoning or near-hanging. But to quote from the inspiring forewords by Professors Edward Teller (one of the 'fathers' of the atomic bomb and latterly a philosopher of science) and James Toole (a distinguished US neurologist) *'the uphill battle for acceptance of HBO as therapy now rests on a solid foundation. It also means that the 'decade of HBO'..... has now come'*.

This excellent edition should accordingly be accessed by the defence Medical Library Service forthwith.

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Meta-Analysis – A Comparison Of Approaches. Ralf Schulze.

Hogrefe & Huber 2004. €39.95. Pp 256. ISBN No. 0-88937-280-2.

This thorough-going addition to the literature by a statistician at the University of Muenster aims to guide the reader through the defects inherent in the various approaches to meta-analysis. The first chapter sets the scene viz. 'making sense of heterogeneous results (i.e. those results which do not fit the mathematical model or graph) can be rather frustrating not only for researchers but also for policymakers. (These may have the adverse effect of a negative appraisal of a whole scientific area potentially leading to cuts in funds and bad reputation (sic)'. At a time when evidence-based medicine – itself so underpinned by meta-analyses of one sort and another – dictates to policymakers the way medicine should be practiced it is appropriate to take stock of the

statistical models from which meta-analyses are themselves derived.

Although much of the author's evaluation derives from methods used in the area of Psychology, the fundamentals, specifics and recent advances in approaches to meta-analysis are explored and the several procedures compared – these methods being common to all areas (including medical ones) where meta-analyses are used. Whilst the book is not an easy read the first six chapters on effect sizes, frameworks of meta-analysis and statistical approaches to meta-analysis (including population standardised mean difference and correlation coefficient respectively as effect sizes) should be within the grasp of anyone who has completed a research methods course or else undertaken any research requiring statistical analysis.

In the third part of the book, the results of a comprehensive Monte Carlo study are presented in order to evaluate the performance of the approaches in a large set of possible situations. The book concludes with a comparison of the theoretically expected results of each approach with those from the Monte Carlo study, thereby showing the circumstances under which each approach may fail to provide reliable results.

It is always possible to give undue weight to a startlingly favourable, but statistically insignificant, set of results using meta-analysis and those who accept (or worse still are persuaded against their better judgement to accept) the results of flawed meta-analysis do so at the peril of others who are affected by the subsequent decisions.

In summary, this is a timely book which should be included in the Defence Medical Library Services collection as well as on the bookshelves of those with a particular interest or expertise in statistics. A clear definition at the back of the book of the statistical nomenclature used provides the key to a comprehension of the apparently forbidding, but purely logical, mathematical transformations used. For those without the time or interest to go through these, which is probably most of us, the book's message is that a healthy scepticism is an essential when considering the results of meta-analyses as it is when considering any other statistically - based information. Or as the ancient dictum of the London Physician Sir Robert Hutchison puts it: *'From too much zeal for what is new Good Lord deliver us.'*

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