

BOOK REVIEWS

Diving in High-Risk Environments

3rd Edition. Barsky SM
1999 Intro+197 pp soft cover
Santa Barbara, CA: Hammerhead Press
E-mail: www.books@hammerheadpress.com
Price: \$ US 31.95 plus postage and packing
ISBN: 0-9674305-1-8

This is a book which one could hope that no one needed, as in the words of the warning on the first page: "Diving in contaminated water is very hazardous and is not recommended." Now in its third edition and written by a trained human factors engineer who was a pioneer of underwater video links it has become a standard work, and as such is worthy of the attention of anyone interested in the individual protective equipment and work techniques of those whose work leads them to dive in contaminated media. As the text rightly points out divers often work in environments of which they have little knowledge and in an increasingly polluted and profit-driven world commercial as well as military and forensic reasons may require a diver to enter waters heavily contaminated with pathogenic protozoa, bacteria and viruses (the subaquatic sludge composed mainly of undecomposed sewage off New York is one of many examples), perhaps combined with toxic chemicals or, on occasions, radioactive particles. These hazards are well summarised, along with the engineering requirements to protect the diver from them. Procedures to allow the diver to enter the contaminated environment, exit and then decontaminate follow patterns well known to military readers of the Journal who have undergone NBC training, but these are described at a level of detail worthy of the level of danger involved – the bottom line being that a contaminated aquatic workplace is far more unforgiving to humans entering it than a land-based one.

The book includes numerous concise case histories illustrating what happens when things do not go to plan. US Environmental Protection Agency levels of protection are cited – the British reader having to go elsewhere for HSE and EU directives – but the principles described in the book are universal ones. I particularly liked the tables of test results for various contaminants and the chapter on equipment maintenance both of which, together with the glossary of terms and the necessarily somewhat dated bibliography, make this a complete teaching and reference text.

For those especially interested in protecting the individual diver in contaminated environments the book would be worth acquiring; for the rest of us it is certainly a reference which should be acquired by the DMLS library. A book perhaps more for the diving officer rather than the diving doctor – but the latter should necessarily know how to access the book's contents when called on to advise on risk assessment.

N K Cooper
Lt Col RAMC
Consultant Occupational Physician,
HQ BFG Health Service

Investigating Recreational and Commercial Diving Accidents

1st Edition. Barsky SM & Neuman T
2003 xv +235 pp soft cover
Santa Barbara, CA: Hammerhead Press
E-mail: www.books@hammerheadpress.com
Price: \$ US 31.95 plus postage and packing
ISBN: 0-9674305-3-4

This title encompasses a fascinating blend of diving technology and practice with the forensic methods required to inform a legally valid investigation when divers injure themselves or die either in the water or else when preparing for or recovering from a dive. The lead author, Steven Barsky, has many publications to his credit which reflect his extensive diving experience and has teamed up with Dr Tom Neuman, a former US Navy diver turned hyperbaric physician. Both clearly have had the experience of being witnesses to fact and expert witnesses as to opinion in the investigation of diving accidents – indeed the book is described in its introduction as "the end product of handling diving accident investigations for several major insurance companies and numerous attorneys."

The rigorous tone of its contents is set in the lead author's introduction on p xiv where he rightly points out that wild speculation, assignment of blame, recriminations and the making of assumptions all tend to follow any diving fatality or serious accident; hence the necessity of sober and scientific enquiry into such events in order to reduce risk in the future. Details of types of diving equipment, physiological factors in diving accidents, talents and characteristics of the investigator and his equipment and techniques are followed on by points for inspecting a diving accident site, non-diving accidents (oxygen fires, eye injuries and compressor accidents can each be catastrophic), what to look for in a recreational diving accident as compared with one involving a professional or commercial diver and a good final chapter on report and testimony (witness statement) preparation.

So what can a book describing United States legal practice (originally derived from Britain) and non-European regulations teach a British military doctor? A good deal in this reviewer's opinion. There is a wealth of practical points described which would help anyone faced with the immediate aftermath of a diving accident who is expected to make a statement to the police, coroner or Service Board of Enquiry. Considerable specialized literature on the pathology and investigation of diving accidents exists in textbooks of diving medicine and in the professional journals, but it is unusual to find a practical book on how to conduct an investigation which is both clearly illustrated and user-friendly. Having as a newly-qualified doctor had to be both a witness of fact and opinion to Queensland Marine Board of Enquiry on a snorkelling fatality which served to markedly tighten the previously loose regulation of recreational diving on the Great Barrier Reef, the reviewer agrees with the authors' statement that such things are not happy work but satisfaction is to be gained in subsequent risk reduction or else in new safety legislation. This is definitely a title for the Defence Medical Library Service and is recommended for the forensically aware diving doctor.

N K Cooper
Lt Col RAMC
Consultant Occupational Physician,
HQ BFG Health Service

How to succeed in writing a book

Chambers R, Wakley G, Nineham G et al
Radcliffe Publishing, Oxford 2006

In the current training climate, the pressure to stand out from a peer group in just 150 words of text box may lead the junior clinician to consider dipping a toe into the world of publishing. And what better way to do it than write a book? To those pursuing this line of thought, book entitled "How to succeed in writing a book" sounds ideal; an instruction manual for success, maybe.

However, as with joining instructions and menu F rations, all is not as it seems. The central principle of the book appears to be that the reader has decided to be an author, but does not know what to write, how to write, who to write for, or who to publish with. In the literary world this may be a valid route, but medical publishing is unlikely to be suitable for this kind of aspiration.

The key to getting a book published is finding a niche for the content that is currently unfilled and choosing a style likely to suit a particular publisher; i.e. form a new title in an existing range. There is likely to be little success to all except the most established authors when suggesting a new range and format entirely *de novo*; this is a critical point overlooked by the book.

More worrying still is the inclusion of self-publishing, or "vanity publishing" as an option for publication in a book aimed at medical writing. There is no acknowledgement of the neutral, or indeed detrimental CV effect of self-publishing – more importantly, financial ruin also escapes mention. If a book is worth publishing, it will be paid for by a publisher. Otherwise, staking dwindling junior doctors' pay cheques on it simply cannot be recommended.

The section on time-management is a useful concept, but is numerically loose. The timelines for production are optimistic – average writing time for an Oxford handbook, for example, is around 2 years. This text's suggestion, therefore, that writing can be undertaken in 10 man-days, albeit for a smaller text, is risible. There is insufficient acknowledgement of the fact that the writing, editing and production liaison must all be undertaken around a clinical schedule.

An area given scarce coverage (again a significant one in personal experience) is author management. The book appears to be aimed much more at the solo author, a rare breed in medical publishing. It is vital for the success of the project and the sanity of the editors that a team is chosen of authors who are methodologically sound, reliable and ideally have some

experience of writing. An academically bad submission is problematic, a late bad submission worse. This should be emphasised, as should the complex relationship of the editor with publishers on the one hand and writing team on the other. A chapter on literary agents, again, seems out of place in a medical publishing book. Although royalties can be generous, few medical authors need worry about agent representation!

The topics of outlining a proposal and post-submission production are useful, but possibly too generic. The publishing houses tend to have their own process and structure to proposal and production; the would-be author is far better advised to discuss this process with them.

Overall, this book is an interesting concept, but fails to deliver, mainly due to odd choices of topic inclusion and creating the emphasis of author-driven publication.

The doctor with an idea for publication is far better advised to spend half an hour in a medical bookshop identifying publishers who may have an interest in the area, then emailing the series editor informally. If the publishers are interested, the rest of the process will be expertly guided by those who know it best.

Capt PRJ Page
Senior House Officer in Trauma and Orthopaedics