

### **Organ Donation and Transplantation After Cardiac Death**

D Talbot, A D'Alessandro. 2009  
pp 360. Oxford University Press . £75  
Hardback. ISBN: 978 - 0199217335

Recent years have seen a dramatic increase in the number of organs donated from non-heart beating donors for a variety of reasons. This excellent little book summarises the ethical and practical issues involved in non-heart beating donation from both the perspective of those involved in donation and also from the surgeon's perspective of performing the transplant. It therefore informs and educates all those involved in non-heart beating donation however peripherally or infrequently from emergency medicine and former specialists through to intensive care staff who may only rarely be involved in this process through to surgeons who practice this process every day. In this intent the book succeeds excellently with extremely well written chapters for a variety of internationally acknowledged leaders in their field.

There has been a dramatic increase in non-heart beating donation in many countries especially over the past 5 years and so many more staff are being involved in this process leading to some being either ignorant of the process or concerned about some of the ethical issues raised. In the UK non-heart beating donor numbers have increased from around 10 in 2002 to 200 annually in 2008. This expansion means that donors may now come from emergency medicine departments and even stroke wards leading for the need for a dramatic expansion in the numbers of staff who need to be aware of this process now including emergency medicine physicians, stroke physicians, cardiac intensive care staff and this book will serve excellently to inform them in clear easy to read as well as being authoritative and informative.

The first human to human transplant being performed by a Voronoy in the Ukraine in 1933, this kidney was transplanted 6 hours after the death of the donor which surprisingly did not function being subject to 6 hours warm ischaemia. Only subsequently when the Harvard Criteria for brain death were accepted in 1968 did the source of organs for transplantation move to brainstem or brain dead donors. It is both the shortage of organs for donation as well as better understanding of ischaemia, preservation and assessment particularly from kidneys pre-donation that has led to this dramatic increase in successfully transplanted donors. Survival from non-heart beating donors is now at least as good as survival from those kidneys donated and transplanted after brain death certification.

Those involved in this process are well aware of the ethical and legal changes which have occurred over the last few years particularly in the UK but in also each country of the world as they have come to terms with establishing frameworks for this process whilst at the same time protecting the donor. For those who do not work regularly in this process it is likely that the expansion from this donor pool will mean that many more staff will need knowledge of this process to support it.

This little book, which is both authoritative and easily readable, serves to inform both sides of donation and transplantation and I cannot recommend it highly enough to anyone likely to be involved in non-heart beating donation. It should be essential reading for anyone working in emergency medicine or trauma departments or intensive care and the depths of knowledge is sufficient to inform the surgeon and

other staff who are involved in the process of organs donation and transplantation itself.

It should be available in all emergency departments and intensive care units and whilst I would have personally liked to have seen more contributions from intensive care or the donation side of the process, the majority of contributors being surgeons working in the field, this does not really detract from the book as this sections on ethics, certification of death, withdrawal of support and the international perspective are well written and authoritative.

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### **Otolaryngology and Head and Neck Surgery**

R Corbridge, A Thirlwall, S Patel, G Warner,  
P Martinez-Devesa. 2009  
pp 896. Oxford University Press. £42.95  
Paperback. ISBN: 978 - 0199230228

Otolaryngology and head and neck surgery is the latest volume from the Oxford Specialists handbooks in surgery series. This series of concise but authoritative little textbooks has long been relied upon by junior and middle grade doctors requiring accurate information and advice in the clinical setting.

This new book is a most welcome addition to this series and is to be highly recommended. It covers the broad scope of ENT in a detailed and accessible manner from the emergency setting to the outpatient's clinic and into the operating theatre. Whether new to the speciality and simply passing through or preparing for higher specialty examinations in otolaryngology, this book is to be highly recommended as a comprehensive and yet immediately available information resource.

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### **Outpatient and Primary Care Medicine: 2008 Edition**

PD Chan, DM Thomas, EK Stanford. 2008  
pp310. Current Clinical Strategies Publishing \$15.95  
Paperback. ISBN: 1934323063 / 9781934323069

This no nonsense American book full of guidelines (310 pages) and precise descriptions of common medical conditions in "ambulatory" patients. It is in short note form and reads a bit like a lecture summary. The book could be a useful as a quick reference book although uses American terminology and drug names. However the American guidelines are somewhat different to the NICE guidelines followed in the UK. Examples of these differences include that when looking at cholesterol screening the author states that "as part of a National Cholesterol Education Programme, screening (for cholesterol) should be performed at least once every 5 years for all persons over the age of 22". The book advises that cervical smears should be performed annually in patients under 30. There also seems to be a low threshold for antibiotic prescriptions. I found myself looking for differences in medical practice between the USA and UK. Clearly we follow different guidelines.

The book assumes rapid access to laboratory investigation such as sending throat swabs on all patients with possible "tonsillopharyngitis". In heart failure "all patients should have an echocardiogram". There is no discussion as how long this might take!

This book might be quite useful as an alternative way of testing yourself leading up to a medical knowledge exam. However it is not a book I would recommend for routine use in a DMS medical centre. Rather disappointedly, the binding of the book seems to be falling apart after one read – not a good start.

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## **Napoleon's Poisoned Chalice – The Emperor and his Doctors on St Helena**

Howard M

p. 253 The History Press £20.00

ISBN: 978-0-7524-4857-2. 2009

“What need is there to call another doctor ? Will he understand my disease any better ? If Corvisart or Larrey were here, I should have confidence and some hope; but these ignoramuses know nothing of my illness.” When the patient uttering these words in Italian (the first language of the Corsicans of his day) was Napoleon Bonaparte within a few months of his death in 1821, the doctors attending him were mostly British and the Governor of St Helena was the oversensitive Lieutenant General Sir Hudson Lowe, then the ingredients of a good read are available and are well blended in this title by the medical historian and pathologist Dr Martin Howard.

An extraordinary range of contemporary sources are marshalled in the book . Before the era of mass media and internet publishing there was considerable public interest in the life and death of General Bonaparte both in Europe and America - it was a serious offence for British personnel on St Helena to refer to him as “Emperor”. Those individuals with

personal contact with him tended to publish - and thus profit from – first hand accounts of their experiences. The tightly circumscribed and intensely observed range of duties expected by the Governor of military (and in one case East India Company) doctors attending the former Emperor made for an especially high level of tension whenever their patient was indisposed. He could not be seen to die from neglect yet equally he was a prisoner for life of the British Government.

Commissioners were appointed by other countries involved in the post-Waterloo peace treaty to observe Napoleon Bonaparte's captivity and report back. The Russian Commissioner Balmain's accounts are particularly detailed and thus regularly cited in the text. Was Hudson Lowe over-promoted to three star rank and thus destroyed from within by his deficiencies ? Read the book and form your own opinion on this, as well as on the behaviour of the British Admiralty towards Surgeon Stokoe of the Royal Navy. The latter, after being declared fit by a perfunctory Medical Board in London, was not disabused by higher authority (who had approved his being court-martialled) of his reasonable supposition that his performance on St Helena had been satisfactory. Upon his return there the court martial dismissed him from the service for allegedly disobeying gubernatorial and Flag Officer's orders not to attend Napoleon nor to discuss anything apart from medical matters with the high-profile patient. This is definitely a title for accessing by the DMLS and for reading by any health care worker with an interest in Napoleon Bonaparte and his times - especially those older readers of the RAMC Journal who may have attended the solitary inmate of Spandau Prison in Berlin not so very many years ago.

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