

Book Reviews

Home Telehealth: Connecting Care Within The Community. Eds Richard Wootton, Susan L Dimmick, Joseph C Kvedar. Royal Society of Medicine Press, London, April 2006. 280pp. £29.95. ISBN 1-85315-657-4.



At first glance this book is a collection of chapters about a somewhat obscure subject with the usual balance between offerings of excellence and those with impenetrable prose. On closer inspection however this is a deeply subversive book which attempts to undermine the “twin towers” of healthcare in the industrialised world: that hospitals are veritable temples of healing and that community care provided by an increasing number of skilled doctors, nurses, social workers, occupational therapists, psychologists, dieticians, speech and language therapists, audiologists, physiotherapists, healthcare assistants and many, many others is a shining example of excellence. The book’s editors are much too clever to state their subversive views explicitly, but they come through clearly in the book’s content. There is for example a chapter which purports to show that patients actually like to be followed up at home using technology and even prefer it to being followed-up in hospital clinics or having regular visits by a nurse. Well how subversive is that?

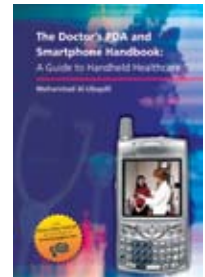
However the real aim of this diabolical book comes in the next chapter entitled “Business models and return on investment”. This claims that home telehealth is cheaper because it keeps people out of hospital. It even quotes an example from obstetrics in support of this notion. Are they saying that people having babies shouldn’t all be admitted to hospital? Preposterous! No specialty or disease seems safe from the contributors’ demonic rants: renal medicine, palliative care, asthma, congestive heart failure, AIDS, wound care and even cardiology are all identified as targets suitable for increased delivery of care at home using technology. Unbelievable! The jewel in the crown of these home telehealth fanatics is of course diabetes. So what, if by the year 2030 there are only two sorts of people in the UK – those with diabetes and those looking after them? So what if all the existing health real estate - hospitals, nursing homes, even Department of Health offices - will be needed to house this patient population? Surely this is better than some half-baked system where patients are encouraged to take more responsibility for their own condition, and have their disease monitored (and any adjustments in treatment made) remotely without the doctor or nurse even seeing them! They even suggest that the diabetes specialist can be thousands of miles away! How demented is that!

The final insult of this book is a chapter on “Quality of Care” (cunningly hidden between offerings on Home Dialysis and Diabetes). As doctors and health professionals, we all know that we all provide an extremely high quality service to all our patients. To suggest otherwise is nonsense and to state

that factors such as *timeliness* and *patient-centeredness* should be used to assess quality is completely ludicrous. The only people who will wish to read this book are those pathetic individuals who think their existing service isn’t completely perfect and are sufficiently broad-minded (weak?) to wish to look at other ways of doing things. Clearly that will leave many copies unsold and I hope that these will be publicly burnt.

Victor Patterson

The Doctor’s PDA and Smartphone Handbook: Mohammad Al-Ubaydli, Chris Paton. Royal Society of Medicine Press Ltd, London, April 2006. 80pp. £12.95. ISBN 1-85315-686-8.



This is a potentially useful little book for anyone considering buying a handheld computer, personal digital assistant or smartphone. At £12.95 it is expensive for a pocket sized book of less than 80 pages with rather poor quality black and white illustrations and images. The book covers all that you would need to know in deciding which hardware best suits your needs, but could perhaps explore this important area in a little more detail in a single chapter – the information is scattered throughout the book.

The book may be valuable to those who have bought, but are unsure how to get the best out of their handheld. It certainly does illustrate how to use the common features of these devices – but then so does the manual that comes with the device! It does illustrate with short vignettes how this applies to medicine. For those who already use these devices, the first 6 chapters will probably add little knowledge, but will give the occasional gem. This is always a difficulty with this sort of book. Do you aim at the absolute beginner, the intermediate user or the serious enthusiasts, or can you cater for all three? The final chapters on extra software, medical references, security and databases provide basic introductions to these topics, but “power users” will want to research these topics in more depth after reading the book.

If you already own *Handheld Computers for Doctors* by the same author, this book will add very little that is new and that you cannot easily find using Google. It is worth a look, but I would advise browsing through the book before buying it, to see if it meets your needs.

Terry Irwin

Ambulatory Hysteroscopy - An evidence-Based Guide to Diagnosis and Therapy in the Outpatient Setting. Shagaf H Bakour, Sian E Jones, Khalid S Khan. Royal Society of Medicine Press Ltd, London, May 2006, 142pp, £29.95. ISBN 1-85315-640-X.



Hysteroscopy has largely replaced old-fashioned Dilatation and Curettage as the investigation of choice for abnormal uterine bleeding.

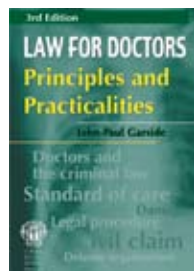
It remains the most commonly performed gynaecological procedure in the United Kingdom and is still normally carried out under general anaesthetic. There appears to be little reason why the majority can't be performed under local anaesthetic—the subject of this book. The three authors are well known and published in the field of hysteroscopic surgery. The book however has a highly practical side and contains a large number of colour photographs amongst its 141 pages.

The book is well written with chapters on how to set up an outpatient hysteroscopy service including advice on providing a business case for those interested in developing a service in their local hospital. Further chapters are provided on performing operative hysteroscopy under local anaesthetic, the accuracy of hysteroscopy using evidence based approach and risk management. In keeping with modern educational practice each chapter contains multiple-choice questions and a table of key points listed.

A personal quibble is that the book contains little information on the use of transvaginal ultrasonography to determine which women require a hysteroscopy. In conclusion, this book would be of great benefit to experienced clinicians aiming to set up a new ambulatory hysteroscopy service and to year three to five Specialist Registrars undergoing the RCOG special skills module in hysteroscopic surgery. The book is probably less relevant to trainees prior to the part II MRCOG examination.

Hans Nagar

Law for Doctors -Principles and Practicalities. John Paul Garside. 3rd Edition, The Royal Society of Medicine Press Ltd. London. June 2006. 94pp. £14.95. ISBN 1-85315-681-7.



Law for Doctors is a small volume of just over ninety pages. However, encompassed within its ten short chapters is almost all the information required by today's doctors in dealing with medico-legal events, whether writing a medical report for legal procedures or taking on the role of expert medical witness. It is easy reading, and at the conclusion of each section references are cited and appropriate cases are listed for further study if required.

Probably all the sections are of equal value but the reviewer would highlight the following chapters:

“Principles of Negligence, Duty and Standard of Care”, “Consent: Minors and the Mentally Incapacitated; Research; Training” and “Doctors and the Coroner’s Court” as being particularly informative.

This book is a gem. It should be read by every doctor regardless of speciality. It also should be available in every hospital department and in all health centres. The reviewer wishes that it had been available twenty years ago!

Elizabeth E Mayne

Perspectives on the Face. M Michael Cohen Jr. Oxford University Press, Oxford, UK. March 2006. 288pp £43.00. ISBN 0-19-530040-8.



The first thing to say about this book is that I love the cover. It is such a great illustration of how our facial features, though changing with the passage of time, are a unique identifier of who we are. This cover should convince those who are sceptical of mothers' abilities to recognise their own child after separations of sometimes many years.

The book is very technical and gives a comprehensive overview of the development of the face and the various conditions caused when this process goes wrong. Although the 'blurb' inside the jacket mentions that it would be of interest to, amongst others, sociologists and art historians I suspect that its technical detail makes it of more interest to those involved in dealing with abnormalities of the face such as craniofacial surgeons, plastic surgeons, dentists and dysmorphologists. I am not sure that the detailed lists of the many genes expressed in craniofacial development will be of interest to non geneticists. I have to say I found the section on the evolutionary perspective quite hard going and felt more comfortable when we got on to the embryonic and developmental aspects. There are some nice descriptions and diagrams of genetic interactions and some very good 3D scan images.

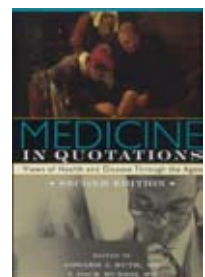
Although there are bits in the sections on psychological, sociocultural and artistic perspectives that were of interest to me, they didn't seem to me to sit well next to the very technical sections on, for example, the surgical perspective. I almost had the feeling of there being two books with sections from each being interspersed.

Michael Cohen obviously has a wonderful memory for unusual facts and the book is peppered with these little gems. For me it was news to know that someone with typhoid fever is said to have a body odour akin to freshly baked brown bread and someone with typhus, one like a butcher's shop.

In summary there is a huge amount of information in this book, much of which is very interesting. However I am not sure that it entirely works as a coherent whole.

Fiona Stewart

Medicine in Quotations: Views of Health and Disease Through the Ages. 2nd Edition. Eds Edward J Huth, T Jock Murray. American College of Physicians, Philadelphia, April 2006. 550pp £34.95. ISBN: 1-930513-67-4.



The second edition of Medicine in Quotations weighs 1.47 Kg and is 0.262 m high. With a BMI of 21.4 it might be regarded as a lightweight but the Book Mass Index is deceiving; the volume has been handsomely produced and there are rich pickings inside. The

subtitle reflects the editors' belief that the most important use of a collection of medical quotations is "seeing, in brief, what views—of physicians and patients, of diseases and treatments—were held in other times and places." They justify this new publication by suggesting that previous collections of quotations did not fully cover the growth of concepts of normal bodily functions and diseases over the past two millennia, did not always give a complete reference to the source, and, of course, have not been able to record more recent discoveries and thoughts. The editors compare the present collection to a mosaic with a still recognisable image despite only some chips being in place and the rest missing. They discuss their selection criteria in the Introduction and acknowledge that they may have erred, sometimes in one direction by omitting a quotation which should have been included, and sometimes in the other. There will be no specific criticism in this review on either count except to say that while it was very pleasing to find a mention of Axel Munthe, it was surprising to find that his comment on the rapidity with which the faculty of medicine in Paris invented a new fashionable diagnosis of colitis (to replace the old one of appendicitis, then being cured by appendicectomy) was the only entry on the subject of colitis. The editors confess that because of their own background, quotations relating to internal medicine and neurology may be over-represented, but they invite readers to submit their own favourites for a third edition, taking care to give full bibliographic information. Time perhaps for those who feel their speciality has been neglected to start writing in.

The 3521 quotations have been grouped in perhaps 1000 topics arranged alphabetically from the "A" of *Abetalipoproteinemia* to the "Z" of *Zollinger-Ellison Syndrome*. Some topics are specific and contain only a single quotation, others such as *Patient-Physician Relations* contain many more. Within each topic the quotations are placed in order of date to allow a chronological overview of the topic's development. Confusingly, however, entries for one organ and its diseases may be distributed between a number of different topics with no direct cross-referencing between them; see, for example, *Hyperthyroidism*, *Hypothyroidism*, and *Thyroid Gland*. Some eponymous conditions such as *Colles Fracture*, *Kaposi Sarcoma*, and *Sjögren Syndrome* are listed under their eponym, while Wilson disease appears under *Hepatolenticular Degeneration (Wilson Disease)*. Some quotations (427 and 2190, and 1699 and 2447) are duplicates. The *Student BMJ* is quoted on the dust jacket as saying "One of few reference books that are worth reading from cover to cover" but perhaps this was written with tongue in cheek, and it is likely that readers will mostly browse the collection, either completely at random or concentrating on topics of interest. Those seeking a particular quotation could usefully first search the topic list but there are in addition an author-citation index and a subject index. The author-citation index is an alphabetical list of authors, each author's entry containing a list of citations for their quotations, each citation ending with the title of the topic in which the quotation appears and the quotation number. Curiously, the citations within each entry are listed alphabetically not by topic but by their first words. By and large this index seems to be satisfactory; if an author is known the quotation can be found although a large number of topics might need to be searched for oft quoted authors such as William Osler. The subject index may seem to be

comprehensive but there are significant gaps. For example, "Kussmaul's breathing" cannot be found by searching for **Kussmaul, breathing, dyspnoea, diabetes mellitus, acidosis, or ketoacidosis**; and the quotation "There is no body cavity that cannot be reached with a #14 needle and a good strong arm" cannot be found by searching for **body, cavity, needle, aspiration, or arm**. (Both quotations, 727 and 2226 respectively, are traceable via the topics list under *Diabetes Mellitus* and *Needle Aspiration* or via the author-citation index under Kussmaul and Shem.) A quotation for what would now be called ankylosing spondylitis (2913) is to be found in the topic *Rheumatoid Spondylitis* but neither **ankylosing** nor **spondylitis** appear as headings in the subject index, and the only entry under **rheumatoid** is for the arthritis. The Oxford Dictionary of Quotations (revised fourth edition) has about four index entries to one quotation; the ratio for Medicine in Quotations is about two to one, indicating a lesser degree of cross-referencing. The claim on the back cover that the subject index is "exhaustive" seems optimistic.

The interest in this book, however, lies in the quotations themselves, and what a feast there is. The editors write "Among the quotations here, you may find your convictions stated with a clarity and strength that reinforce your sense of what is right—or perhaps you will come across opposing or differing views that encourage thoughtful reconsideration." An example of differing views would be those of William Osler who said "ask no leading questions" (1876), and Paul Wood who said "The best history-taker is he who can best interpret the answer to a leading question" (1880). Many quotations deal with facts: the observation of goitre developing in rabbits fed only on cabbage for greens leading to the thiouracil drugs (3295); the discovery of the sino-atrial node (3068); the discovery of a living trypanosoma in the cerebro-spinal fluid in a patient with sleeping sickness (3078); and the description of the stiff-person syndrome (3173). Some are humorous: "Take the case of an aurist. You think he lives by dealing with obscure and difficult middle and internal ear cases. Nothing of the kind. He lives on wax" (3110). Perhaps most interesting are the centuries-old descriptions: of epilepsy (969); of tetanus (3284); and of dissipation in modern life c. 2550 BC (1168). For topics from *Curling Ulcer* to *Native American Medicine*, from *Adrenergic Receptors* to *Physician-Assisted Suicide*, from *Homeopathy* to *Vinblastine*, someone, somewhere, at some time, has recorded a note, an observation, or a bon mot. This book is interesting, useful and entertaining. It is a pity that the subject index is not as comprehensive as it could be.

John I Logan

Recent Advances in Paediatrics –23.

Ed Timothy J David. The Royal Society of Medicine Press. May 2006. 264pp. £35.00. ISBN 1-85315-652-3

The latest in this popular series of paediatric reviews provides a useful update for general paediatricians and primary care practitioners. The topics range from common conditions such as asthma and epilepsy to the more



specialised area of transfusion medicine in neonatology.

Edge's chapter on cerebral oedema in diabetic ketoacidosis highlights the difficulties in initially recognising the onset of this life threatening condition. However, she clearly stresses early warning signs such as headache and emphasises the importance of meticulous nursing care in these vulnerable young people. She recommends the useful consensus statement on management available from the British Society of Paediatric Endocrinology and Diabetes and offers useful key points for clinical practices such as delaying insulin treatment for at least an hour after starting fluids.

Titus K Ninan provides a good review of a difficult topic in his chapter on 'brittle asthma'. It is clearly pitched at the general paediatrician. He discusses conditions that might masquerade as asthma and factors that may contribute to loss of control in asthma using clear lists and text boxes. Therapy options are discussed and also thresholds for referral for a tertiary respiratory opinion, useful guidance for primary care physicians.

Many primary care doctors will find the chapter on ADHD helpful. It provides a succinct overview of the condition with diagnostic criteria and suggested therapies. Importantly, Rappley considers mental health conditions that could mimic or co-exist with ADHD. The only drawback for UK doctors is the use of the DSM IV subtype criteria rather than ICD 10. However, clear clinical descriptions of the diagnostic criteria should avoid confusion.

This book refreshed my knowledge on less common conditions such as autoimmune brain disorders and lupus. The chapter on medication errors is a worthwhile read for all doctors. The literature reviews accompanying each chapter were good on the whole. The final literature review dated from 2004 which was a little disappointing as the book has gone to press in 2006 nevertheless it is a useful quick reference for topics such as infant feeding, child abuse and screening. Overall a worthwhile read providing easy to follow comprehensive reviews.

Claire T Lundy

Oxford Handbook of Clinical Diagnosis Huw Llewelyn, Hock Aun Ang, Keir E Lewis, Anees Al-Abdullah. Oxford University Press, Oxford UK. October 2005. 704pp £22-95. ISBN 0-19-263249-3.

The 'handbook' title implies a pithy, accessible, easily-carried, essential element of the houseman's arsenal. While the book was useful at ward level, it was in more of a reference role than as a crucial bedside tool.

It is well structured. It is divided into three main sections, with lists of differential diagnoses associated with particular symptoms, signs and abnormal investigative findings. It was most useful in formulating an extended differential in the complex patient; and as a guide to further investigation. The

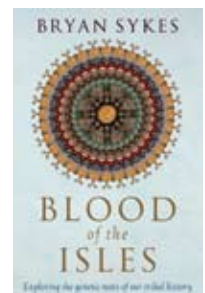


section on the chest x-ray was excellent, providing succinct descriptions and exhaustive explanations for a range of chest film abnormalities.

The book would be a beneficial addition to any medical ward either at the nurses' station or in the doctors' office. It offers a different perspective to most of the other pocket books on the market. However, it does not provide fundamental information critical to daily bedside decision-making. We would recommend this book for consultation at ward level but not as an indispensable purchase for every junior doctor.

AS Fitzpatrick, Marshall Riley

The Blood of the Isles. Bryan Sykes. Bantam Press. September 2006. 400pp. £17.99 ISBN: 0-593056523



The human quest for our origins is as old as our species itself. It has spawned all sorts of crazy theories and legends, from the idyllic fantasies of the Garden of Eden and Noah's Ark, to the mythical Aryan racism that fuelled Nazi Germany and still persists in some quarters. The genetic history of Great Britain, Ireland, and nearby islands ("The Isles" of Professor Sykes's title) is itself associated with strong emotions, contradictory legends, and imagined histories, which may or may not have any basis in fact. Bryan Sykes is something of a legend himself - a distinguished clinical geneticist and expert on collagen disorders, he turned his hand to "genetic archaeology" - the study of ancient and modern populations by unpicking the discrete and information-laden sequences of the genes they carry.

In Sykes's first foray into the popularisation of this approach, he wrote "The Seven Daughters of Eve", a fascinating romp through the history of our maternal genetics. The reader will be familiar with the cellular role and characteristics of mitochondria, but their particular value to the genetic archaeologist lies in the property that they contain their own DNA (they are the evolutionary relics of once-free-living bacteria that engaged in a highly significant and successful alliance with the ancestors of all eukaryotic cells), and this DNA is exclusively maternally inherited. The logical upshot of this is that your mitochondrial DNA is inherited from your mother, who got it from her mother, and so on, right back through human history and prehistory - indeed back through our common ancestors with the other great apes, other primates, mammals, vertebrates, and to the very first proper eukaryotic cell itself. Although this is perhaps obvious, it is nonetheless an arresting thought, and one that clearly appeals to Sykes. Motherhood, right back to when we diverged from apple pie.

A similar principle (this time following the male line exclusively) applies to the Y chromosome, the scrappy little chunk of DNA that is really only responsible for conferring maleness to an embryo that would otherwise follow a female developmental trajectory. In "Adam's Curse", Sykes re-worked "Seven Daughters of Eve" for the boys, and identified five patriarchal "clans" to add to the seven matriarchal ones he had identified as contributing to the vast majority of extant Europeans.

The differing activities and proclivities of males and females over the ages mean that Y-chromosomal DNA and mitochondrial DNA allow us to open a window on population histories, and put some flesh on the bare bones of legend and myth. Perhaps surprisingly, this approach is bearing significant fruit, some of which borders on the shocking. In 2003, Zerjal *et al.* reported an astonishingly high carriage rate of a recent Y-chromosome signature across the old Mongol empire - up to 8% of the Y-chromosomes appeared to show an origin from around the time of Genghis Khan - the tempting inference (which may well be correct) is that this is the genetic legacy of Genghis himself. He and his descendants were well known for their sexual voracity, and association with the ruling family would have boosted their reproductive luck somewhat.

Dan Bradley and colleagues in Trinity College Dublin have uncovered a similar "Genghis effect" apparently originating in early medieval north-west Ireland, associated with surnames connected with the *Ui Neill*, descendants of the family of the infamous Niall of the Nine Hostages. Niall's most remembered exploit was the capture of the young Roman Briton Succath, later to become St Patrick. So it's all his fault (Moore *et al.*, 2006).

The genes seem to fit with the story, and using these principles, Sykes sets out on a genetic journey across the four regions of the Isles (England, Wales, Scotland, and Ireland), revealing the genetic signatures of the various postulated waves of conquest, immigration, raiding, etc., from the original Mesolithic colonisers of the land, to later arrivals, including Romans, Vikings, Saxons, Normans, and other assorted peoples. The detailed unpicking of the results makes fascinating reading, but the conclusion (and I hope the reader doesn't mind a bit of a "spoiler") is that the genetic signature of the original inhabitants of the Isles (who may be equated with the "Celts", albeit not genetically connected with the Celts of Europe) remains very strong - indeed vastly predominant. The conquests were primarily cultural, with much less displacement of the original populations than was previously assumed. This may well be a general principle in history, and the tales of large scale exoduses and migrations of entire populations may be a tad hyperbolic. Results from other populations will undoubtedly spark future debates.

"Blood of the Isles" is written in a similar tone to Sykes's other books, and as such it is very readable and enjoyable. The detailed genetic analysis is skimmed over, which might leave the author open to a charge of "dumbing down"; the non-technical reader, on the other hand, will probably welcome this. Occasionally the gushing references to the emotion of

the whole enterprise are slightly overplayed, and certain parts of the text are a bit repetitive (or derived from the previous books). However, this does not detract from a rollicking and entertaining jaunt through the history of our little corner of Europe, in the pursuit of that most fundamental of questions: "Who are we?"

Zerjal *et al.* The Genetic Legacy of the Mongols. *Am J Hum Genet* 2003;72:717-721.

Moore *et al.* A Y-chromosome signature of hegemony in Gaelic Ireland. *Am J Hum Genet* 2006;78:334-338

Shane McKee

Ethics Manual 5th Edition Lois Snyder, Cathy Leffler. Royal Society of Medicine Press Ltd, London. May 2006, 54pp, £8.95. ISBN 1-930513-65-8.

The 5th Edition of the Ethics Manual is a very well referenced (117 references) and updated summary of professional ethics in medical practice. It attempts a truly comprehensive insight into ethics from confidentiality through consent to genetic testing as would be expected from such a manual. More unusually it touches briefly on good practice as applied to Disability Certification, boundaries and privacy and gifts from patients. Slightly more detail is applied to end-of-life decision making but again attempts to cover the entire range of dilemmas including DNR, artificial nutrition, advance care planning etc.

In reality the Ethics Manual will be of interest only to those intending to practice medicine in the USA or those who wish to study practice across the Atlantic. Not unexpectedly the four-principles (autonomy, beneficence, non-maleficence and justice) are central to the manual. However the legal and societal context ensures that the manual is of little appeal to UK or Irish doctors. A further indictment is the lack of detail in any of the myriad complex topics. Research ethics is covered in three pages!

Doctors seeking general knowledge in medical ethics can access a number of useful and very readable paperbacks published in the UK. Those seeking detailed ethical analysis in specific areas will have to be more diligent in their search but I am afraid that this publication will be unhelpful.

Bob Taylor

