

Book Reviews

MRSA in Practice. Ian Gould. The Royal Society of Medicine Press. November 2006. Paperback, 140pp. £18.95. ISBN 978-1-85315-687-8



Health care associated infections, HCAI, have recently raised the concerns of both the public and politicians because of their significant socioeconomic burden. MRSA is a big player in the aetiology of HCAI and constitutes a major public threat presenting both therapeutic and infection control challenges in both the hospital setting and the community. This book, which consists of 16 chapters written by a group of international experts on MRSA, comes at important crossroads. The book starts with a summary chapter written by Ian Gould, the editor.

MRSA was first isolated in the United Kingdom in 1961, two years after the introduction of Methicillin, although there is evidence that it was there before that. Chapter 3 describes the evolution of MRSA since then and explains how the recent molecular techniques helped to understand that. However, there are other molecular advances which added to the understanding of MRSA such as VNTR, spa sequencing, toxin gene profiling and DNA arrays which are currently used in Colindale laboratories to type MRSA.

The distribution of MRSA is quite patchy and there is huge variation within the individual countries. This may reflect variations in surveillance, sampling, screening programmes and how strict the infection control measures are. There is a great difficulty in dividing MRSA acquisition to community and hospital, so most recently it is divided to community acquired, community onset and hospital acquired; Chapter four and five explains this very well.

The relationship between *Staphylococcus aureus* / MRSA and its human host start with colonisation, going through local inflammatory response, to severe invasive disease. Chapter two sketches the various virulence factors and their associated host responses in simple comprehensive way without unnecessary details. I personally recommend following with reading chapter nine which explains the different clinical presentations of MRSA infections with totally devoted chapter, 8, for CAMRSA.

Since 1961, when MRSA was first isolated until now, there are huge advances in the laboratory diagnosis of MRSA. For better infection control purposes we need timely identification, but how rapid? Rapid identification is a real challenge for most of the microbiological labs. Chapter 6 explores the debates about the currently available laboratory diagnostic methods and explains the real difficulties we face when dealing with MRSA isolates.

Treatment of MRSA has been complicated by the development of resistance to the different anti-staphylococcus

drugs including the newly introduced agents (chapter 10 & 7). The new anti-MRSA drugs, apart from Linezolid, should be used intravenously which limits their use in the community. My only comment is, there is very little mentioned about the classical oral treatment which we usually prescribe for treating simple uncomplicated urinary tract and soft tissue infections. Natural alternative treatments have been also suggested, but unless there is clear evidence that they work without causing significant toxic effects, it is very early to consider these options.

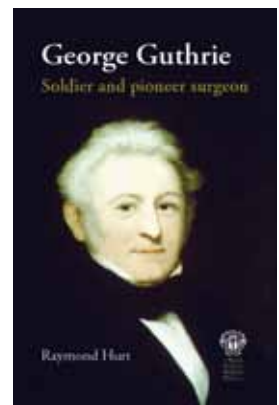
Chapters 16, 11, 13, 14 and 15 deal with MRSA surveillance and infection control challenges. There is no clear evidence that decolonisation, environmental cleaning (unless it is terminal cleaning) and isolation/ cohorting (unless it is done right) do or do not work. Also, there is no clear consensus as to which practice is of most value in preventing transmission of MRSA. Most of the infection control specialists believe that package of measures that work most.

I enjoyed reading “MRSA in Practice” and I recommend this book for those who are interested in furthering their knowledge about MRSA infections. I would also like to commend on further readings’ section which follows most of the chapters, giving chances for those who would like more details. I think, apart from the feeling that the chapters may need to be arranged differently, to maintain a more streamlined reading, and unavoidable duplication of information, “MRSA in Practice” is a very useful up to date comprehensive review.

Wesam Elbaz

George Guthrie – Soldier and Pioneer Surgeon

Raymond Hurt. The Royal Society of Medicine Press. June 2008, Hardback, 294pp. £24.95. ISBN: 978-1-85315-765-3



This little book is an excellent personal history of a renowned soldier and surgeon of the 19th Century and a wonderful commentary on the times in which he lived and worked. It is written by Raymond Hurt, a Cardiothoracic Surgeon in London. It is full of insightful commentary on the surgery pertaining to George Guthrie and his times.

This book, in essence, is in two parts. The first is a description of Guthrie’s life and work, especially his remarkable surgery in the Peninsular Wars of the 19th Century. His life and times have been researched in a meticulous fashion by the author. George Guthrie clearly was remarkable. During the years of the Peninsular Campaign, he operated almost constantly, treating almost 20,000 wounds. He served at the Battle of Waterloo, performing perhaps the first successful amputation of the hip recorded. Following his wartime experience he wrote a number of textbooks, lectured widely, and gave a Hunterian Lecture which is detailed in the second part of this

beautifully written little book.

The second part of the book details many of Guthrie's lectures and writings. Following his wartime experiences, he specialised in ophthalmic surgery and wrote three textbooks on eye surgery. He progressed to become President of the Royal College of Surgeons of England on three separate occasions. He enabled the end of "body snatching" by the Anatomy Act of 1832. This remarkable man was multi-lingual in Spanish, French and Portuguese and was also an outstanding orator. He was offered a Knighthood after the Battle of Waterloo, which he declined, although he did later accept the honour. He died in 1856, age 71 years, from cardiac failure.

This book will be of interest to many readers. It is beautifully researched and is a wonderful description and commentary of the life of an outstanding surgeon and soldier and his times. The book will be of interest to serious students of medical history, students of military history, and will also be of interest to doctors of all grades and specialties. I would recommend it also as browsing material for undergraduate students.

Surgeons in particular will enjoy reading the case studies in the last one-third of the book, including the survival of the patient who had the successful removal of a darned needle from his heart. In addition to this remarkable man's experience of trauma, he also treated 1084 cases of primary syphilis in the York Hospital at Chelsea. His trial of mercury treatment confirmed that mercury was a dangerous and useless treatment for syphilis!!

This book is a remarkable read. I can recommend it both for serious study and for the reader who wishes to dip in and out of the work of an outstanding soldier and surgeon of the 19th Century.

Professor Roy AJ Spence

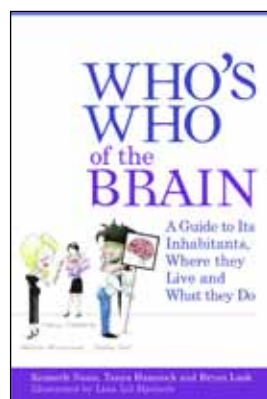
Who's Who of the Brain. A Guide to Its Inhabitants, Where They Live and What They Do

Kenneth Nunn, Tanya Hanstock and Bryan Lask. Jessica Kingsley Publishers. May 2008.

Paperback. 272pp. £13.99. ISBN: 978-1-84310-470-4

Did you ever wish you had paid more attention in your neuroanatomy classes at Medical School? Or did you just find the subject too difficult and complicated? Have you now come to regret this, as you realise that, actually, the subject is of real and practical importance in your day to day clinical practice? If so, this book may just be the answer.

'Who's Who of the Brain' is a rather light hearted guide to the anatomy, function and dysfunction of what has been described as the most complex structure in the universe, in fact so complex that it is beyond the ability of the human brain to understand.



The authors discuss in some detail the structures of the brain explaining their connection and their functions. They do this by creating an allegorical district and community which they call 'Cephalton-upon-Ridge'. Within this community of Cephalton-upon-Ridge there live a number of residents. Each of these key characters offers a dramatis personae representing the area of brain in which they reside. The authors describe each of these characters in terms of their place of domicile, their relationship to their neighbours, their appearance and their personality, followed by a more formal explanation of the analogous brain structure.

For example; the inhabitants of Cephalton-upon-ridge reside in one of three residential areas, Uptown, Midtown and Downtown. Among the uptown inhabitants there live such colourful characters as: Dudley Doit, a fitness fanatic. Representing the motor cortex, he is responsible for planning movement, initiating movement and monitoring and maintaining movement. Dudley works in close harmony with Cherry Chatterley (broca's area), who is the main newsreader, and who is responsible for communication and sending information, and also with Maurice Mappley (the parietal lobe) who is a major landholder, mathematician and a lover of maps and all things environmental.

In midtown Cephalton resides Christopher Crosstalk (the corpus callosum) whose property is described as joining Eastern and Western Cephalton and is responsible for communication between both halves of the brain,er,sorry,.. town. Corrie O'Graphie (the basal ganglia) is described as a world famous dancer. It is she who is responsible for implementing movement routines, remembering skills and maintaining muscle tone.

In downtown Cephalton resides Frank Finesse (the cerebellum), Fay Faceandear and Sam Swallowtalk (the pons and the medulla). They are responsible for more basic functions such as balance, regulating heart beat, breathing, sleep and waking as well as being responsible for acting as a conduit for messages from the cortex to the body.

Each of the characters portrayed provides a memorable and easy way to understand the characteristics, the functions and the relationships that each part plays in the making of the whole 'community'.

If there is a weakness in the book then it lies within the illustrative case histories that are included and are utilized to illustrate dysfunction of the area under current description. Given the substantial advances in Neurology over recent years with the advent of MRI, functional MRI and PET scanning, which undoubtedly have led to more precise anatomical diagnosis in explaining clinical symptoms and signs, then some of the case histories provided in the book might be considered somewhat weak and even speculative.

Despite the above reservation, I am sure this will prove a popular book among those who have some familiarity, no matter how little, of the brain and its functions, whatever their professional background, and even for those who are an expert in the area. All may well enjoy the conceptualisation of the areas, the connections and functions of this, the most complex of all organs.

Jim Morrow

The History of Medicine, Money, and Politics: Riding the Rollercoaster of State Medicine.

Paul R. Goddard. Clinical Press Ltd. July 2008. Paperback, 270pp. £25.00. ISBN: 978-1-85457-050-5



This work essentially represents two parts of a whole. Part one is a medical chronology and the reader is taken on an odyssey, as we chart the evolution of medicine from prehistoric times, through the ancient world, the middle ages, and into our modern world. Goddard writes with impressive authority, and reveals a deep love for learning, not just about medicine, but civilization. The author also invites us to consider the huge intellectual contributions of the Roman, Greek, Chinese and Islamic worlds.

Part one of the book concludes with a consideration of medicine in the Early Modern Period, the genesis of the National Health Service, and that most audacious scheme, the Welfare State. Goddard reminds us how difficult it is for contemporary citizens to imagine health care prior to its inception. Interestingly, he invites comparison with the legal system, “when only the rich and poor have access to the courts,” to remind us what the rest of us, with poor health, faced before 1948.

Part two charts the time course of the National Health Service, or as Professor Goddard entitles it, “The Decline of the National Health Service.” In great detail, Harold Shipman, the Bristol Cardiac Scandal, and the Organ Retention investigation are all considered. Professor Goddard, a working consultant in Bristol at the time, was well-placed to appreciate the misery and suffering that these events created, both within and without the medical community.

It is clear that Goddard is not a dispassionate bystander in all of this. Passionate is what he is. The second section pulsates with moral outrage and righteous indignation. His other conviction is that of patient advocacy. The author feels that permeating our physicianly core is duty to our patients. Their advocacy is our responsibility.

A younger readership, reared on tall skinny lattes, MP3 players, and fashion credibility will recoil at the description of numbing on-calls rotas, crippling visceral fatigue, and cynical fiscal exploitation. Older readers will remember, shudder and sob quietly.

It is to Professor Goddard’s great credit that he does not trade on his international reputation as a radiologist, or a pioneer of Magnetic Resonance Imaging. In fact, his specialty is barely alluded to. Instead he is everyman’s Virgil, guiding the reader through a medical timeline.

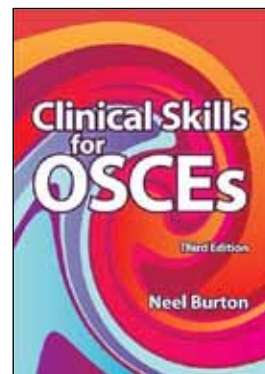
To paraphrase Clive James, Paul Goddard’s book affirms the truism that some of us are different from the rest of us. But so are the rest of us.

This book will be of great interest to many: students beginning, and practitioners enjoying or enduring their practice. It is also likely to be relevant to medical historians, as it charts one particular small step for mankind.

Barry Kelly

Clinical Skills for OSCEs (Third Edition)

Neel Burton. Scion Publishing Ltd. September 2008. Paperback, 350pp. £24.99. ISBN: 978-1-904842-59-0



This small book should be excellent preparation for medical students undertaking examinations which are now mostly OSCE-based. This book is well laid out, with excellent use of

contrasting colours for the different sections. From my own experience, all the major topics normally used in OSCEs are covered in excellent detail and presentation. The book is up to date, having been published for the 2009 market.

The book is well laid out in sections including General Skills, Cardiovascular and Respiratory Medicine, ENT, Ophthalmology, Dermatology, Psychiatry, Orthopaedics, Obstetrics, and much more. The section on communication skills, which are now so important and are a frequent content of the modern OSCE examination, is also well laid out and all the common topics are presented. The authors have included topics such as death certificate completion and data interpretation, so frequently asked.

However, the text is spoiled by major printing errors – after page 115, comes page 84 (duplicated from previously), then pages 118, 119, followed by page 88, then 122, 123, followed by 92, 93, then 126, 127, followed by 96, 97, and so on until page 146; there are many pages inserted out of sync which spoils the entire book. The publishers need to immediately withdraw this print run and correct. If it was not for this major, distracting printing error, this would be an excellent text. More minor critiques are that some photographs lack definition – Fig. 19, page 49, Fig. 38, page 112. On page 48, the addition of a diagram showing laparoscopic incisions would be helpful, e.g. laparoscopic cholecystectomy.

This potentially useful book is spoiled by printing errors. If the printing mistakes are corrected, the content is sound and it would be a useful little book for revision purposes in those anxious few days before the final MB OSCE examination.

Prof Roy A J Spence