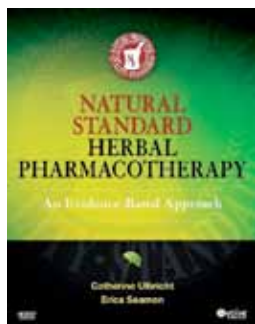


Book Reviews

NATURAL STANDARD HERBAL PHARMACOTHERAPY. AN EVIDENCE BASED APPROACH

Catherine Ulbricht, Erica Seamon.
Mosby Elsevier, August 2009.
Hardback, 648pp. £49.99. ISBN:
978-0-323-05184-2.



This text, published in late 2009, presents an excellent guide to herbal pharmacotherapies and is well laid out. Evidence is graded from A (Strong scientific), B (good), C (unclear or conflicting), through to D (fair negative). A series of chapters on relevant organs and diseases including Parkinson's disease, insomnia, and pain, are very comprehensive.

Several diseases had some commendable and also some interesting treatment suggestions. For rheumatoid arthritis, I was interested to see Borage; and for osteoarthritis, avocado and rose hip, all listed as grade B evidence. Willow is listed as grade A (due to its aspirin effect), so some potential help for sufferers wishing to avoid mainstream treatment or as an adjunct. A helpful section on each treatment gives the mechanism of action, and lists the evidence and dose for treatment, along with potential side effects. Each chapter ends with some case studies and an integrative therapy plan. There are review questions to test the reader's knowledge.

The chapter on cancer was particularly helpful as most therapies listed have negative effects and the remainder have no real benefit and the evidence base (or lack of it) may be reassuring to show to patients who are conned into potential purchases of remedies because of desperation.

Not many listings for Grade A are in the book, but there are a few. I noticed with interest that kava has a grade A recommendation for insomnia and anxiety if used for <1-2 months, and this reminded me of when I worked in Vanuatu in the South Pacific, in the mid 1980's, of the ritual kava ceremonies which often induced relaxation if not overt sleep in the participants.

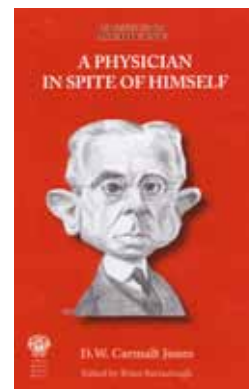
The colour plates in the centre of the book enhance it considerably with several excellent pictures, and the appendices on adverse effects, and pregnancy and lactation are very useful.

General Practitioners and general hospital physicians will be interested in having a copy of this book in the surgery or ward to check whether a remedy that a patient has taken is of any use. Obstetricians will also find this useful in determining the safety and efficacy during pregnancy and lactation. The website linked to the book has some good references and additional information. This is an excellent book which fills the large gap in evidence that existed in this area.

Prof Patrick Morrison

A PHYSICIAN IN SPITE OF HIMSELF

D.W. Carmalt Jones. The Royal Society of Medicine Press. July 2009. Hardback. 268pp. £35.00
ISBN: 978-1-85515-905-3



This high quality hardback publication from the Royal Society of Medicine Press is the first volume in a new series "Lives in Medicine" and recounts the life of London-born physician and polymath Dudley William Carmalt Jones (1874-1957), based largely on his hitherto unpublished autobiography.

From a Victorian upper middle class background, he read Classics at Oxford and qualified at St. Mary's Hospital medical school. Appointed Casualty Physician at St. Mary's in 1907, he also worked under Sir Almroth Wright in the Inoculation Department where he developed an interest in vaccine therapy. There he befriended Alexander Fleming and also met Robert Koch and Paul Ehrlich who visited the department, although no anecdotes of these encounters are provided. He does recall how a discussion between Sir Almroth Wright and George Bernard Shaw provided material for Shaw's play "The Doctor's Dilemma".

In 1909 he visited Belfast to present two papers on vaccine therapy at the BMA annual meeting, which was chaired by Sir William Whitla. Having moved to the Westminster Hospital, where he was appointed Dean of the medical school, his career was interrupted by the first world war. As a member of the Territorial Force (now the Territorial Army) he was mobilised and served in the RAMC in France, Egypt and Palestine.

A chance meeting with ANZAC doctors in the Middle East was to prove pivotal and in 1919, following demobilisation, he was encouraged to apply for the Chair of Systematic Medicine at the University of Otago in New Zealand. He was duly appointed and continued in this academic post until his retirement in 1939.

The University of Otago at Dunedin on the South Island was founded by the Presbyterian Church and medical teaching there derived from Edinburgh (Duneideann is the Gaelic name for Edinburgh). In the 1920's, academic staff were largely drawn from the British Isles. The Dean of the Medical School was a graduate of Trinity College Dublin and a sub-Dean, Dr Murray Drennan, returned from New Zealand in 1928 to take the Chair in Pathology at Queen's University Belfast.

We are provided with an account of expatriate life in this remote corner of the Empire in the post-war period and during the Depression. This antipodean translocation took its toll on his personal life as his wife and children returned to England within five years and the marriage ended. He immersed himself in university life but in time became disenchanted with teaching and bemoaned the loss of clinical skills which he felt were eroded by the emergence of radiology and laboratory medicine.

A keen fisherman for many years, he tired also of this and turned to sketching and writing poetry. With his classical education he was a scholar first and doctor second and could quote Shakespeare, Milton and Tennyson at length. In retirement he wrote a history of the University of Otago medical school and also published a collection of reminiscence, verse, drawings and paintings.

The most interesting portion of this book recalls his wartime experiences and one senses here a man torn between trying to be a humane physician while discharging his duty, which was ultimately to get wounded men back to the front. His work in the RAMC was, he felt, the most useful clinical work that he had done. A man of many parts, then; and a physician in spite of himself? The book's title reflects how his career pathway was determined more by default than design, as he had gone up to Oxford with the intention of becoming a schoolmaster.

Dr Martin McGovern

THE HEALTH PRACTITIONER'S GUIDE TO CLIMATE CHANGE. DIAGNOSIS AND CURE.

J Griffiths, M Rao, F Adshead, A Thorpe (Eds). Earthscan, September 2009. Paperback, 380pp. £19.99. ISBN 978-1-84407-729-8.

Having had one of the very first solar powered water heating systems in Belfast, it was perhaps inevitable that I would be deemed by the editor to have sufficient 'green' credentials to review this book.

Climate change is a controversial topic and readers of this journal may have views somewhere between 'ardent supporter' and 'clear rejectionist'. Global temperatures naturally fluctuate over the centuries so how do you decide what is a normal time trend and what is abnormal? The authors of this book recognise that a range of views exist and very helpfully separate the book into two sections – information and action.

The four chapters on information present the evidence of how climate trends have changed significantly outside normal variation particularly since human behaviour (circa. 1950 onwards) allowed global industrialisation on a scale more significant since that seen in Western European countries in the industrial revolution. Chapters on the hard facts, and the impact and benefits to health of taking action are extremely well written by experts in the field, and are easy to read. Some interesting facts include the aftermath of hurricane Katrina in the USA in 2006 where dangerous chemical contamination resulting from flooding, and water borne infections caused

a sharp increase in morbidity and mortality. Overall \$100 billion of damage ensued. Obesity resulting from lack of exercise and increased use of cars and other changes in exercise habits also add to the effect.

The eight chapters on action give plenty of advice to health professionals on how to help change behaviour at both individual and at organisational level. Individual changes in behaviour, although small, generate significant changes and as the authors point out, leading by example is always helpful as most changes have to start small to gain traction. The current economic climate has also helped organisations focus on ways of change to save money in addition to the moral reasoning behind most climate change ideas. Ideas and tips on disinvestment and potential 'big savings for big organisations' will help motivate chief executives to open a copy of this book and to read it. 11 key steps for organisations are listed and discussions on the organisations reputation are fairly interesting reading – displaying the energy efficiency certificates for the public to read may strike fear into some organisations so being proactive will help salvage some reputations.

A step by step guide is given to help calculate your individual carbon footprint so having done this, you can then either boast to your friends, or take some quiet remedial action, depending on the score.

One thing that should be fixed for the next edition is the quality of the diagrams, in black and white and possibly due to the vegetable based ink, these are not that clear, and some colour diagrams would add to the book. If cost is an issue, then a colour plate in the centre of the book would be helpful. Otherwise this is an excellent book and worthwhile reading for every health professional including managers at the top of organisations for a very reasonable price. Our local politicians should also read a copy which should be reasonably easy to claim on expenses.

And what about the solar panels – were they worth it, I hear you ask? They were put in at the start of the century thinking that within 10 years they might break even, and then make a small profit, so a long term investment was the motive as well as any potential ecological credentials. The upside is that with the price of oil rocketing two years after they were installed, they recovered their cost in under five years – half the time I expected - so a good investment, as some other forms of solar and thermal systems have extremely long payback and often are not worthwhile with current costs. The downside is that although I have excess hot water for showers and baths between March and October that we cannot use, my two teenage sons still spend as long in the shower in the morning for the other third of the year so the winter heating bills have risen even if the summer ones are tiny, but at least I have two clean sons.....

Prof Patrick J Morrison

