Book reviews

History of medicine

Vandals at the gates of medicine: historic perspectives in the battle over health care reform, MA Faria, pp xiv + 403, illustrated. Hacienda, Georgia, 1994. £41.95, hardback

The subtitle of the book defines the author’s intentions. He does not succeed in guiding readers through history whilst keeping their minds on health care reforms. ‘Historic’ finishes after the Renaissance and we are thus deprived of the essential background of recent health care reforms. It is arguable that the present situation which exponentially escalating costs is unprecedented and thus historic perspectives are irrelevant.

This exuberantly erudite account deals with historic events and personalities, medical ethics and politics, and the authors’ opinion thereupon. References range from arcane historical tomes to the Readers Digest. There are 359 densely packed pages resulting in data overload for the historically naive and medical matters are often not mentioned for several pages. There are numerous classical quotations which confirm the author to be well read. But quotations are not necessarily true or helpful, even when printed in italics!

The ominously titled section ‘intimations for the present’, dealing with present health care reforms, is (perhaps appropriately?) inserted between Graeco-Roman medicine and the Middle ages.

The author does not approve of the American health care reforms or the weaknesses of the American Medical Association. He feels that physicians must fight for their civil rights, that the population do not realise that they are spending their own money on health care, and that voluntary free-market incentives will solve problems. Private medicine is the solution. Governments should not interfere (but what do we elect governments for if not to interfere?). Some would argue that health care is too important for governments to allow it to be subject to commercial market forces.

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Minor surgery


This book is aimed at the general practitioner (GP) surgeon, and preaches therefore to a broad church, from the most timid cauteriser of warts to the most experienced escape FRCs. The author meets this challenge well, mainly by erring on the side of exhaustive explanation. The test is clear, sensible, and practical. The illustrations, many drawn by the author, are excellent. There are good chapters on injections, cautery and cryotherapy, techniques rarely well taught to junior hospital doctors. Mr Sodera lays great stress on the cautions necessary to avoid medical and medicolegal mishaps, an approach even more wise in the practice context than in the comforting support of the hospital. Sadly but understandable, the readers to burden the pathologist with potentially vast numbers of harmless skin lesions, in their own medicolegal defence.

I have differences of opinion with the author over the management of haemorrhoids (banding is painfully acute prone in inexperienced hands), tonsils (too hard on ablative surgery) and pressure sores (I would think a GP who attempted surgical repair excessively bold!). My only serious criticisms are over the section on basic surgical technique. Control of haemorrhage is often the greatest fear of the tyro, and should have been given more reassuring depth and detail. A section devoted to the basic principle of dissection under vision, with appropriate rectractation was surely called for.

Overall I can thoroughly recommend this book to GPs and others who intend, without vast experience of confidence, to carry on minor surgical operations.

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Obstetrics and gynaecology

Contributions to obstetrics and gynaecology, Vol 3, SS Ratnam, DK Soon-Chye Ng, S Arulkumaran, eds. pp 230, illustrated. Churchill Livingstone, 1994. £60.00

This is the third volume in a series by these editors where the aim is to look at new development or to provide a new look at traditional problems. The book is divided into three sections: reproductive endocrinology, metronatal (sic) medicine and oncology. Eleven chapters are devoted to reproductive endocrinology, six to maternal and four to oncology. The chapter authors are a mixture of recognised international experts and academic obstetricians and gynaecologists from Singapore, some of whom themselves have an international reputation.

The book can best be described as a curate’s egg, both in content and in standard. In the reproductive endocrinology section some of the chapters such as ‘Endometriosis – an old but new disease’ and especially ‘Male transsexualism: sex reassignment surgery’ hardly fit into the broad description of reproductive endocrinology or even reproductive medicine. The remaining chapters are a mixture of scientific papers such as ‘Implantation in the stimulated cycle’ and ‘The relation of folliculogenesis to oogenesis’ and review articles. In the maternalfetal medicine section, the chapters are more of a review nature, varying in standard from ‘Fetal assessment and multiple pregnancies’ which gives a good critical review of the subject matter to ‘Augmentation in labour’ which is little different from what one would expect in a standard postgraduate text. The chapter ‘Invasive procedures in fetal medicine’ is particularly poor with non-critical description of techniques such as fetoscopy which is a redundant technique due to the improvements in ultrasound and cordocentesis. In addition it is poorly referenced, for example, not mentioning the two large randomised control trials of amniocentesis and chorionic villus sampling.

The oncology section although smaller is of a more uniform and higher standard, the chapter on gynaecological malignancies in pregnancy is a helpful one and other chapters, including one on ovarian tumours of borderline malignancy, give quite a helpful overview of a subject not often found in postgraduate texts.

In summary therefore, the book contains some chapters that are worth reading but it is badly edited and of such varying standard that the postgraduate trainee would have difficulty sifting the wheat from the chaff and the specialist would find little to challenge him or her.

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Outcomes


The outcomes industry arises from the realisation that what matters in medical care is not the process (how many patients we treat, bed occupancy, etc.) but whether we are doing any good by our interventions – are patients any better off as a result? While few doctors could argue with the principle, there are practical difficulties in looking for evidence of good outcomes. Even to define a desired outcome is a problem, since we must ask whose perspective should we consider - the doctor’s, the patient’s, or perhaps that of a