

BOOK REVIEWS

The reviewers have been asked to rate these books in terms of four items: readability, how up to date they are, accuracy and reliability, and value for money, using simple four point scales. From their opinions we have derived an overall "star" rating: * = poor, ** = reasonable, *** = good, **** = excellent.

Practising Evidence-Based Primary Care. By Tim Lancaster. (Pp 163; £19.95.) BMJ Books, 1999. ISBN 1-85775-4050.****

Evidence-based medicine is becoming an increasingly important topic for primary care physicians. This book is therefore timely in its publication. Its contents are presented as a syllabus for a seven session course (with tutor notes) illustrating the integration of clinical expertise and knowledge of individual patients with a critical appraisal of clinical evidence from systematic research. The first five chapters are divided into two parts: the first part uses a general practice scenario to pose a clinical question. A search strategy for finding evidence to answer the question is suggested and the results given. The second part of each chapter provides evidence (relevant papers printed in full) followed by a blank worksheet for critical appraisal of validity and potential clinical usefulness. A completed worksheet with the authors' comments and a summary completes each chapter. The concluding two chapters facilitate learners in presentation of their own clinical cases and planning future activities related to evidence-based learning. A useful appendix contains a glossary of terms encountered in clinical articles in evidence-based medical journals and a review of study designs. References to *Evidence-Based Medicine: how to practice and teach EBM* by Sackett are frequent in the book and relevant sections of this text are included.

This book is an excellent introduction to evidence-based medicine in primary care. It encourages group learning and although not so well suited to the needs of isolated learners, it will be very useful for teachers, researchers, and clinicians working in a primary care setting.

L TAPPER-JONES
Cardiff, UK

Critical Appraisal of Medical Literature. By D Marchevsky. (Pp 288; £55.25.) Kluwer Academic/Plenum Publishers, 2000. ISBN 0-306-46474-8.****

The aim of this book is to instruct the reader in the techniques of assessing medical literature and information. The first section explains the basic principles of studies and statistics including sections on probability, variable measurement, sampling, bias, and the types of epidemiological studies. The second section deals with techniques for appraising the different types of literature including papers on diagnosis, aetiology, prognosis, and meta-analysis. The final section concentrates on statistical tests explaining basic statistical tests, variance, non-parametric tests, correlation and regression, and multivariate analysis.

The book is well written with good explanations of both basic and more complex topics. The text is well illustrated with clinical examples, tables, and diagrams. The book will be of interest to professionals who are starting research to get an overview of the research methods and also as a reference source for more experienced workers. The text will be a valuable addition to a researcher's library, although a cheaper softback version would be welcome.

A R HART
Consultant Gastroenterologist, West Norwich Hospital,
Norwich, UK

Perioperative Medicine. Edited by A Nicholls, I Wilson. (Pp 384; £19.95.) Oxford University Press, 2000. ISBN 0-19-262975-1.****

This 384 paged, pocket sized, multiauthor book from Exeter contains a huge amount of information, edited by a nephrologist and an anaesthetist.

The layout is very clear and it portrays current mainstream thoughts and practice over the very wide canvas of perioperative care and "medical" complications.

As the majority of perioperative surgical care in the UK is carried out by surgeons and not by nephrologists or anaesthetists, I think that a second edition would be significantly improved by the addition of a consultant surgeon to the editorial duo, and a surgical specialist registrar to the list of major contributors.

The first section (general issues) is notably less good than the, larger, second section (specific diseases and complications), although there are strong sections on palliative care and team work.

I see this book as a useful *vade mecum* for surgical preregistration house officers and senior house officers (SHOs). It really does make easy reading in short bursts: the sort of book an SHO could dip into while waiting for cases to arrive in theatre. It should make an invaluable, easy, clear revision text, both for the applied physiology viva of the MRCS and then, later, for the critical care section of the Intercollegiate FRCS examination.

I have read it from cover to cover, and I recommend that you should do the same.

M J KELLY
Consultant Surgeon, Leicester General Hospital,
Leicester, UK

Clinical Effectiveness and Clinical Governance Made Easy. By R Chambers, E Boath. (Pp 171; £18.95.) Radcliffe Primary Care, 2001. ISBN 1-85775-443-3.***

"Clinical governance" is in vogue at present. Most people have a vague sense that it is about delivering high quality care and about establishing monitoring systems to ensure this is taking place. This book is intended for primary care practitioners and if you are a clinical governance lead in a hospital you are unlikely to find it very helpful. The vast bulk of the book is about the practice of evidence-based medicine, that is, identifying questions, searching for possible answers, and evaluating the literature. This is not novel ground and is better done in, for instance, Sackett's book on how to practice and teach evidence-based medicine. This book does have a simple layout and style that some people might prefer.

However, on clinical governance it seemed to me to have little to say of note. Its approach

seemed largely to be clinical governance as education rather than a health services delivery issue. It makes relatively few practical suggestions about how clinical governance can be delivered on the ground. In general there is a dearth of good quality material on what constitutes clinical governance and how it can be delivered; does this say something about the whole concept? Or just about our problems in applying it?

T J WALLEY
Prescribing Research Group, Department of
Pharmacology and Therapeutics,
The Infirmary, Liverpool, UK

Condoms. Edited by Adrian Mindel. (Pp 230; £18.95.) BMJ Books, 2000. ISBN 0-7279-1267-4.****

Who on earth would write a textbook on condoms? It is inevitable that such mistaken remarks are heard too frequently. The very opposite applies; this is not only a book which is fitting that every medical student or doctor should consider exploring but also should find its place in every medical library. The editor has found excellent contributors who give this multiauthor book a steady and developing theme.

One quickly realises that it is regrettable that so many have associated the peaks in condom use with war and commercial sex or with the HIV epidemic. The scope of this book for so many fields of medicine is easily appreciated when one realises the socioeconomic cost of 50 million abortions and 30 million unintended pregnancies in the world, in addition to the wide variety of sexually transmitted diseases. The editor so rightly comments on the value that his book would have if it affected just 1% of these people per year.

The scope for a wider understanding of the difficulties of the third world is perhaps best appreciated by the wide disparity in condom use by commercial sex workers within Europe compared with those, albeit working within Europe, from the third world.

A broader understanding of the world is achieved from this book. One appreciates the difficulties of limiting the spread of HIV in such countries as Uganda where it is apparent that a woman's worth is judged by her fertility. This book is a mine of information and a wonderful source of reference for further exploration for not only medical students but also family planning doctors and nurses, genitourinary specialists, gynaecologists, public health physicians, and those in related specialties such as socioeconomic and government advisers.

It has an excellent chapter on the history of condoms. For anybody with an interest in medical history this is interesting reading which hopefully will stimulate further exploration of the historical basis to medicine and the wide range of specialties encompassed.

Condoms have been assumed by the French to have had their origins in a poem by Lord Bell Haven (1656-1708) but probably date back to the time of the Ancient Greeks or perhaps Imperial Rome. Whatever the origins undoubtedly condoms will survive in society for a further thousand years. Hopefully physicians and allied specialists will consider this a justification for reading this well written text.

M STONE
Department of Obstetrics and Gynaecology,
Royal Gwent Hospital, Newport, Gwent, UK

A History of Surgery. Harold Ellis. (Pp 264; £29.50.) Greenwich, 2001. ISBN 1-84110-023-4.****

Those who have enjoyed Professor Ellis' lectures on various aspects of surgical history will approach this book with high expectations, and will not be disappointed. He paints 5000 years—and more—of surgical history with a broad brush, and with the same facility that makes his lectures so popular.

The book is especially informative when dealing with developments from prehistory to the discovery of anaesthesia and antisepsis. Here background information is often given, which sets the developments in the context of the country and its culture at that time. In a book of only 264 pages, and with many illustrations, it is inevitable that coverage of the subsequent logarithmic expansion of surgery and its specialties will be limited. This is compensated to some extent by coverage up to the present, and by the material from the author's personal contacts with recent pioneers and specialisation. It is equally inevitable that brevity will lead to some distortion. An example is the development of surgery for thyrotoxicosis; here the pioneering developments are attributed to American surgeons, whereas it is now widely recognised that their publications "piggybacked" on work much closer to home in the UK and its empire.

This book will appeal to a wide audience. It is very suitable for any doctor seeking a concise, informative, and easily read account of the development of modern surgery. It will also be of interest to lay people—as well as helpful background information, technical terms are often clarified (for example, "neonatal tetanus—lockjaw in infants", although today's informed layman may be more familiar with neonatal tetanus than lockjaw!) Young surgeons will also enjoy reading it, but a book of this length, without source material referenced, cannot satisfy surgeons seeking detailed general information, especially on the history of the specialties. However, for these there is a list of

recommended further reading, which includes the incomparable book by the Wangenstein husband and wife team—the "Ian Aird" of surgical history.

L E HUGHES
Emeritus Professor, Cardiff, UK

Analgesia, Anaesthesia and Pregnancy. A Practical Guide. S M Yentis, D Brighthouse, A May, D Bogod, C Elton. (Pp 402; £49.95.) Harcourt Publishers, 2001. ISBN 0-7020-2322-1.****

This is a comprehensive yet concise review of contemporary British obstetric anaesthesia. The first chapters cover the anaesthetic considerations for assisted conception and early pregnancy. The fundamentals of physiology, pharmacology, and management of analgesia and anaesthesia in normal pregnancy and delivery and operative delivery follow. An excellent and extensive review of anaesthetic, obstetric and medical complications, with short chapters devoted to a single topic, forms a substantial portion of the text. The penultimate chapters deal with neonatal aspects and the puerperium and finally there is a helpful section devoted to organisational matters.

Overall the content is accurate, up to date and clearly presented. It is pertinent to everyday clinical practice and also deals with management of less frequent problems. Balanced views of all current management options for each clinical situation are presented. Key points of each chapter are summarised in a table. It is easy to identify topics at a glance in the table of contents and the index works well. Space limits the number of references and these are provided in a rather haphazard manner, some chapters having several and others none.

This book will be of value to anaesthetic trainees and more senior obstetric anaesthetists as it covers both the fundamentals of routine obstetric anaesthesia and the more complex problems encountered less frequently.

As a small volume, which may be easily carried, it compares favourably with other texts in this category.

S E PIGGOTT
*Consultant Obstetric Anaesthetist,
Derby City Hospital, UK*

DIARY

The Theory of Obstetric Medicine

9–11 October 2001, Royal College of Physicians, Regents Park, London

This course is organised by Professor Michael de Swiet for obstetricians, physicians, and GPs. *Further information:* The Symposium Office, Division of Paediatrics, Obstetrics & Gynaecology, IRDB, Imperial College School of Medicine, Hammersmith Campus, Du Cane Road, London W12 0NN, UK (tel +44 (0) 20 7594 2150, fax +44 (0) 20 7594 2155, email sympreg@ic.ac.uk).

Obstetric Anaesthetists' Association: 3 day course on obstetric anaesthesia and analgesia

26–28 November 2001, Conference Centre at Church House, Westminster, London

Organised by Dr Paul Howell; this meeting has been awarded 15 CME credits by the Royal College of Anaesthetists, suitable for RCOG CME programmes. *Further information:* OAA Secretariat, PO Box 3219 Barnes, London SW13 9XR, UK (tel +44 (0) 20 8741 1311, fax +44 (0) 20 8741 0611, email registrations@oaa-anaes.ac.uk).