

Tuckwell Press, 2003
ISBN 1-86232-216-3

In the five years since devolution the NHS in Scotland has grown ever more apart from what one of my colleagues refers to – somewhat disdainfully – as ‘NHS Englandshire’. What is less well known is how different it was from the start. The Health Service (Scotland) Bill of 1946 was uncontroversial, whereas the proposals for England and Wales were distinguished by ‘a notable lack of consensus’. And it could be argued that the setting up of the NHS in Scotland was not radical but evolutionary and therefore easily achieved: largely unthreatening to the profession, and in accord with societal values perhaps more broadly social democratic than those in the south.

Setting up the NHS in Scotland was simple because so much of it was there already, and Morrice McCrae’s marvellous history goes through it all: the visionary Highlands and Islands Medical Service of First World War vintage, comprehensive and integrated, encompassing both public health and community and hospital services, eventually deploying both district nurses on bicycles and a pioneering air ambulance service; the developments following the magisterial findings of the Cathcart Committee of 1933, which reviewed health services but was determined also to ‘promote the health of the people’; and the Emergency Hospital Service of 1938, which – with more than 16,000 general hospital beds – eventually doubled their number in Scotland.

But this is no dry history of policy. McCrae’s account is alive with people, places and politics. For anyone interested in the NHS in Scotland today, and for all who know it and care about it, this book will be informative, intriguing and perhaps inspiring. Read it, and you will find out not only why the NHS in Scotland got off to a flying start, but also why it survived the onslaughts of the Thatcher era, and maybe even why – perhaps – the men in Whitehall at last decided that they no longer knew best.

CTL CURRIE



Oxford University Press, 2004
ISBN 0-19-851618-5

There is growing evidence that since the middle of the last century the healthcare system itself, and not living conditions as suggested by McKeown,¹ has been the important factor in improving the health of the nation. Access to the system is therefore important. The problem is that it is inequitable even in our own system where particularly the deprived but also others either do not gain access to it, or if they do it is at a later stage in the development of their disease. This splendid book examines the problem.

It starts with a rather good philosophical analysis of the value systems which underpin the various forms of healthcare. It does so without too many of the authors’ own value judgements interfering, although these do become obvious throughout the book. Later there is a good analysis of services for the poor which goes on to suggest possible methods of bringing them up to the level of services for the rich. Indeed, one commendable feature of this book is that it tries to move on from analysing the problem to suggesting solutions as well. There are also chapters dealing with other excluded groups both in Britain and throughout the world.

The style is fast and easy, making it a very pleasant read. The chapters and sections are well laid out and although there are few illustrations, for which I am grateful, there are a number of useful tables and boxes. The text is not overburdened with references but those included are the important ones and a good source for further analysis.

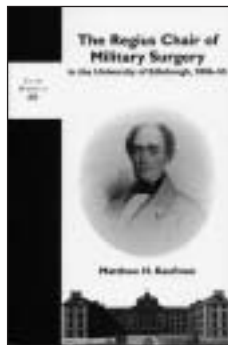
Because of the important messages in this book everyone in the health service, including clinicians, should read it. But for various, understandable reasons they will not. That makes it all the more important that everyone involved in the management of health services, especially public health specialists, should read and digest much of what it contains.

SL GALBRAITH

REFERENCE

- 1 McKeown T. The role of medicine: dream, mirage or nemesis? Oxford: Blackwell; 1979.

NEW TITLES



Editions Rodopi BV, 2003
ISBN 90-420-1238-2

It is easy to forget how modern is the expectation that a medical practitioner would, at some time, have 'qualified'. In Renaissance Europe – and Britain was no exception – most patients were not treated by the relatively small numbers of those who were licensed by craft organisations or, later, by one of the Royal Colleges. As for British University medical education, before the mid seventeenth century it was available only in Oxford and Cambridge and few of those already sparse graduates went into practice without first spending some years in one of the continental medical schools – Padua, Montpellier, Paris or Leyden in particular. By the beginning of the nineteenth century the availability of medical education in Britain had changed only in one important respect, but that change had dramatic effects; it was the appearance of the Scottish medical schools. By then, also, the army and navy wished to be assured that the surgeons they employed had at least a minimum competence.

This new study of the rather brief history – it lasted only half a century – of the Regius Chair of Military Surgery in the University of Edinburgh and of its two incumbents, deals with the period when Edinburgh reigned supreme in its reputation for medical training; not only because of its Faculty of Medicine, for its prestige and output were sustained as much by the extramural medical schools within the city as by the activity of the University. This book is a mine of information, not only on the Chair itself but on Thomson and Ballingall its two holders – their appointments (somewhat murky), their salaries (meagre), their domestic arrangements, their relationship to their *raison d'être* – the armed forces – and much besides. Much, too, on the Old Infirmary and the demands made on it by the local garrisons and the fleet when at Leith (in fairness, in exchange for substantial payments).

Comprehensively annotated and with a huge bibliography, Kaufman's book will serve as an indispensable reference to, and source of materials about, that sadly brief half-century when Edinburgh trained so many of those medical men who lived, worked and often died with the troops in Europe, in the Empire and on the ships of the Royal Navy.

IML DONALDSON © 2004



Oxford University Press, 2003
ISBN 0-19-851098-5

This book is intended for doctors working in palliative medicine, though will also be of interest to all health professionals either working within, or with an interest in, palliative care.

It is a reflection of the rapid growth of palliative medicine as a specialty that, within the space of ten years, this textbook is now in its third edition. Much is new, in particular the significant emphasis on the challenges of providing palliative care for patients with non-malignant disease, and the increasing need for education of colleagues in non-specialist palliative care settings. There is a whole section on paediatric palliative medicine, now a growing specialty in its own right.

The book is clearly laid out and well illustrated by clear diagrams and pictures. As befits a specialty that emphasises a holistic approach to the care of patients and their families, many chapters are illustrated by case histories, some of which are quite moving. There is much useful material for talk preparation and each chapter is extensively referenced. There is a wide, multidisciplinary and international flavour to the authorship. The role of the multidisciplinary team is an overarching theme and the specific roles of the various extended team members are highlighted in individual sections.

From the complexities of pain neurophysiology to the importance of honest communication and the challenges of caring for a dying patient at home, this publication tries to integrate the science and the art of caring for the dying and succeeds admirably well. The increasing interest in research within palliative care is reflected by a complete section within the book, including advice on how to get started, issues surrounding quantitative and qualitative research, the ethics of research and research governance.

This is a book to dip into. While some may find the neurophysiology sections heavy going, most of the book is very readable. As with the previous editions, it will prove to be an invaluable resource.

DJF BROWN