

# NEW TITLES



Oxford University Press, 2001  
ISBN 0-19-852683-0

Birth is a fatal condition ending in death. Delaying the end, and making the journey from birth to death free of disease, disability, pain and a positive experience, is the role of public health and medicine. This role can only be fulfilled with the support of politicians, scientists and a responsive and trusting public. Even then, creating effective infrastructures to maintain public health poses formidable challenges.

Garrett's book is a compendium of public health and medical nightmares. Her vision is frightening and compelling, and her call for us to wake up before the nightmare faces all of humanity is a piercing one.

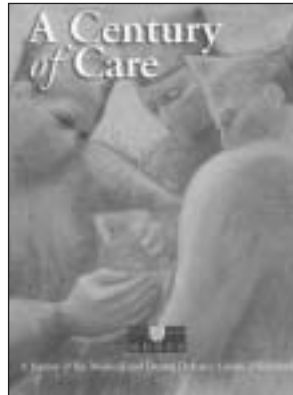
Garrett's main focus is on infection (pneumonic plague in India, Ebola virus in Zaire, AIDS globally), environmental degradation (in the Soviet Union in particular), antibiotic resistance (in the Soviet Union and US), biological terrorism (from the US perspective – a prophetic chapter in the light of events in Iraq), and the anarchy and disarray that accompanies both economic collapse (in the Soviet Union) and commercial focus (in the US). In six meaty chapters Garrett hurls the reader around the globe, unfolding the tragedies awaiting those societies that allow their public health systems to wither, perhaps taken for granted. The style is that of a master journalist, weaving a story from anecdote, conversation, biography, statistics (some to be interpreted with caution) and scholarship. The outcome is an easy read of difficult material.

Garrett could have augmented the nightmare by discussing modern-day epidemics such as obesity, smoking, motor-vehicle accidents, and the diseases of old age and modernisation, but there is enough material in her chosen focus.

The main message is an old one, but one that needs to be restated. Health must not be taken for granted. The hard-won gains of the last 100 years can and will vanish without unremitting effort. Public health requires purposive, planned action and a stable well-supported infrastructure. Public health flourishes where close alliances are achieved between health professions and many other sectors. The social, political, ethical and economic fabric is all important. Without this, anarchy will prevail. Previously dedicated doctors will abandon their patients, hospitals will be looted, weapons that can destroy entire populations will be stockpiled and used, healthcare services will collapse, healthcare systems in even the richest of nations will abandon the poor and uninsured, life expectancy will plummet, and microbes will re-exert their mastery. It is time, says Garrett, to create the local, national and international public health systems that will engender trust and confront the nightmare she so vividly portrays.

Public health, however, is no panacea, as Garrett would have us believe. The journey of life is fraught, and misery, pain and fear are as inevitable as happiness, well-being and confidence. With expanding knowledge and increasing wealth, public health can help to tip the balance in the direction we so desire. Garrett's book compels us to act. Readers of *The Journal* – let Garrett speak to you directly.

**R BHOPAL**



Medical and Dental Defence Union of Scotland, 2002  
ISBN 0-9542251-0-4

Litigation in medicine is one of the most feared elements of any doctor's life and it was in an attempt to meet the needs of doctors and dentists who might be involved in litigation that the Medical and Dental Defence Union of Scotland (MDDUS) was established in 1902. On account of the fact that the MDDUS was celebrating its centenary in 2002, *A Century of Care* was published.

The book begins with an account of the Medical and Dental Acts of 1858 and 1878 respectively and in the opening chapter deals with the regulation of the professions up until the founding of the MDDUS in 1902.

The introductory chapter leads to a discussion of the establishment of the MDDUS and from there goes on to consider the practice of medicine and its relationship with society. The changes that occurred during the First World War, and subsequently, are outlined.

There is a chapter devoted to the Second World War and its effects and the abrupt changes in medical practice precipitated by the inception of the NHS in 1948. The introduction of antibiotics and the mechanisms for the new administration of medicine in the United Kingdom in hospital and general practice is detailed.

By the early 1950s both hospital and general practice began to be established but with it there was the concern of the public that doctors might in the course of their practice either show negligence or errors of judgement. The classic cases of *Hunter v Hanley* and *Bolam v Friern Hospital Management Committee* were two principle events which ensured that the criteria for negligence were clearly established.

There are chapters in the book on the watershed of legislation, radiation medicine, sports and exercise

medicine, plastic surgery, anaesthesia, medical genetics and in addition there is a detailed background of developments in relation to clinical practice allied to social awareness. Sir Dugald Baird's contribution to the legislation surrounding termination of pregnancy and sterilisation is clearly set out in the book, together with an account of the introduction of the Medical Act for termination of pregnancy.

Throughout the book there are very clear references to clinical practice and the problems associated with it. One of the great strengths of the book is that a subject which could in fact have been presented in a dry and completely uninteresting and almost detached manner, has been brought to life with vivid realism.

The book deals not only with clinical practice but with the actual character of the Medical and Dental Defence Union of Scotland and terminates with not only a look at the immediate past of the MDDUS but also at its relationship to the GMC and the changing face of clinical practice.

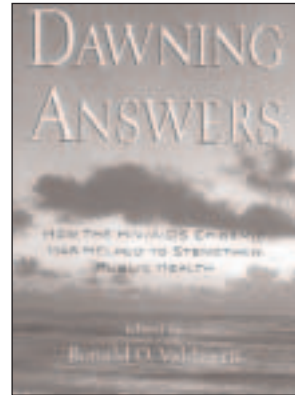
This book is distinguished not only by the quality of its writing but also by the clever use of diagrams and artwork. It is a record of the history and work of the Medical and Dental Defence Union of Scotland and a reflection of what it stands for in maintaining the standards of clinical care in medicine and dentistry. It should be on everyone's bookshelf.

**MM LEES**

# NEW TITLES



Editions Rodopi, 2000  
ISBN 90-420-0911-X



Oxford University Press, 2003  
ISBN 0-19-514740-5

Within the Wellcome Institute Series on the History of Medicine this, as the subtitle indicates, covers the inter-war period in Britain. Initially it sounds like a general text but is in fact a collection of individual essays on a range of topics which illustrate many of the key social, cultural, political and medical influences and developments that provided the basis for subsequent post-war development in the twentieth century.

Starting with an excellent introduction that provides an overview and sets the scene for some of the later contributors, the book is both enjoyable and informative. Whether it is a critical discussion of HV Morton's English Utopia, the development of university halls of residence, the contribution of documentary films or the more particular health topics of housing and the Finsbury and Peckham health centres, all provide thoughtful insights to the way of life between the wars. All the chapters are well-referenced and authoritative; and from the discussion of specific projects or individuals who have contributed, the reader gets a real feel of what was happening in that period. While not a comprehensive history, the approach taken in the book is likely to achieve more for many readers and provide all concerned with health with an indication of a period that is generally unfamiliar.

It is almost essential for all health professionals to be aware of key historical facts which influence current health and healthcare but in addition to legislation, health service changes and key medical discoveries, for a proper understanding of health and healthcare today, we require the sort of contribution that is contained in this book, providing a broader perspective and an account that brings that period to life.

This is a welcome addition to the History of Medicine series.

**J MCEWEN**

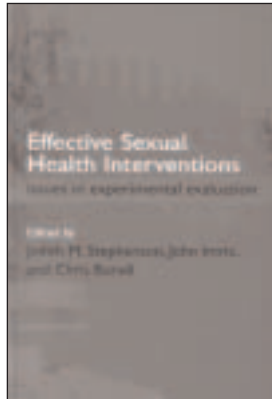
Books can be assessed using several criteria. Are they interesting? Are they informative? Are they useful?

This book will be of most interest to Americans. It is written by American authors; and with the exception of one chapter (on the impact on global health) which details the American history of HIV/AIDS, is obviously aimed at the American market (part of Our Nation's History), and is printed in America. Two of the nine chapters are 'exclusively American' – one deals with public health law and another with the evolution of national funding policies.

This informative book details the American public health tactics and strategies which were developed or enhanced in response to HIV/AIDS including monitoring health events, developing public policy, setting funding priorities and mobilising communities. Of course, not all initiatives were driven by public health officials. Possibly for the first time communities realised that they could initiate changes. Not 'Someone ought to do something' but rather 'We ourselves will do what needs to be done' and 'We will cajole others to do what needs to be done.' Communities became empowered and in parallel those responsible for public health were also empowered. 'Discretionary dollars' (page 121) became available.

The question 'Is this a useful book?' depends on whether it turns out that we learn from history and whether future challenges will be similar. Did, as the subtitle states, HIV/AIDS strengthen public health? After reading this book I would suggest that it revealed the basis on which, to their credit, the Americans responded with great flexibility. Strength is not the same as flexibility. The challenges for the future will (hopefully) not be similar to those of HIV/AIDS but may well require similar flexibility – bioterrorism springs to mind as the likely next essentially unpredictable challenge.

**PD WELSBY**

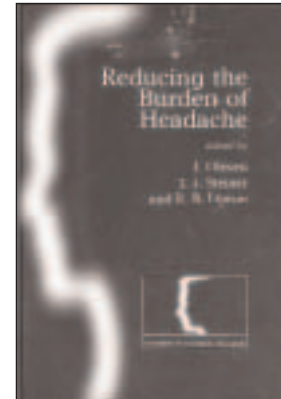


Oxford University Press, 2003  
ISBN 0 19 850849 2

This textbook looks at the experimental evaluation in sexual health, which is a topical theme at the present time. It begins by presenting various arguments for and against the suitability of interventions for experimental evaluation of sexual health, and follows this through with discussion of the appropriate methodological techniques. Although a major focus is randomised trials in sexual health, the book does stress methodological eclecticism and also includes a vigorous rebuttal of randomised trials in this field. The final section looks at how the results of these evaluations can be translated into policy and practice; it is hard to see how service providers and educators can fail to be influenced by high-quality randomised trials. The book concludes with a plea for an improvement in the quality of trials in this field and for future interventions to have been rigorously evaluated and shown to be effective in improving sexual health.

This is not a book for the clinician who has a fleeting interest in sexual health issues. It is detailed in the extreme, demands a high level of existing knowledge of research methodologies and is specifically of interest to those researching sexual health interventions from the social science perspective. The text is complex, and illustrations and tables are rather few and far between. However, many of the arguments and examples used are interesting, relevant and wide-ranging. For example, the crucial contextual factors in a teacher-delivered sex education programme in East Scotland are contrasted with those in an adolescent reproductive health programme in rural northern Tanzania. Globally, sexual health is poorly resourced and evaluation is essential for the future to maximise cost-effectiveness and to prevent useless or harmful interventions continuing to be deployed.

**A GEBBIE**



Oxford University Press, 2003  
ISBN 0 19 851589 8

With perhaps not the most invigorating of titles, this book attempts to address an important, but hitherto neglected, topic. In their preface the three editors remind us that headache was only properly classified and defined in 1988, thus limiting the amount of useful epidemiological data available. The book is divided into six sections, tackling headache-related disability, patient oriented outcome measures, effects on family, economics of headache, guidelines and interventions, and ways of improving healthcare systems for headache sufferers. There are almost 70 chapters, and well over 100 authors, and unsurprisingly the style and content vary significantly, making it a book to dip in and out of rather than read cover-to-cover. At the end of each section, there is a discussion summary, although one suspects these were written before the final layout was decided – the summary for Section Five refers to a chapter which appears in Section Six. As a clinician who sees a large number of headache patients, yet does not count himself as a headache specialist, I was drawn to the more relevant chapters on interventions and how to improve healthcare systems. Confusingly, intramuscular chlorpromazine is listed as both a treatment of ‘moderate statistical and clinical benefit’ in acute migraine, and ‘proven to be statistically or clinically ineffective’. However, such relatively minor editorial hiccups should not detract from the main, and whilst this book is of limited interest to the generalist, it will appeal to those with a professed interest in headache. Some sections will be of interest to the generalist (both in primary and secondary care) who sees headache frequently in their practise. It should be enforced reading for anyone (clinical or otherwise) charged with designing headache services.

**RJ DAVENPORT**