

# The Library

## SOME RECENT ADDITIONS

**BOYD DHA:** *Amulets to Isotopes - a History of Medicine in Caithness* John Donald Publishers Limited, 1998; 189pp  
 This fascinating book by Dr David Boyd (a Fellow of the College and founder of the *College Chronicle - Proceedings'* predecessor) sheds light on a little-visited area - the history of medicine in the Highlands of Scotland. Caithness provides an excellent model and Dr Boyd's comprehensive, well-illustrated work covers general medicine, therapeutics, public health and medical administration. It takes the reader from the days of charms and talismans, through to the modern era of diagnosis and treatment by isotopes and other scientific derivatives. Those with medical connections in the North will find much to interest them in the abundant biographical sketches and anecdotes with which the author enlivens his more formal text.

**COOKSEY R:** *Theory, Methods, and Applications* Academic Press, 1996; 407pp

Most experienced clinicians would agree that good clinical judgement is an important factor in medical practice. High-technology medicine has not replaced judgement, and may make it more complicated. Good clinical judgement is recognised by colleagues and does not necessarily correlate with high intelligence. It seems to develop early in life and cannot be taught by formal methods, although it may improve with feedback.

Despite its importance, the literature on clinical judgement is sparse. This book is concerned with the wider field of judgement. The point of departure is 'probabilistic functionalism' (1943) introduced by Egon Brunswik, a psychologist in Vienna, and the 'lens model' he used to represent it. The lens model provided for analysis of components which then converged to reach a decision. This was applied to clinical judgement by Kenneth Hammond who was one of Brunswik's students. Cooksey reviews this work and the cognitive continuum therapy which explores the distinction between intuition and analysis. He goes on to consider the theory and method involved in other approaches to decision making.

This book provides a comprehensive view of judgement analysis. It is readable, mathematics have been reduced to a minimum and the numerous references cover every aspect of the subject. It is a valuable source of information.

BRIAN ASHWORTH

**STONE M:** *Healing the Mind: a History of Psychiatry from Antiquity to the Present* Pimlico, 1998; 431pp

This excellent and well-written work tracing the evolution of psychiatry spans the ages from the ancient Greeks to predictions on treating mental disorders in the next century. Broken down chronologically and geographically, the work is enjoyable and edifying for both readers wishing to read about a particular time, place, condition, or individual, or those who want to take a comprehensive historical journey across the centuries. An interesting inclusion with an RCPE connection is the chapter on the 'Systematisers', the Edinburgh school of thought lead by William Cullen.

**SIM M:** *Clinical Research for Medical Graduates* Emmess Publications, 1998; 130pp (Available from the College Library - price £5 including p&p.)

*Clinical Research for Medical Graduates* is written by Dr Myre Sim, a retired professor of psychiatry who has practised in both Britain and Canada. In the introduction to this compelling book he indicates that less than 5% of medical graduates have been actively engaged in research at any time in their medical careers. Why is this figure so low? After all, medical graduates are arguably the most highly selected, educated and trained of all university graduates - they should be eminently suited to conduct independent research. Is the low figure the result of medical training being directed towards clinical practice not clinical research, or is it because confident, knowing clinicians lack the necessary diffidence required for research?

We live in a world crying out for clinical research. It is needed for clinical governance and for evidence based medicine. Fine examples of clinical research using clinical techniques include the recommendations of SIGN (Scottish Intercollegiate Guidelines Network), variations in the presentation of one gene defect, e.g. thalassaemia, and the influence of the baby's birth-weight on mortality in middle age. However, for many doctors working in non-academic units research is a formidable, perhaps unattainable goal even if it is needed to achieve consultant status.

The purpose of this book is to give the essential rules for the rewarding experience of a life in research. Although a primer, the book indicates how to get more detail. It is a first rate readable book which will help doctors of any age or status engaged in research. It is particularly apposite for busy doctors working in clinical units who have a modest experience of research.

[This Canadian published book can be purchased through the Library. Sale proceeds will go to the Myre Sim Fund which aims to support the type of clinical research described in the book.]

MARTIN EASTWOOD

## BOOK FROM THE COLLECTION

Turner, Dawson Fyers Duckworth, FRCP Ed 1857-1928  
*A Manual of Practical Medical Electricity, 2<sup>nd</sup> Edition 1897*

The College Library contains all four editions of Dr Dawson Fyers Duckworth Turner's book which, for many years, was the standard work on medical electricity. The second edition is particularly interesting - it was published shortly after Roentgen's discovery of X-rays and contains a chapter on this new development. Dr Dawson Turner (a lecturer on medical physics and electro-therapeutics at the Royal Infirmary of Edinburgh) was one of the pioneers of radiology in Scotland. He was so enthusiastic about X-rays that he set up the first installation in Edinburgh in his house in George Square. Indeed, for many years Dr Turner had the only supply of radium in the city and patients from the Royal Infirmary came to his house for treatment.

Dr Turner was not only interested in professional innovation. In his youth he had owned a high bone-shaker bicycle, with which he competed in cycling races; he went on to become the first motor car owner and driver in Edinburgh.

Sadly, Dr Turner's health suffered from the ill effects of his long exposure to X-rays, and through this he lost three fingers and an eye. Despite this he went on playing golf at Gullane, Kilspindie and Muirfield until well into his sixties. Although his golf bag contained just three clubs, his *British Medical Journal* obituarist states that '*in spite of crippled fingers and failing eyesight he could still surprise opponents who expected an easy victory, for his accuracy was almost uncanny.*'

Dr Turner's cousin was the botanist Joseph Dalton Hooker, whose three-volume work on the *Rhododendrons of Sikkim-Himalaya* is regarded as one of the treasures of the library.

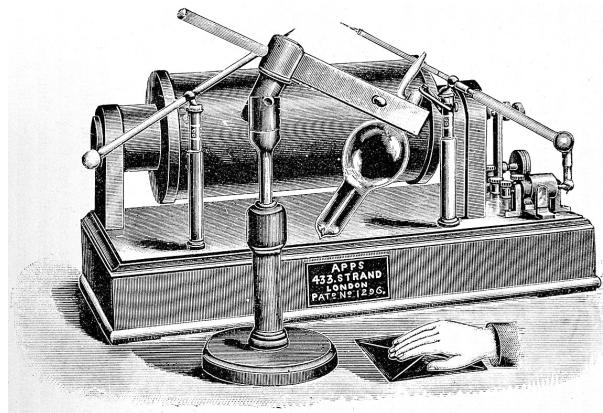


FIGURE 1

Induction coil; 10 Inch Spark. X-rays were first obtained by passing electrical discharges through highly-exhausted vacuum tubes. Dr Turner recommended this induction coil as the best and simplest method of obtaining electrical discharges.

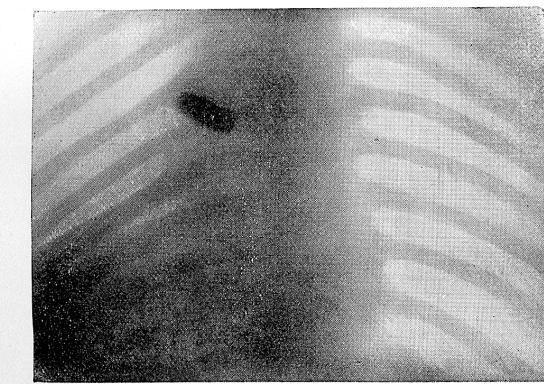


FIGURE 2

The Dunfermline Shooting Case; Conical Bullet between Sternum and Vertebrae. In his manual Dr Turner wrote that shadows often made it difficult to spot foreign bodies. Before Dr Turner passed the rays obliquely it was thought that the bullet (lodged in a live patient) was in the liver.