

NEW TITLES



Pentland Press: Durham; 1999.
ISBN 1858217253

This splendid book is recommended reading for everyone involved in health care, be they in training or in practice. Indeed it could give a feeling of safety, security and comfort to families and the public at large – we all have to face death and our evolving teamwork is making the final journey one of dignity, love, reconciliation, a time of self discovery and realisation of the meaning of life, all made possible by the relief of suffering.

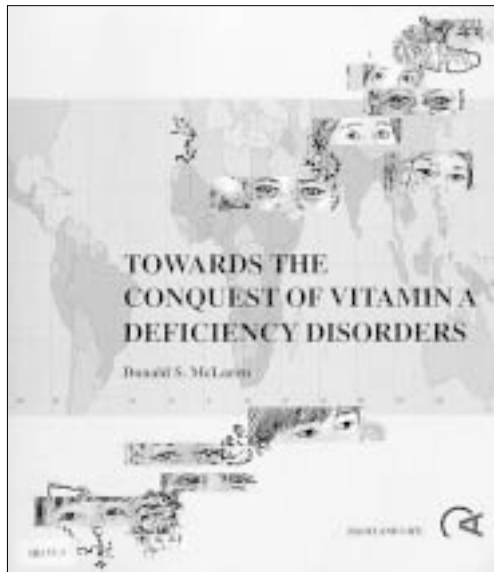
The author has been one of the leaders in the development of palliative medicine, which is now a recognised speciality. The book is not an autobiography and can be read one chapter at a time. Dr Doyle has an excellent command of language and is clearly well read and well versed in music, and importantly has a deep religious faith. He recounts as part of his own learning process, his many episodes of sadness, surprise, humour and unintended mistakes and emphasises how listening can be much more important than talking and how support of relatives is part of the palliative process. Honesty and truthfulness are essential but often saying too much at once will not be absorbed and the skill of good communication is to do it stepwise when the way ahead is clear. The good doctor becomes a friend.

He outlines how in recent years, because of the exponential expansion of knowledge, medicine has moved gradually more and more into investigation, diagnosis and 'curing' and sadly may have given less emphasis to 'caring'. That is why hospice medicine has become increasingly important and where more than anywhere else the doctors,

nurses, social workers, physiotherapists, occupational therapists, pharmacists and religious advisers have all worked together as a team. Happily this palliative care team approach is now emerging in general hospitals and also in the community. The hospices are further enhanced by Day Units and so patients can be admitted, discharged and readmitted as appropriate. Some hospices have attached palliative care Sisters for work in the community and also through charities there are many nurses throughout the country who give 'hands on' treatment in the home. And so if the patient does not return to a hospice in terminal illness he/she may die at home in peace with all the support required. Moreover, hospices are increasingly involved in the education of medical students, general practitioners, and the very essential members of every team, the nurses.

Some may wonder about the title of the book, *The Platform Ticket*. Nothing could be more appropriate and to find the answer, reading this very readable book will explain why.

Professor John Richmond



Task Force Sight and Life: Basel; 1999.
ISBN 3906412024

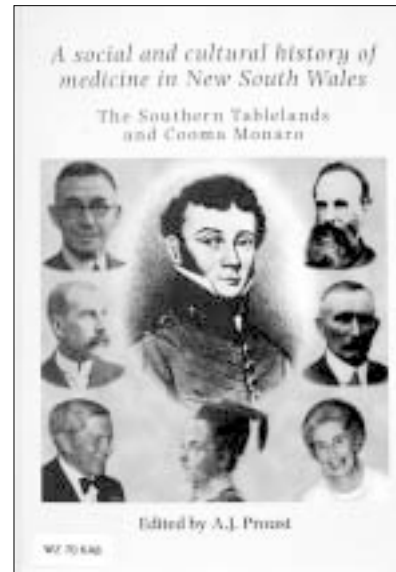
This attractive book is a testament of Donald McLaren's mission to eradicate a very preventable condition; the visual disturbances associated with vitamin A deficiency. The estimated number of children who become blind each year is half a million, adding a further burden to impoverished communities.

The book opens with an outline history of the discovery of vitamin A, remarkable for the identification of a dietary cause during an era of massive discoveries of infectious disease. The major thrust of the book is a personal odyssey, a childhood where a sense of mission was inculcated by the Baptist Church. Coming to Edinburgh to study medicine and then a life in the field in India, Tanganyika and the Lebanon. McLaren gained immeasurably from his contacts, Reg Pasmore in Edinburgh, the London School of Hygiene and Tropical Medicine and in the United States particularly Bill Darby. At critical times in a life beset with events he was supported by these friendships.

This is in contrast to the environment of ignorance in which his chosen mission was worked. McLaren comes over as a first rate clinician, unlike some great and worthy members of the medical profession with different agendas and differential diagnoses with whom he had to contend. It was difficult to gain recognition of the deficiency problem. Life was further complicated by deep ignorance in poverty stricken communities where protein calorie malnutrition was endemic. Vitamin A deficiency aggravates the ocular complications of measles, in some communities the treatment regime was to starve the child exacerbating the problem. The photographs of the lesions are not for the squeamish.

Donald McLaren is the author of several brilliant texts on nutrition and eye conditions. This is a very worthwhile companion text.

Dr Martin Eastwood



AJ Proust: Forrest; 1999.
ISBN 0646371541

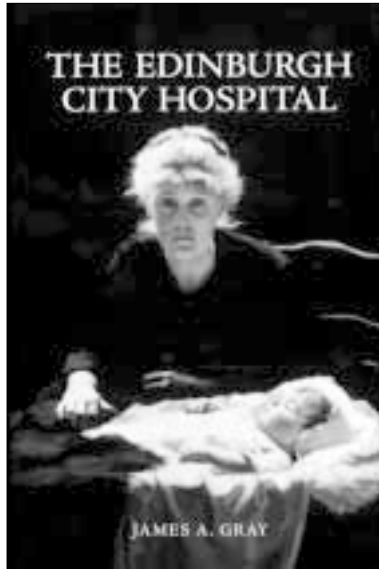
As the title indicates this book narrates the history of medicine in New South Wales with particular reference to the Southern Tablelands and Monaro district during the nineteenth century. Because the story encompasses not only medical practice but also the role that the medical practitioners played in their communities, Dr Proust has provided a vision of what was, in many ways, a pioneering and emerging society, and therefore the book will be appealing to a wide range of readers.

Life was hazardous for folk in those days, with many deaths from trauma and infections, and the book contains interesting accounts and many statistics of the various diseases and the important causes of deaths in the community. Ligations of aneurysms of major arteries was attempted in the early 1800s, sadly with almost universally fatal consequences, and there is a fascinating and detailed case-history of a patient who underwent ligation of the femoral artery aneurysm in 1827 in Sydney.

There is a good record of the many medical practitioners in the Southern Tablelands and Monaro district many of whom had graduated in Scotland. By 1833 British graduates accounted for 89% of those practising in New South Wales, dropping thereafter to reach 55% by 1911. Other topics covered in the book include a chapter on women doctors, detailing the hostility and prejudice with which they had to contend, and brief interesting biographies of some of the more prominent doctors and nurses. Dr Proust concludes this absorbing book with a review of the attitudes of the doctors to the fledgling society and the profound influence which they exerted upon it.

This is an absorbing book which will be read with interest and enjoyment.

Professor Ian AD Bouchier



Tuckwell: East Linton; 1999.
ISBN 1862320969

Plagues and pestilences have afflicted the human race since the beginning of time. They often appear unannounced, frequently wreaking havoc amongst the unprepared populace. At the end of the nineteenth century smallpox was endemic in the United Kingdom. The City Fathers of a number of large conurbations decided that new isolation facilities were required to control this feared infection which had a mortality rate of 30% or greater. This led to the construction of fever hospitals, built 'outside the citywalls'.

The Edinburgh City Hospital was one such hospital. James Gray, a former consultant in infectious diseases at the City Hospital, has written a scholarly and fascinating account of the history from its opening by King Edward VII in 1903 to its imminent closure as a consequence of the building of the new Royal Infirmary.

Although smallpox was the catalyst which led to the founding of the hospital, half of the original 600 beds were designated for the isolation of patients suffering from scarlet fever, and there were wards for diphtheria, measles, typhoid and typhus fevers and tuberculosis, all mercifully rare, or non-existent, in the UK today. These diseases have, however, been replaced by AIDS. In addition to infectious diseases, the hospital has housed internationally known departments of respiratory and geriatric medicine and ENT surgery.

Dr Gray catalogues in detail the planning and development of the City Hospital with illustrations of the original architect's drawings and photographs of the buildings which are now destined sadly, but possibly appropriately, to be replaced by new homes. As one hundred years ago the prevalence of infectious diseases was due, at least in part, to overcrowding and poor housing.

James Gray must be congratulated, not only on telling the story of the Edinburgh City Hospital (of which I have many happy memories), but also on recording the history of infectious diseases in this country during the past 100 years.

Professor Alasdair M Geddes

ERRATUM

A formatting error occurred in the layout of the New Titles section in the August edition of *Proceedings (Proc R Coll Physicians Edinb 2000; 30:272-4)*.

The images of the first three reviews were transposed as follows:

- the *Women, Science and Medicine*¹ review, written by Audrey Dawson, was placed beneath the image of *Matron, Medics and Maladies*;²
- the review of *Matron, Medics and Maladies*, written by Ian Bouchier, was placed beneath the image of *Naval Surgeon*;³ and
- the review of *Naval Surgeon*, written by Adam Smith, was placed beneath the image of *Women, Science and Medicine*.

Our apologies for the error are extended to the readership, authors and reviewers.

REFERENCES

- ¹ L. Hunter, S. Hutton, editors. *Women, science and medicine 1500-1700*. Massachusetts: Science History Publications / USA; 1998.
- ² B. Yule. *Matron, Medics and Maladies. Edinburgh Royal Infirmary in the 1840s*. Stroud: Sutton Publishing; 1997.
- ³ J. W. Estes. *Naval surgeon. Life and death at sea in the age of sail*. East Linton: Tuckwell Press; 1999.