

BOOKS / BOEKE

Psychiatry

The Threatened Medical Identity of Psychiatry: Winds of Change. By Theodore Pearlman. Pp. xxi + 270. Illinois: Charles C Thomas. 1992.

In sending this book to a physician rather than to a psychiatrist for review, the *SAMJ* has recognised that Theodore Pearlman (an ex-South African) makes thoughtful contributions potentially of broad interest to all medical practitioners. My reading of the book confirms this, and I have no doubt that it will be widely enjoyed and appreciated.

While tempted to try and produce a succinct, but nevertheless comprehensive review of the contents of this book, I am mindful of the admonishment of the *SAMJ* not to endeavour to do so. This task is also made unnecessary by the very excellent Forward written by a close friend and colleague of the author, which provides in nine pages a very readable summary of the contents of the book. In brief, Dr Pearlman explores the historical development of psychiatry; the concept of disease and of mental illness; the progressive demedicalisation of psychiatry and the development of a multi-disciplinary mental health team; attempts to classify psychiatric disorders and the problem of the overlap between behavioural problems and mental illness; psychosocial (psychotherapeutic) and somatic (psychopharmacological) treatments; the politics of psychiatry in various cultures; forensic psychiatry; and some issues of special relevance to the practice of psychiatry in the USA.

Why psychiatrists choose psychiatry as a medical speciality and the problems facing those who do so are addressed in the opening chapter, which sets the scene for the above-listed topics. I recommend this book to all with an interest in better understanding psychiatry and more broadly the practice of medicine.

S. R. BENATAR

Operative laparoscopy

Operative Laparoscopy. The Masters' Techniques. Edited by Richard M. Sodenstrom. Pp. xv + 245. Illustrated. \$162.50. New York: Raven Press. 1992.

A tremendous development in operative laparoscopy characterised the last 10 years, and this mainly under the impetus of gynaecologists. Once merely used for diagnoses, today procedures such as pelvic lymphadenectomies or myomectomies are performed by laparoscopy, and some (over) enthusiastic endoscopists have even stated that laparotomy is obsolete.

This was intended to be a 'how-to' book written by the masters of this technique. R.M. Sodenstrom asked eminent North American laparoscopists to write about their experiences, and the result is 241 pages in an informal tone and very pleasant to read.

The first part gives a thorough overview on the basics of laparoscopy, as to equipment, elementary techniques, principles of electrophysics and laser. The importance of proper equipment and adequate training is emphasised. These chapters will be of particular interest to the trainee starting laparoscopy.

The second section deals in detail with the applications of laparoscopy in gynaecology, ranging from sterilisation or (simple) adhesiolysis to presacral neurectomy and laparoscopically assisted vaginal hysterectomy. In the last part, complications and their medicolegal implications are briefly discussed.

This book is not a real 'textbook' but a compilation of

topics by various authors, so the quality of the chapters is somewhat variable. A major disadvantage is considerable overlap, for instance, the principles of laser are discussed in five chapters.

Although it may confuse the neophyte, the more experienced laparoscopist will especially appreciate the individualised approaches. Throughout, the book is well illustrated, partly with colour figures.

This book may be considered a milestone in the still rapidly expanding field of operative laparoscopy in gynaecology. It has its place on the shelf of all gynaecologists practising endoscopy and is a recommended lecture for registrars.

Although the value of operative laparoscopy in South Africa has yet to be defined, its use will undoubtedly increase in the years to come. The challenge is to discern when to proceed with laparoscopy and when to stop proceeding with it.

T. VAN DEN BOSCH

Neuro-ophthalmology

Baillière's Clinical Neurology: International Practice and Research: Ocular Motor Disorders of the Brain Stem. Ed by U. Büttner and T. Brandt. Pp. ix + 263-475. Illustrated. £27.50. London: Baillière Tindall. 1992.

The subject matter of this monograph is wider than implied in the title, extending from detailed anatomy of relevant areas of the brainstem to acquired ocular motor palsies, gaze palsies and defective vestibular function. Indeed, several strong and appealing sections of the book are directed towards understanding of the last field, that is, pathophysiology of acquired vestibular system dysfunction. The dual intention of the editors is to provide 'increased understanding of brainstem diagnostics' and 'to establish a platform from which ocular motor scientists can define future research projects'.

The book indeed provides a practical guide to a clinical approach and is a source of reference of great depth. In some chapters, the traditional vertical approach to a list of information is replaced by a horizontal one, where it does not always successfully disguise the weakness of presentation. In others, a remarkable parade of information is made to read astonishingly interestingly and easily. The opening chapter on relevant brainstem anatomy is an excellent source of modern information, and it is therefore regrettable that the wonders of the labyrinth, the pores in the air cells for the passage of K⁺ ions and the larger structures of the system are not incorporated in the review, along with the enlightening summary of the various burst neurones of the pons. In the chapter on ocular motor dysfunction the author perhaps overstates the case a little by asserting that 'most of the physician's skill and time in the assessment of a comatose patient is devoted to eliciting reflex eye movements', but certainly no one will dispute its importance. 'Caloric irrigation with ice water' appears to be advocated without prior use of cold water — surely a time-wasting shortcut in many patients. The sections on vestibular dysfunction, unfortunately, omit reference to such fascinating normal frailties as car sickness, exposure vertigo and toppling off a ladder when extending the neck.

This monograph constitutes a valuable source of reference for those who have a special interest in the field of neuro-ophthalmology and it is strongly recommended. The presentation is clear and satisfactory, though 'saccides' (*sic*) in the index is a little disconcerting.

D. V. PHILCOX

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BOOKS / BOEKE

Doctors' rights and responsibilities

Rights and Responsibilities of Doctors. Pp. xxviii + 226. UK £12,95; overseas £15, London: BMJ 1992.

Life in the latter part of the 20th century has become very complicated for doctors as their responsibilities have increased, and controlling legislation has grown increasingly more complex. This booklet, a product of the BMA Professional Division, seeks to blaze a path through the dense thicket that modern doctors have to negotiate.

A great deal of it is not directly relevant to South Africa because it deals with UK legislation. However, for those interested in the methodology of advising doctors about complex situations, it is an interesting book.

N. C. LEE

MRI of the knee

MRI of the Knee. 2nd ed. By J. H. Mink, M. A. Reicher, J. V. Crues III and A. L. Deutsch. Pp. xiii + 474. Illustrated. \$150. New York: Raven Press. 1993.

Magnetic resonance imaging (MRI) of the knee? Is this overkill? Would it not be more appropriate for an MR radiologist to determine the merits of this book?

I believe that, in the *SAMJ*, the answer is 'no' and 'no'.

MRI as a diagnostic modality has been shown to be an accurate technique in the assessment of internal derangements of the knee, when compared with arthroscopy.^{1,2,3}

Various studies have demonstrated the cost-effectiveness of MRI. A recent English paper⁴ reported that 29% of arthroscopic procedures could be avoided by using MRI, with a total cost increase to the 58 patients of only 1,4%. They did not account the benefit of liberating hospital resources for other work, nor the employment benefits to patients who had avoided arthroscopy.

An American report⁵ showed cost savings of about \$100 000 on a hundred patients, reckoned to be the result of using MRI.

The protocol decision as to where MRI fits into management lies with the clinician hence the second 'no'.

In 466 beautifully illustrated pages, the clinician will be introduced to diagnostic frontiers, and learn a lot about knee pathology. Discussion is fluent; it is easy to read and easy to access.

This book does not and should not teach the surgeon to be an MR radiologist, but it will show how MRI can change the present algorithms of surgical management of the knee.

J. P. DRIVER-JOWITT

1. Lee JK, Yao L, Phelps CT. Anterior-cruciate ligament tears; MR imaging compared with arthroscopy and clinical tests. *Radiology* 1988; **166**: 861-864.
2. Glashow JL, Katz R, Schneider M, Scott WN. Double-blind assessment of the value of magnetic resonance imaging in the diagnosis of anterior-cruciate and meniscal lesion. *J Bone Joint Surg (Am)* 1989; **71**: 113-119.
3. Vellet AD, Marks P, Fowler P, Munro T. Accuracy of non-orthogonal magnetic resonance imaging in acute disruption of the anterior-cruciate ligament. *Arthroscopy* 1989; **5**: 287-293.
4. Spiers et al. *J Bone Joint Surgery (Br)* 1993; **75**: 49-52.
5. Ruwe P, McCarthy S, Wright J, Randall L et al. Does MR imaging effectively replace diagnostic arthroscopy? *Radiology* 1992; **183**: 335-339.

April Fool's Day

April Fool's Day: A Modern Tragedy. By B. Courtenay. Pp. xii + 449. Port Melbourne, Australia: William Heinemann. 1993.

This book, Bryce Courtenay persists in telling everyone, is a love story; which it is. Not only does it tell of the love between his son Damon, condemned to die of AIDS, and his lover Celeste, but it is also a story of the most magnifi-

cent love between parents and child. This book was written because Damon had had unfulfilled dreams of writing it, and the last thing he said to his father before he died was, 'Write my book, Dad.'

Damon was discovered to have haemophilia at the age of ten days when he haemorrhaged from his circumcision. And, in spite of the frequent blood transfusions, the arthritic and other pain that the child suffered, the horror of discovering that Damon had contracted AIDS from a contaminated transfusion, and his final horrifying end, Bryce Courtenay still describes this time as '24 wonderful years'.

Reading this book was almost a voyeuristic experience — the open window into the psyches of Bryce, Benita (his wife), Damon and Celeste, makes one somehow uncomfortable in the extent of its revelation. Bryce Courtenay 'tells it like it is', totally uninhibited about describing their behaviour, which at times betrays their humanness and shows their imperfections and weaknesses.

The descriptions of the intimate moments between Damon and Celeste are revealing without being sensationalist. The depiction of Damon's suffering, firstly from the haemophilia, and then in his fight against the ravages of AIDS, leave one gasping and tearful in sympathy with Damon and his family.

And yet, there are threads of love, humour, slightly quizzical whimsicality, and endurance, running through the book. The beautiful moments are truly beautiful, the funny ones make one guffaw, and the frightening ones are brutal in their explicitness.

The medical and associated professions come in for a deserved lambasting, but, for all the inconsiderate, arrogant, arrantly ignorant and egotistical 'bastards' (*sic*) in the medical profession, there were at least as many caring, sympathetic, understanding and friendly doctors, nurses and others.

The Australian health system is a special target for Courtenay's wrath. 'The medical profession killed my son,' he says. Courtenay lays the blame for his son's AIDS squarely on the system which allowed contaminated blood products to be used from 1983 to 1985, when the authorities were apparently aware of the contaminated blood supplies, but did nothing about it.

This is a book that should be read by every doctor, for the lessons on how-not-to-do-it, and for the how-to-do-it lessons. Both are there in abundance.

This compassionate man has provided us with his own love story, portraying a love of life, and even a love of death.

Rest in peace, Damon. Your father has performed your last wish. With distinction.

F. N. SANDERS

Surrogaatmoederskap

Report on Surrogate Motherhood. Pp. xiv + 183. Pretoria: South African Law Commission. 1992.

Hierdie verslag van die Suid-Afrikaanse Regskommissie is in 1992 voltooi. Die boek gee uitstekende agtergrond oor die probleemareas rondom surrogaatmoederskap. Etiese aspekte rondom hierdie probleem en argumente voor en teen die prosedure word volledig bespreek. 'n Vergelykende studie tussen Suid-Afrikaanse regsoogpunte en verskillende lande se siening oor hierdie onderwerp word kortliks bespreek. Die boek vervat ook kommentaar van verskillende kerke, mediese en verwante professies en ander belangegroep.

In die laaste gedeelte van die boek word 'n volledige benadering deur die Regskommissie voorgestel, wat dan lei tot die wet op surrogaatmoederskap. Hierdie publikasie bied 'n baie volledige en uitstekende uiteensetting van die probleem van surrogaatmoederskap en word sterk aanbeveel vir persone wat op die gebied van reprodktiewe biologie werk, asook vir persone wat in die regsaspekte belang stel.

T. F. KRUGER

BOOKS / BOEKE

Ward's anaesthetic equipment

Ward's Anaesthetic Equipment. 3rd ed. By Andrew Davey, John T. B. Moyle and Crispian S. Ward. Pp. xiv + 391. Illustrated. London: W. B. Saunders. 1992.

The authors have been most successful in covering the very broad field of anaesthetic equipment, and the easy-to-read text and liberal use of diagrams and photographs have reduced what are sometimes very complicated technical matters, to easily understood principles.

The authors begin with chapters on the physical principles necessary for the understanding of equipment, including the states of matter, heat, force, pressure and flow. These are described in simple terms, which will enable easy digestion by even the non-scientifically minded.

The bulk of this edition addresses the hardware of daily anaesthetic practice. Beginning with the supply of anaesthetic gases, it follows gas delivery through the anaesthetic machine to the patient. All the physical principles of the components of the process are covered in detail and no item is too small or too unimportant to have escaped attention. The authors have been very successful in their approach to and classification of ventilators — always a difficult subject. Some of these machines may appear to be of historical interest only, but have been included presumably because they either illustrate specific principles of operation or because their ruggedness has resulted in their continued use. The anaesthetist is most unlikely to be confronted with a ventilator (or, for that matter, other piece of anaesthetic apparatus) which is not described somewhere in the book.

Monitoring of patient, machine and gases has also been covered in detail, and safety in the operating theatre has been addressed in chapters on electrical hazards, lasers and atmospheric pollution. There is even a chapter on the hazards and psychology of accidents!

Other topics rarely covered in the literature include sections on infusion devices, suction, cleaning and sterilisation, design and ergonomics of the anaesthetic workplace, anaesthetic provision in difficult situations and anaesthesia in developing countries.

This book will prove invaluable not only to trainee, but also to experienced anaesthetists. It is an essential for any anaesthetic library.

D. F. MORRELL

Inside autism

Nobody Nowhere. By Donna Williams. Pp. xvii + 199. Illustrated. R76,99. London: Doubleday. 1992.

This is a poignant book, describing as it does the life of an autistic girl from the inside. It is compelling reading, simply because it is so unusual to find somebody who has suffered from finding herself in an unsympathetic, ignorant world, now telling her own story with unique insight.

For those who occasionally like to remind themselves of the human face of medicine, this book is well worth reading.

N. C. LEE

Medical negligence

Medical Negligence in South Africa. By N. J. B. Claasens and T. Verschoor. Pp. 128. R71,50. Pretoria: Digma Publications. 1992.

A broad view of medical negligence is given in 128 pages of compact information. This includes conceptual and philosophical aspects, for example the nature of, and test for,

negligence and the requirements for the finding of negligence. The aspect of what is reasonable care and skill is also addressed.

Negligent malpractice is dealt with under the headings of incorrect diagnosis, failure to communicate diagnosis, forms of treatment and follow-up, and postoperative care. Injuries by therapeutic agents, including foreign objects, blood transfusions and drugs as well as defective instrumentation are the subjects of another chapter.

Hospital administrators will be interested in the chapter on consent to treatment and the vicarious liability of hospital authority and physicians.

This book needs determination and several hours to read, but the topic is of such importance that the practitioner can no longer afford to look away — literally or metaphorically — from these issues.

It will be a better doctor, who practices better medicine, who has read this book.

J. P. DRIVER-JOWITT

Digestive tract biopsy

Biopsy Diagnosis of the Digestive Tract. (Biopsy Interpretation Series). 2nd ed. By Heidrun Rotterdam, Daniel G. Sheahan and Sheldon C Sommers. Pp. 869. Illustrated. \$200. New York: Raven Press. 1992.

The advent of gastro-intestinal endoscopy has brought a deluge of biopsy specimens to the histologist and a mountain of reports to the endoscopist. On occasion the 'fragment' of tissue submitted with scant clinical details to the histologist is frustrating for the histologist and of limited practical value to the clinician.

This publication, now in its second edition, is of great value to the histologist and clinician alike. The style of the writing brings the pathological and clinical aspects of each condition together in a comprehensive and authoritative way. The discussion on each topic indicates the areas of uncertainty, and clinical data is provided to support the *pathological importance of the findings*.

The whole digestive tract is discussed from oesophagus to anal canal. Although there are no colour prints, the black and white prints adequately demonstrate all the features discussed in the text. Old problems such as gastritis are well reviewed while the pathology of the newer areas of interest such as MALT and AIDS are well elucidated. As is appropriate in a reference book of this nature, the bibliography is extensive. For example, each chapter on the intestine, has over 1000 references.

The publication can be recommended to its target audience of gastro-intestinal clinicians and pathologists with confidence. If used, particularly by the clinicians, the value of joint histology review meetings may be considerably enhanced for both parties.

J. WRIGHT

Baby and child care

Baby and Child Care Handbook. By Marina Petropulos. Pp. 334. Illustrated. Hardcover R59,95; paperback R39,95. Camps Bay: Marina Petropulos. 1992.

Marina Petropulos is a well-known child care educator who writes in a lively style and gives good, practical down-to-earth advice for the busy mother. Her book can be confidently recommended by doctors to their patients, particularly as it contains a classified index of services for children in the fields of health, education and welfare.

N. C. LEE

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