

Book reviews

Quality in general practice. Katherine Birch, Steve Field, Ellie Scrivens. (196 pages, £19.95.) Radcliffe Medical Press Ltd, 2000. ISBN 1-85775-364-X.

First a word of warning—this book needs a subtitle such as ‘a management perspective’! It is written very much from a British (specifically English) context. Yet it contains much widely applicable wisdom.

Over the last decade, general practice has been managed for the first time. A calling, emphasizing individualized care in the privacy of the consulting room or the patient’s home, is suddenly subject to scrutiny by people who often have not worked in a general practice and who seem to take the perspective of neither the patient nor the doctor or nurse. Instead, the view is systematic or institutional. The result is that quality tends to be defined in terms which are important to the institution and cover those aspects of performance which are salient to the institution and measurable by it. ‘It’ is normally the Health Authority (HA) but should soon be the Primary Care Trust.

Quality is highly topical (and also politically correct—the Foreword to this book is by the Minister of State for Health). None of us can get up and say we are against quality; indeed we have always been trying to provide the best. Yet our attempts to assess it arguably have been disorganized and from too narrow a perspective. Current media debate and criticism may have got beneath our skins even when it has not involved us directly. Hence we may now be minded to read a book about quality in our own discipline.

This book sets out an enlightened management perspective. Part 1, after introducing the NHS context, examines the nature of quality and summarizes the rationale for measuring it, going on to consider the assessment of performance in more detail. By page 33, I had a sense of unreality best conveyed by quoting the key issue highlighted under ‘collective responsibility’: “What is the relationship between the performance of an individual, the performance of a team, the organisational infrastructure within which care is delivered, the demographic characteristics of the local population and health outcomes?” What indeed! However, the section on performance assessment is lucid and here the key issues are right on target: “Who controls the processes of standard setting and monitoring?—To what extent should this be internal or external to the organisation?”

Part 2 concerns HA performance review systems, starting with an excellent national survey of their development, and ending up with the topical challenge of clinical governance. Unfortunately, the purpose of general practice is never defined so any assessment of quality measurement lacks focus. The authors are honest about this. One HA director is quoted: “we simply don’t know what general practitioners are doing . . . we have no notion of what clinical competence is, so how can we monitor and improve it?” The clinical governance chapter begins ominously with a reminder from government: “All performance-related initiatives will have to be documented . . .”. We are not told who will read or interpret the documents. (It reminds me of the problem of assessing medical students—any system that is valid and fair is unaffordable!) Unfortunately, this chapter does not live up to the promise of earlier ones and I felt led back to a remote managerial world far removed from service reality. The challenges are indeed formidable, but solutions remain indistinct in spite of extensive quotations from Scrivens’ own scoping study for the Department of Health.

In summary, *Quality in general practice* is generally well written and edited. It is relatively short, which means that argument is sometimes too brief and thus hard to follow. The authors have considerable experience of general practice and show awareness of some of the challenges inherent in this ‘specialty of generalism’. They outline what is known and are repeatedly candid in admitting what is not known. However, they pass no judgement on this important omission and seem unaware of the severe lack of balance implied by the poverty of means of evaluating our central task. On the grounds of “if you can’t beat ’em, join ’em!” this is a very useful overview of the state of the art, warts and all. So, reader, “mark, learn and inwardly digest” but take with a large pinch of ‘real world’ salt!

GEORGE FREEMAN

Professor of General Practice, Department of Primary Health Care and General Practice, Imperial College School of Medicine, London

Spotlight on general practice: preparing for the demands of clinical governance and revalidation. Sally Irvine, Hilary Haman. (232 pages, £18.95.) Radcliffe Medical Press Ltd, 2000. ISBN 1-85775-496-4.

This timely book aims to help those delivering health care in primary care organizations to meet the demands of a system under increasing public and political scrutiny. It highlights the complexities of present day primary care and the potential problems that may hinder an organization, while investigating ways of dealing with them.

Key messages in the reform of the National Health Service in the UK reveal the current government's intentions to obtain better performance from clinical teams. There will be greater accountability, for professional performance and for the quality of care delivered. The most important mechanisms for this will be through externally managed clinical governance and professionally led revalidation, or fitness to practice. The impact on primary care is already being felt.

The authors of this book explore the changes affecting primary care before addressing their particular field of expertise, diagnostic consultancy. Irvine and Haman have many years' experience of visiting and analysing practices, revealing the strengths and weaknesses of primary health care teams and helping them to remove obstacles to future development. The invaluable lessons learnt from these visits are encapsulated in the subsequent chapters which address a number of difficult areas: handling conflict, dealing with the exercise of power, leadership, reviewing the philosophy of a practice, managing internal and external relationships and moving a practice forward. Throughout the text, anonymized but real examples help to illustrate each situation. These, and the detailed case studies, are the real strength of the book and will resonate with many readers.

Good quality health care depends upon a well-managed and safe environment in which high-quality clinical skills can be practised. We are shown how dysfunctional primary health care teams can compromise patient care. The reader is taken through a series of questions to identify potential areas of difficulty in their own practice with guidance on how to address them. Each chapter concludes with the most common recommendations that have arisen from consultancy visits in relation to the subject under discussion, be it working across boundaries, management awareness, accountability to self and others or issues of common philosophy and values.

The authors argue that all members of the new primary care organizations, GPs, nurses and practice managers, can benefit from the lessons learnt from diagnostic consultancy in order to deliver the primary care reforms expected of them. This accessible book provides some of the tools to meet those demands.

LORRIE SYMONS

*Part-time GP and clinical research fellow
Department of General Practice
Guy's, King's and St. Thomas'
School of Medicine
London*

Groups: a guide to small group work. Glyn Elwyn, Trisha Greenhalgh, Fraser Macfarlane. (330 pages, £25.) Radcliffe Medical Press Ltd, 2000. ISBN 1-85775-400-X.

This is a well presented book written by a talented group of enthusiasts. The three authors have managed a consistent voice throughout, and have used boxes and figures creatively to summarize ideas and introduce brief case studies. The epigrams at chapter headings set a tone of deep thought, whilst the witty line drawings by Sian Koppel relieved the blast of information which came whistling from almost every page. Well referenced, it draws on sources beyond the usual reach of medics, mixing journals and web sites with the consummate ease of the e-literati.

The book falls into two halves, first looking at the small group process, and secondly describing how groups can be used in educational settings, organizations and for research. The first section on group process has a perspective drawn from sociology, management theory and education. The focus is on the work group—not the therapy, support or friendship group—using the small group as a tool in various situations. So the text concentrates on techniques and tasks. We work effectively through the importance of venue, facilitation styles and dealing with 'difficult' group members. There is an impressive series of frameworks for every eventuality and a compendium of techniques for starting and playing in groups. Storming, norming and performing stages are clearly illustrated. This is all useful. Technique is important. It is a great source book, a 'how to do it' manual useful in many settings within medicine.

The second part begins with a useful exposition of the theory and evidence of experiential learning, and has a riveting section on the development and growth of virtual groups and their use in medical education settings. The section on groups in organizations focused on how small groups can be used for problem solving and decision making. There is an excellent analysis of identifying whether your problem is 'tame'(rational) or 'wicked' (complex and continually changing) and sensible warnings on the limits to the fashion for using groups as a panacea. The enlightening box on 10 ways to make a multidisciplinary team fail should be compulsory reading for all practice teams.

I felt dissatisfied about two areas. There is an ambivalence towards the discussion of psychodynamic theories within the text; they are mentioned here and there but with a 'don't look now' feeling. This ignores how a skilful recognition of the deeper dynamic of a group can be transforming. The other problem is a disconnection between techniques and the group task. In places, this reduces a chapter to an enumeration of icebreakers or methods of conflict resolution. The examples—whilst making useful points—are too brief to act as a link between the techniques.

Groups in research was, surprisingly, limited to discussion of two techniques, the focus group and consensus

research. The narrative work of others, such as Balint groups, was ignored. Using groups to manage research projects could usefully have been included as well.

This is a book that is easy to use as a guide and companion in the busy world where small group work is focused on tasks and projects. I strongly recommend it to all who either convene or work in groups.

SALLY HULL

Principal and GP trainer in Tower Hamlets, East London and a senior clinical lecturer in the Department of General Practice at Queen Mary, University of London

Nursing, medicine and primary care. Anne Williams. (128 pages, paperback £15.99, hardback £50.) Open University Press, 2000. ISBN paperback 0-335-20167-9, hardback 0-335-20168-7.

The central theme of Anne Williams' scholarly book is an exploration of the changing boundary between primary care nursing and general practice. Williams places her commentary squarely in the context of the present day national health service and, from here, she debates the relative roles and circumstances of the primary care-based nurse and doctor. This is not a reworking of the 'who does it better' argument. Rather, the author proposes that recent demography and policy changes have resulted in the reappraisal of approaches to the delivery of health care.

Although both professions recently have grappled with subsequent organizational change and increased workloads, it is principally the nurse who has been required to revise her or his professional identity. Williams contends that nurses are faced with uncertainty in terms of developing their new roles. This is illustrated by commenting on the impact of higher education for nurses, and the development of specialist and advanced nurse practice. The difficulties of defining these terms and with demarcating the role of the nurse practitioner are also highlighted, and evidence is drawn from many useful references. However, the central strength of this book is the material drawn from interviews conducted with a range of professionals. These reveal confusion by nurses, doctors and managers (although, interestingly, less so by the public) concerning the role and skills of many primary care nurses. The author even-handedly explores how such nurses, who seem well placed to take advantage of policy, which promotes easily accessed, holistic and cost-effective care, appear to lack the professional confidence required to fulfil potential leadership roles.

A number of familiar arguments in terms of the doctor–nurse debate are examined, for example gender issues and caring or curing roles. But perhaps the most compelling and urgent point concerns whether the nurse practitioner, the advanced nurse or the specialist nurse

are regarded as doctor substitutes or nurses who have an expanded role. This problem is considered not only as a 'between professions' issue but also within the nursing profession and from the public's perspective. The importance of nurses working in partnership with other professionals frequently is emphasized, but the apparent reluctance of nurses to ensure that their views are heard and that opportunities for developing autonomy are not ignored is also discussed. There are of course no clear solutions. Although acknowledging the requirement for nurses to re-establish their own professional identity, Williams also wisely advocates exploration of values and beliefs shared by both professions as a possible route to greater harmony. This is a reflective and well written book which is short enough to be read at one sitting and which rewards the reader with a clear interpretation of the current situation with respect to two key professionals within the primary care team.

MAGGIE SOMERSET

Lecturer, Division of Primary Healthcare, Department of Clinical Medicine, University of Bristol

The new citizenship of the family: comparative perspectives. Henry Cavanna (ed.). (230 pages, £37.50.) Ashgate Publishing Ltd, 2000. ISBN 0-7546-1222-8.

Every consulting session teaches one lesson about the family; it is the best and the worst of institutions. We observe family life, family dynamics and family conflicts strung out over years and generations, but I suspect we are naïve observers, even though we return home to such problems ourselves. This book offers tantalizing glimpses of families and their vicissitudes, but from the perspective of policy rather than pathology. There may be vicarious interest for the GP reader here, but there is pragmatic concern as well, for new social norms about negotiation, power sharing and the unacceptability of violence are increasing the social and health dimensions of family policy at the expense of the law. Remember this when you next encounter a patient torn between family obligations and individual aspirations, or recognize failure to adopt power sharing as a stressor in a marriage, or hear a lecture on domestic violence as a public health problem. You will not put the divorce lawyers or the marriage guidance counsellors out of a job, but you may willingly (or unwillingly) do more of their work.

This collection of essays offers an updated taxonomy of family life, reflecting the pluralities of modern life and replacing the apparent continuities of the life cycle in families reconstituted (after divorce) or sandwiched in caring roles for both young and old. It also reveals the hidden economics of family life, showing how the declining incomes of young adults since the 1970s have delayed marriage and parenting, enforced collective housing and

reduced the number of children. If families are systems for redistributing resources of many kinds between genders and generations, and if child care is a form of human and social capital accumulation, then wise policy will strengthen the family, but not necessarily in the ways that demagogic politicians recommend. One intriguing suggestion made in this book is that pension entitlements should be made on the basis of contributions to child care, which would reward people in a very different way from the present system.

Finally, how does the family create citizens? Does it produce people who see the community or the nation as an extended and conflict-avoiding family, to which they are bound by obligations and duties? Or are families voluntary and dissoluble survival units for individuals struggling in a threatening mass society? They are a bit of both, of course; understanding which may provide some relief in those difficult consultations when visiting offspring decide ‘something must be done’ on a Sunday evening about a frail grandparent, or when complaining parents elaborate their demands about an essentially healthy child in that last slot on Friday evening.

STEVE ILIFFE

*Reader in General Practice, Royal Free and
UCL Medical School*

Working with fathers. Mary Ryan. (97 pages, £14.95.) Radcliffe Medical Press Ltd and Department of Health, 2000. ISBN 1-85775-487-5.

I found *Working with fathers* to be an intriguing read as I was surprised to discover that very little research has been done into the contribution that fathers make to the rearing of children. In the Introduction, the author tells us that it was commonly believed in the early 1970s that fathers were doubted to have a significant role in this activity. As the father of three young children in the early 1970s, I have definite views on the incorrectness of this, but I suppose that was the time when traditional gender roles were suffering a bad knock. Indeed, the last quarter century has seen gender roles and identities become socially acceptable as blurred.

The author is described as ‘Research Development Consultant’, and this soft-backed book is Crown copyright and bears the badge of the Department of Health. Why was this book written? The introduction concludes with a major subheading (the only one) entitled ‘Issues for further research’. Why isn’t more research going on into what the author has identified as a sparsely investigated topic?

Ryan concedes that most of the work that informs this book focuses on families involved in the child protection process. She has constructed a sequence of chapters that clearly and sensitively demonstrate that ‘father’ can mean a wide variety of roles in different contexts, and that

professionals should ‘ask’ and not ‘assume’ who plays the role of father or father figure in the family. Existing research is drawn on where possible, and she uses examples liberally and effectively. She believes that social workers should address men’s problems systematically within a family. The strong impression is given throughout the book that, because men are more often seen as the cause of problems in a family, insufficient attention is paid to the important and positive role they can play when allowed to participate and become engaged with the problem being dealt with. “There should be a presumption”, she says, “that such inclusion will benefit a child.”

This is a kindly and persuasive book with a strong message. It is clearly written with good summaries and references. I think somebody in the depths of the Department of Health realized that some ‘caring’ agencies may have allowed gender politics to distort decisions in the field and corrective action needed to be taken. I am delighted that such a book now exists. I really hope it is read and taken to heart. I think it should be and I suspect so does the Department of Health.

DOUG JENKINSON

GP, Keyworth, Nottingham

Urinary tract infection in the female. Stuart L Stanton, Peter L Dwyer (eds). [336 pages, £35 (US\$ 75).] Martin Dunitz Ltd, 2000. ISBN 1-85317-689-3.

This is a beautiful book. If you want to know anything about urinary tract infections, it is here. Unlike many very detailed text books, it is very clearly set out with large print, subheadings and tables, so for the busy GP using this as a reference book, you can find the answer more swiftly than logging onto the Internet.

There is a good chapter on the microbiology by Gruneberg, with fascinating tables about the changing sensitivity of *E.coli* with time to different antibiotics. There are also tables on the changing ratios of various common urinary pathogens over the last quarter of a century. There is a sensible and up to date chapter on investigations by Arnold, and a helpful one on urinary tract infections (UTIs) in pregnancy by MacLean which should be reprinted in every obstetric text book. I think treating pregnant women correctly is often quite difficult, and this book should contribute to lowering the number of women who are screened at present for asymptomatic bacteriuria. He makes a strong case for not screening, but concentrating on good treatment for pregnant women with UTIs.

Other groups that have chapters devoted to them are children and the elderly. There are also chapters on recurrent UTIs, sex (which looked so interesting, I could feel the woman next to me reading the text over my arm in the train), nephritis, and instrumentation and

catheterization. This book also tackles the thorny problem of non-infective sensory disorders; this group of women are often investigated fully and then firmly discharged from hospital out-patients leaving them angry, miserable and bewildered still with their symptoms.

It was also refreshing to have a chapter specifically on management in primary care written by Adrian Edwards, a GP. The most unusual chapter was by Maher and Gilmour on Alternative Therapies. I had no idea there had been a prospective clinical trial on antibiotics and foot massage versus antibiotics alone. I was also ashamed to read how good bear berries (*Arctostaphylos uva-ursi*) are, since a patient of mine told me this about 6 years ago. She drank a bear berry potion to keep her catheter 'clear', and I just thought it had a placebo effect. I wondered why we don't dish out bear berries or cranberries to save the NHS money on blocked catheters. Similarly, the effect of cranberry juice inhibiting the fimbrial adhesion of *E.coli* is discussed in more detail (the whole book is supported by an educational grant from Ocean Spray Cranberries, Inc.). I felt that this book would give GPs and other health workers the authority to treat UTIs with confidence and efficiency.

SALLY HOPE

GP in Woodstock, Oxfordshire, and founder member of the Primary Care Group in Gynaecology

Infertility in the modern world: present and future prospects. Gillian R Bentley, CG Nicholas Mascie-Taylor (eds). [276 pages, paperback £15.95 (US\$ 24.95), hardback £42.50 (US\$ 69.95).] Cambridge University Press, 2000. ISBN paperback 0-521-64387-2, hardback 0-521-64364-3.

Infertility in the modern world discusses the ways in which human biology and culture can affect fertility and outlines some of the modern technologies that at least in the western world can alleviate the physiological problems associated with infertility. It is divided into three sections with two chapters in each, the first deals with biomedical, the second environmental and the third social perspectives.

The first chapter in the biomedical section, written by three specialists from the Centre for Assisted Reproduction at the Park Hospital in Nottingham, discusses the reproductive possibilities for the infertile couple both present and future. This includes techniques which in the future will not only provide children for the sub-fertile but will encroach on health and disease issues relating to infertility. The second chapter by two specialists from Western Australia discusses chromosomal and genetic disorders associated with primary infertility in both males and females.

Part two commences with a chapter by the editor Gillian Bentley from the Department of Biological

Anthropology in Cambridge. She discusses, from an ecological perspective, the effects of environmental pollutants in fertility, with a criticism of the Danish study which linked decreasing sperm concentrations to environmental xenoestrogens. She concludes that as yet there is insufficient evidence that environmental pollutants are responsible for such changes. The second chapter in this section discusses the upswing in STDs and AIDS in sub-Saharan Africa and the biological and social effect this has on fertility.

Voluntary childlessness is discussed in part three, comparing Britain with other western countries. It discusses demographic trends and the difficulties in defining voluntary childlessness, which results in the inadequacies of current survey data. The book concludes with a chapter on sexual orientation and discusses how accurate answers to the question as to whether lesbian, gay and bisexual adults are less likely to become parents are more complex than often realized.

Taken together, this book outlines a major contradiction in the modern world. Technology exists in one part of the world so that couples can bear children with conditions which until recently would have been insurmountable, yet in other parts of the world timely access to simple antibiotics could in many cases alleviate their reproductive health problems. To quote the introduction "Who can quantify the indescribable source of emotion pleasurable and otherwise that children engender in their biological and social parents? It is this above all else which drives individuals to take extreme measures to achieve or avoid parenting in the modern world."

PATRICIA D PROSSER

GP, Witney, Oxfordshire and Tutor in Clinical Skills, University of Oxford

Innovations in end-of-life care: practical strategies and international perspectives. Mildred Z Solomon, Anna L Romer, Karen S Heller (eds). (239 pages, US\$ 85.) Mary Ann Liebert Inc., 2000. ISBN 0-913113-87-5.

In 1998, The Robert Johnson Foundation launched a new web-based journal (www.edc.org/lastacts) entitled *Innovations in End-of-Life Care*. The book is a compendium of material that first appeared in the on-line journal during 1999. This multidisciplinary and multi-national journal is a source of information for health care professionals who are interested in strengthening the capacity of the organization in which they work to care better for dying patients and their families. The term 'innovations' means practices that are new as well as those that have been ongoing for some time in one or more regions of the world, but are not yet well known or adopted in other regions.

Nowadays patients continue to die in pain. In many countries, doctors and nurses lack the proper training in

how to control symptoms near the end of life. In some parts of the world, access to the necessary drugs is limited by law or regulation. In other parts, inappropriate technologies are imposed upon patients that merely prolong the dying process, while simpler acts of care and support are not provided. The abandonment of the psychological aspects of death and dying impedes the health care providers' support for patients and their families; it also takes a toll on health care providers themselves.

The selection of papers is full of encouraging reports and helpful insights from people who have succeeded in changing practices and policies in their own institutions and communities. Each section of the book is devoted to a particular topic and features an innovative approach to improving care, as well as commentary from palliative care experts in other countries. The four topics covered in this year's collection are: truth-telling and advanced care planning; family-centred care, about empowering patients and families to become fuller partners in setting the goals of care; cancer pain management; and improving care and maintaining connection with people with advanced dementia. Contributors are from Australia, Germany, Israel, Italy, Scotland, Spain and the USA.

The exchange promoted in the on-line journal and in this volume is about how to bring more meaning to the inevitable, universal experience of death and dying. Readers will find these articles, interviews, tools and resources highly motivating. I hope that the ideas embedded within this material will stimulate us to think about how, in our own ways and our own workplaces, we can each make a contribution to the care of the dying and their families.

JOAN GENÉ-BADIA

*Family doctor, Director of the Primary Care Division of the Institut Català de la Salut in Catalonia, Spain.
20 years practising GP and Vice-Director of the Journal 'Atención Primaria'*

Falls in older people: risk factors and strategies for prevention. Stephen Lord, Catherine Sherrington, Hylton B Menz. [258 pages, £29.95 (US\$ 49.95).] Cambridge University Press, 2000. ISBN 0-521-58964-9.

The importance of falling as a source of morbidity, mortality and misery for old people has been recognized for over 50 years since the pioneering work of Sheldon. The volume of research work has grown enormously since the 1970s, but it has been disjointed and repetitive as well as of variable quality. The first 115 pages of this book are devoted to a valuable extended review of the research on risk factors for falls by older people. It is scholarly, with the number of references per chapter ranging up to 222 in the case of medical risk factors. The text style is easy, however, so no one should be put off.

The final chapter in this section is a summary of the field with an appraisal of the strength of evidence for each factor. There is then a short summary of risk factors identifying those that are potentially modifiable with their corresponding intervention strategies. Chapters follow on exercise, environmental modifications, footwear, assistive devices and integrative approaches to the prevention of falls in hospitals and residential facilities. A chapter on the medical management of older people at risk of falls focuses, as is most appropriate, on the primary care setting. Advice on modification of medication as a means of reducing risk of falls is addressed to patients (and carers) as well as health professionals. Targeted programmes are reviewed, with their NNT (number needed to treat) values duly listed. The penultimate chapter presents a scheme of physiological profiling, as a means of assessing and modifying individual risk.

This is an excellent book, readable as a whole but with self-contained chapters suitable as source material for any health care professional with responsibilities for older people. There is therefore some repetition (including two presentations of the same full-page figure in different chapters), but there is no harm in repeating the important, and the whole book is aimed at sorting out what matters from the merely intriguing. This is evidence-based medicine at its most relevant.

JOHN GRIMLEY EVANS

Professor of Clinical Geratology, University of Oxford

EBM guidelines—evidence-based medicine. Compact disc. Ikka Kunnamo (ed.). (1 CD, US\$ 89.) Duodecim Medical Publications Ltd, 2000. ISBN ISSN 1457-5175.

'EBM guidelines' contains some 1000 evidence summaries on 369 different topics. A Finnish GP with the help of 300 authors and 20 specialists is the editor. Produced as a software 'handbook', it does not say exactly how the material is collated or produced. It loads simply and has a quite straightforward search page.

So, faced with the woman with bell's palsy of 20 hours duration, what is the prognosis, and what about steroids? In 5 seconds I had found the section and started reading. So it is very fast. The search machine is very simple but can be increased in complexity as one gets used to the software. The content proved less reliable. This admittedly was not a random choice on my part but because I know there was a DARE review. Now the DARE review told me that 64% of patients recovered spontaneously compared with 77% treated with steroids. The EBM guideline disc told me that 'patients usually recover spontaneously', but linked me very nicely to the DARE review. So now I could see the same figures of 64% and 77%, yet this was somewhat in conflict with their statement of 'usually recover'. Interestingly, the CD

gave a level of evidence of 'C' for the DARE review. This was a review of four randomized controlled trials so should have been given a higher level of evidence. I found several other examples where there was misclassification of the level of evidence, which is disturbing as this is what helps you 'believe' the evidence.

Amongst the buttons on the results screen are one labelled 'back' and another labelled 'previous'. Confused? I was. One takes you back to the search result, while previous goes to the previous screen. But this is a minor criticism of what is well written fast software. The software lets you easily read the answer to your question and, if you want more, the system lets you drill down to the evidence.

So how does this compare generally with something like Clinical Evidence? Well it is undoubtedly fast. It has the advantage of pictures (530) and audio (27). It is quite comprehensive but starts to lose credibility on various other items. For example, I would have expected it to mention a cardiovascular risk assessment using one of the scoring methods. There was no mention or software to help me calculate risk. The example they gave in the accompanying (brief) documentation described avulsion of the toenail and mentioned phenol. I wanted to see where the evidence was for this but there was none available on this CD.

However, its real failing is its claim to be evidence based. There is no way I can assess how the evidence was produced. How were the searches for the articles performed; how and who appraised the articles; where are the appraisals of the validity of those articles; and where are the results for each article included? There were no calculations of numbers needed to treat or interpretation of odds ratios. In fact, these are not evidence-based so much as article-based guidelines.

When it comes to diagnosis, it is even worse, with no mention of how tests might be used for excluding or including diseases. To be fair, this is the hardest part of medicine and not easily addressed, but on a CD claiming to be evidence based the omission of any diagnostic help is a major problem.

I have used the CD to get quick answers, but I am left with a nagging doubt about the quality of the knowledge. There is misclassification of the levels of evidence and I am not sure I can trust it. At least with a textbook I know it is opinion (author)-based evidence and potentially out of date. This CD just leaves me wondering. Would I buy it? No. Clinical Evidence, Best Evidence and Cochrane, though slower, are transparently more authoritative and believable.

MARTIN DAWES

Director, Centre for Evidence-Based Medicine, Oxford

Defending the cavewoman: and other tales of evolutionary neurology. Harold Klawans. [256 pages, £15.95 (US\$ 24.95).] W.W. Norton & Company Ltd, 2000. ISBN 0-393-04831-4.

Earlier this week, a sympathetic friend wrote from California because, as he said "British doctors are taking a beating in the press these days". And, indeed, life seems difficult in the febrile atmosphere of these witch-hunting times. To read this book is to feel a warm nostalgic glow and to be transported back to a safer, more benign world, because in these tales the doctor is still a hero. I am reminded powerfully of the extraordinary stories of medical triumphalism that I read as a child in issues of the *Readers Digest*. Every month virtuous doctors would harness the wonders of modern science to banish disease and suffering.

Until his death in 1998, Harold Klawans practised neurology in Chicago at a time when doctors were still allowed to be heroes. He recounts almost miraculous neurosurgical cures and, although his patients occasionally seem more cases than people, I envy them their encounters with Dr Klawans. Each story finds him providing his patient with a crystal clear explanation of what is happening and demonstrates how easily a clear explanation grows out of solid understanding. On the way, the succession of tales provides a gentle revision course in neuroanatomy and physiology. I wish that I could give my patients such lucid and unequivocal explanations of their suffering, but somehow general practice seems a messier world than neurology.

Harold Klawans was not only a doctor, he was also a writer, and words and language fascinated him. In the title story, he takes the case of a 6-year-old child, so socially deprived that she has no language, and explores the links between the development of language and the evolution of the brain. The brains of almost all species develop entirely within the womb. Only dolphin and human brains develop significantly after birth, with the size of the dolphin brain doubling and that of the human quadrupling. The limiting factor for the size of the head at birth is the size of the adult female pelvis. Dolphins get round this by having a vestigial pelvis, but humans do it by transferring most of the development of the brain to the postnatal period. During a highly dependent infancy, mothers talk to children, deliberately teaching and repeating, and human language develops in parallel with the brain that produces it. Dr Klawans concludes that "the triumph of Man, of *Homo sapiens*, was due entirely to the females of our species". And yet, as I write this, the spell-checker on my computer rejects 'cavewoman' and offers me 'caveman' instead. Despite our contribution, it remains, apparently, a sexist world.

IONA HEATH
GP in North London