book reviews

Hippocratic oaths: medicine and its discontents

By Raymond Tallis. Atlantic Books, London 2004. 352pp. £19.99.

Raymond Tallis holds the chair of geriatric medicine at the University of Manchester. His distinction, though, extends far beyond the horizons of medicine; indeed he is better known and more widely acclaimed nationally and internationally as a poet, philosopher and commentator on a wide variety of issues. *Prospect* magazine recently listed him in their top 100 British intellectuals.

Hippocratic oaths was motivated by his concern, after 30 years of practice within the NHS and the never-ending interference, regulation and unjustified criticism that attended it, that medicine may be reaching the end of its natural course as a 'true' profession and becoming, as it were, a 'blue collar' service industry delivered by 'supine sessional functionaries' – that medicine will become subject to the forces of consumerism at the expense of vocationalism, and that there will be a consequent decline in attractiveness to the young, bright and talented. His arguments and reasoning, and the way he marshals his evidence, are extremely convincing and worrying. Indeed, he has written the book that so many of us would dearly have loved to have written had we the intellect, determination, flow of language and collation of facts that *Hippocratic oaths* exudes. A medical audience will feel frustrated and irritated by much of the content which bristles with undisputable facts (when reading, it is essential to keep a thumb in the appropriate notes section where much of the detail lies), but it is possible, and one hopes likely, that it will be read and understood by politicians, government policy makers, journalists and newspaper editors.

The first short section goes over the development of medicine as we now know it, the remarkable (and recent) development of scientific medicine, the conflicts it has had with well-entrenched beliefs and convictions and how 'counter intuitive' so much development has been. Scientific medicine 'delivers' both a greater life expectancy and life quality while continually criticising itself – a process which now provides the doctor with unprecedented factual, evidence-based information. It is, of course, never totally sufficient; judgement is and will remain an essential component of the medical decision-making process.

Tallis then analyses the challenges to, and misconceptions of, modern medicine and why, when there has never been a better time for the average Britisher to be taken ill, the actual practice of medicine is becoming more and more difficult and so much less attractive as a career. He reminds us of the huge successes of medicine on the one hand, and declining confidence in both the British health system and the people who practice and deliver it on the other. He goes over the nonsense of 'alternative medicine', and examines the potentially paralysing influence of contemporary medico-legal strictures and the threat of the practice of 'defensive medicine'. He deals with the erosion of trust, the undermining of the authority of the hospital consultant and the never-ending political interference, with reorganisation after reorganisation pressing home the untried, evidence-lacking political ideas of the moment and with stars, league tables and targets all leading to distortion of clinical priorities. It seemed extraordinary to find, buried in the pages, Aneurin Bevan's now remarkable and contradictory declaration made in 1948 that 'I conceive it the function of the Ministry of Health to provide the medical profession with the best and most modern apparatus… Every doctor must be free to use that apparatus without interference from secular organisations'. Even Polly Toynbee of the *Guardian* (often quoted in the book) despairs and remarks how extraordinary it is that we, the profession, have 'all rolled over' and that we should be much more forceful. This stifling interference is not cheap; in 2003 health 'watchdogs' and 'quangos' employed 20,000 people and consumed £2.2bn.

Tallis looks in detail at the so-called scandals at the Bristol Royal Infirmary (where ministers and the media distorted the facts as set out in the Kennedy report), and at Alder Hey Hospital (where there was an outrageous portrayal of the difficulties over organ retention). In the latter case, the irresponsible utterances of a certain minister, goaded on by equally irresponsible journalists and news editors, anonymous and unaccountable, combined with a good deal of spinelessness from certain medical authorities to produce a number of damaging consequences, including a dearth of absolutely essential paediatric pathologists. Now we face the threats, particularly to research, of a hastily constructed Human Tissue Bill, though there is still time for sense and proportion to prevail.

He quantifies his concern over the rapidly looming problem of medical manpower (or, to be accurate, womanpower). Young women now constitute 75% of general practitioners under 30. They do not relish night calls or weekend stints, most have or want to have children and so, understandably, have no wish to work full-time. Then there is the European Working Time Directive leading to the 'modernisation' of medical training. This boils down to young doctors experiencing a fall from, say, 30,000 hours training and experience to 8,000 before they are exposed to independent medical or surgical practice. Certainly there are now many more medical school places, but there has also been a sharp drop in applicants to the extent that in a year or so nearly all who apply will be accepted. Yet because of the perverse affect of the Research Assessment Exercise, medical schools have far fewer actual teachers. Teaching medical students helps not one jot in the acquisition of research grants and positively harms the attainment of government-determined NHS priorities.

There is so much more in this outstanding and important book. Those physicians, surgeons and general practitioners who have striven against so many odds to improve and develop British medicine during the last 30, and in particular the last 15, years will find much that resonates. One hopes, though, for a much wider audience; politicians, senior civil servants engaged in health matters, hospital managers (of whom Tallis has no direct criticism, dedicating his book

to just two people, a fellow consultant and his hospital manager), journalists and newspaper editors (and well done the *Times* for serialising an abridged version in the late summer). Indeed, the College might send a complementary copy to my old friend from John Radcliffe days, Sir Nigel Crisp, the Chief Executive of the NHS – I am quite certain he will read and be influenced by it.

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The life and times of William Withering: his work, his legacy

By Peter Sheldon. Brewin Books, Studley 2004. 272pp. £19.95.

In 1785 Dr William Withering of Birmingham published *An account of the foxglove and some of its medical uses with practical remarks on dropsy and other diseases*. It has rightly given him lasting fame. Dropsy was the name used then for oedema, ascites and pleural effusion before cardiac, renal and hepatic failure were understood. The book was a model of clinical science, describing in careful detail the results of treating dropsy with digitalis, and placing that drug firmly on the therapeutic map. Plants are the origin of over 30 major drugs. In some cases the drug is actually in the plant such as with the vinca alkaloids, but in others the plant compound is the basis of a synthetic derivative. This is the case with amiodarone, which comes from an Egyptian herbal medicine. But how were the medicinal plants identified in the first place? In some cases the answer lies in a folk remedy. This was certainly the case with the foxglove, *Digitalis purpurea*, and Withering made an inspired identification of the plant together with scientific studies of its use, all carefully described by Peter Sheldon in this new account of Withering's life and work. Sheldon is a fellow of this College, as was the author of the 1950 life of Withering, KD Wilkinson. This most recent book opens with five chapters on Withering's life, covering his early years, his medical student days at Edinburgh, his work as a physician in Stafford and Birmingham, and finally a chapter each on Withering the botanist and Withering the mineralogist.

In 1775, Withering chanced to hear that a woman herbalist in Shropshire had been successful in treating dropsy when regular practitioners had failed. He learnt that her recipe contained over 20 herbs and that it produced violent purging and vomiting. In a memorable phrase he said that 'it was not very difficult for one conversant in these subjects to perceive that the active herb could be no other than the foxglove'. It was his detailed knowledge of plants that enabled him to know from the side effects that the foxglove was the active ingredient. In fact, from a botanist's point of view, Withering's fame would lie with his fine two volume work in 1776 on British plants – the first book in English to use the new binomial naming system recently introduced by Carl Linnaeus and in use unchanged to this day. Happily a genus of the family Solanaceae has been named *Witheringia*.

Withering did much more than just identify the foxglove as a treatment for dropsy. By careful observation and experiment he worked out the correct dosage, and his preparation of the dried leaves was still in use 150 years later. In Withering's time practically nothing was known about cardiac arrhythmias and he was certainly unaware that dropsy could be due to cardiac failure. So when he made the arresting comment that 'it has a power over the heart to a degree yet unobserved in any other medicine', he was referring just to the bradycardia it produced. Sheldon has helpfully transcribed Withering's own descriptions of 156 cases treated by him between 1775 and 1784 and he gives details of the 15 patients in whom mention was made of the pulse. Just one was said to be irregular, and usually it was described as either feeble or quick and feeble. It was that great general practitioner Dr James Mackenzie who showed around 1900 that digitalis worked best when heart failure was associated with the irregular pulse which would later be shown to be atrial fibrillation.

Withering had a poor opinion of most herbal remedies and, in a phrase with relevance to the current craze for largely untested plant medicines, wrote that 'the superstition of former ages, operating upon the ignorance of mankind, gave rise to miracles of every denomination… and at length every common plant was esteemed a cure for almost every disease. We shall sooner attain the end proposed if we take up the subject as altogether new and build only upon the basis of experiments well conceived and accurately executed'. He has been called one of the first British scientific physicians.

Less well known is Withering's expertise as a chemist and mineralogist. He analysed the chemical content of rocks near Stafford where he first worked as a physician, and also was the first to identify barium carbonate (named Witherite by a German mineralogist). This work led to his election to the Royal Society.

Having dealt with Withering's life and work, Sheldon then goes on to describe the times in which he lived. There is a lengthy chapter on Withering's contemporaries, men he never met such as Clive of India and John Coakley Lettsom (to whom Sheldon devotes ten pages). Another chapter is on Britain and the world in the eighteenth century.

Withering became a member of the remarkable Lunar Society in Birmingham, a group which became an intellectual powerhouse of the time. Its members included Joseph Priestley, James Watt, Matthew Boulton and Benjamin Franklin, and they were united by a love of science and experimentation. Ten became fellows of the Royal Society. They have been described as men who changed the world and it would have been good to have heard more about them and their society in this book.

A final chapter describes how digoxin was isolated in 1930 at the Wellcome Laboratories by Sydney Smith, and also includes an assessment of the present position of digitalis therapy. The account of how to manage toxicity of cardiac glycosides would have pleased Withering, who constantly warned against overdosage. This is the only chapter written in technical language; all the others explain medical aspects to the layman.

Pioneers are soon forgotten and I doubt if more than one in twenty newly-qualified doctors would know who introduced digitalis into clinical medicine. This book is a very welcome new account of the life and work of an outstanding British physician who might be described as our first clinical pharmacologist. It will bring his name before a new audience and it will be appreciated by non-medical readers.

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