

and doctors in Africa. Its size and cost are serious disadvantages and it will need to be translated into French and Portuguese to reach the whole of sub-Saharan Africa.

All the editors have worked in Africa and are familiar with its problems. Of the 117 authors, 42 currently live in Africa and at least 27 are of African origin. The excellent introductory section, 'Health and disease', identifies immediately some of the most important challenges to medical care in twenty-first century Africa: urbanisation, starvation, forced migration and inefficient health services. In 'People and their environment', Eldryd Parry describes perfectly the clinical approach needed in Africa to diagnose the patient's illness. Infectious diseases have 45% of the book devoted to them, an allocation still justified by their importance as causes of death and morbidity in the continent. Control and prevention are of paramount importance but, especially in Africa, these aspects should not be delegated to the rare public health experts and epidemiologists. At the bedside with family, friends and other visitors clustered around, the hospital doctor has a valuable opportunity to promote disease prevention. How often is the pregnant woman, successfully diagnosed and treated in hospital for malaria, sent back to her village to almost certain reinfection for want of simple advice about using an insecticide-impregnated mosquito net and attending an antenatal clinic for 'intermittent presumptive treatment' with antimalarials?

The 41-page chapter on HIV/AIDS by Alison Grant and others deservedly takes pride of place among the descriptions of specific diseases; but although the text is thorough and informative the authors have missed the opportunity of making their descriptions even more readable and memorable by employing more imaginative layout and illustrations. Colour, new to this edition, has not been fully exploited by these and most of the other authors, and some inferior low resolution images have slipped in, unworthy of a book of this quality. Discussion of public health measures for prevention and control of HIV/AIDS occupies merely four pages and fails to highlight the religious, political and sociological barriers to the implementation of effective measures. Here was a chance to refute the Vatican's allegations about condom usage and their unrealistic reliance on abstinence. Chapters on sexually-transmitted infections by Philippe Mayaud and others, and on the skin by Ben Naafs and others, demonstrate the teaching value of good clinical illustrations.

Africa is experiencing an epidemic emergence of Western-style chronic non-communicable diseases such as diabetes mellitus, hypertension, ischaemic heart disease, stroke and asthma. The new edition contains valuable chapters on these emerging diseases, tackling the practical difficulty of their management in rural Africa. The subject of malignant disease, often neglected in textbooks of tropical medicine, is especially well covered in the chapter by John Ziegler and Edward Katangole Mbidde. Traditional medicines and traditional beliefs about disease receive passing mention in several of the chapters, but these powerful influences on perception and presentation deserve more thorough discussion.

Principles of medicine in Africa is a worthy publishing endeavour, which does great credit to its contributors and publisher, Cambridge University Press. It is a valuable addition to the reference and teaching literature on medicine in Africa, which is now relevant to the whole world thanks to globalisation of disease. Most of all it

deserves to be distributed widely throughout Africa, but in what form and at what cost?

References

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The moral state we're in

By Julia Neuberger. HarperCollins Entertainment, London
2005. 400pp. £16.99.

Throughout Julia Neuberger's impressive and varied career she has consistently shown strong sympathy and respect for the most vulnerable members of society, and anger at our failure to provide the support and care they deserve. In this book her thesis is that we have become 'less and less caring for, or even aware of the suffering of, the most vulnerable'. At the same time, almost in contradiction, she expresses her astonishment that so many people of all types and backgrounds supported her in her desire to write about it. The immediate question is: what does it mean to say that 'we' have stopped caring? Have the individuals who comprise society abandoned the idea of helping the most needy? Or has authority – the government? – discouraged the readiness to help others that was once a feature of British life? The answer is probably both.

Individuals have become more self-centred; 'as we look deeper and deeper into ourselves, we lose the will to think of others'. An obsession with personal gratification is fuelled by the media offering exotic travel, tantalising food, and advice on improving one's house, car, garden and, above all, sex life. Self-indulgence and consumerism triumph over the welfare of the community, utilitarianism is no longer seen as a credible philosophy and compassion for the weakest in our society is out of fashion. At the same time governments of both major parties in Britain have failed to nourish and preserve the best aspects of the welfare state, so that help for the most vulnerable has been diminished. But there is more to it than that. In one way or another we have made it more difficult for people to provide help. Frequent reports of physical and sexual abuse in children's homes, schools and foster homes have led to closer screening and suspicion of would-be carers and deterred many from taking on the care of children. Fear of injury through lifting, or of litigation if things go wrong, limits the amount of help nurses give to their patients. Risk aversion has become a potent deterrent.

To illustrate her thesis, the author has chosen five main topics; the elderly, the mentally ill, the young and vulnerable, the prison system and the outsider (asylum seekers in particular, immigrants in general). By tracing the historic approach to each of these problems, she shows how present attitudes have evolved and makes some suggestions about how they might be improved. In contrast to the powerful descriptions of our inadequacies in dealing with the problems of these five groups, her proposals for putting things right are not

always sufficiently forceful, sometimes disappointingly meagre. At the end of each chapter there is a wish list of things that should be done, but which would necessitate a more sympathetic popular and governmental approach to the vulnerable as well as those who work as carers.

The difficulty I have with the book lies in its title. The introductory chapter contains some justification for blaming 'the moral state we're in' for the decline in caring, although much of the evidence for an erosion of morality and its consequential neglect of the vulnerable is anecdotal and impressionistic. But much of the content of the main chapters describes examples of bad policy or poor control and supervision of what is happening in homes, hospitals and prisons. The overpopulation of prisons and the presence within them of so many people with mental illness is not a reflection of lost morality; it is simply bad policy. The section on euthanasia and assisted dying describes a very real moral dilemma which has been the focus of countless publications and symposia for 20 years or more. The fact that the topic is so written about and debated suggests a genuine engagement of principle rather than an abandonment of morality. Despite her religious background the author appears to accept that the act of suicide is not sinful when life has become intolerable, yet she denies this relief to those who through frailty or lack of facilities are unable themselves to carry it out.

To me, this is our real moral failure, that we leave so many people to suffer the indignities and distress of a slow lingering death which could be obviated, I am convinced, by a more enlightened approach.

Julia Neuberger's message is that our failure to deal adequately with these serious problems in our society reflects a decline in our moral standards. The problems she discusses are big and their solution requires big ideas and big actions, a diversion of interest away from the self to the welfare of others, as well as the provision of substantial extra money and resources. At the risk of sounding excessively cynical, I don't see this happening. Oscar Wilde said 'I can resist everything except temptation'; the lure of 'the good life' and the encouragement it gets from the media is likely to prove irresistible except to the dedicated few.

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An introduction to clinical emergency medicine: guide for practitioners in the emergency department

By Swaminatha V Mahadevan and Gus M Garmel.

Cambridge University Press, Cambridge 2005. 818pp. £45.

The emergency telephone rings. A&E is notified that the ambulance is conveying a 45-year-old male, unconscious, ETA five minutes. The team assembles, roles are allocated, and a cubicle is made ready. Differential diagnostic possibilities are considered based on the limited information available. The patient arrives and a systematic approach to assessment and management builds on what has been done by the pre-hospital team.

Emergency medicine is a specialty bracketed by time and place. Practitioners are concerned with assessment and initial manage-

ment of people who can and do present with any condition, in any condition, at any time of the day or night. As the above example illustrates, management often begins before a complete 'picture' is available and is modified accordingly as information accumulates.

An introduction to clinical emergency medicine has something for everyone, at all levels, from student to senior. The book is organised primarily according to the complaint the patient presents with, and thereby follows the information-gathering process and decision-making sequence used by clinicians to evaluate and manage patients safely. Clinical medicine is presented as a detective story.

The book is divided into four sections: 'Principles of emergency medicine', 'Primary complaints', 'Unique issues' and the appendices. The last deals with practical procedures and interpretation of relevant laboratory investigations.

The first section deals primarily with the 'ABCs', and reassuringly includes the assessment and management of someone in pain, emphasising its importance and the problems associated with inadequately treated pain. Chapters in the 'Primary complaints' section are arranged with basic questions to clarify the presenting complaint (the what, when and where), examination findings to help distinguish the more likely (or most threatening) cause from the differential possibilities, the role of diagnostics, and safe disposition.

There are 72 contributors, all but one from the United States, and all but two doctors. The 'Unique issues' chapter includes social and environmental emergencies, and medico-legal and ethical aspects of care, much of it in a context specific to the United States.

Point-of-care testing and decision rules are common, and the easier access to and greater reliance on imaging is acknowledged. Drawings and photographs are used to good effect, and there are charts, diagrams and algorithms galore, again reflecting the emphasis on decision-making as information becomes available. Process issues, especially handovers at the end of a shift, are highlighted, and the section on disposition helps decision-making about admission or discharge. Features applicable to children or elderly people are included in most chapters although in other instances specific chapters are devoted to issues related to the extremes of age.

There are idiosyncrasies that some will find problematic. There is no mention of scoring systems for assessing risk in patients with gastrointestinal haemorrhage. Common important conditions like asthma are not easy to follow from diagnosis through treatment to discharge because of the symptoms-based approach; and there are some recommendations that are controversial and/or not supported by evidence, for example the use of 50% dextrose intravenously for hypoglycemia and a mandatory pelvic examination 'in any woman of child-bearing age with abdominal pain'. At the end of each chapter the authors include 'Pearls, pitfalls and myths', potentially a very attractive summary. However, the format is inconsistent and it is not always clear whether the points being made are pearls, pitfalls or myths.

As the title suggests, this is an introductory text and one that will be valuable to those learning the specialty or preparing tutorials for staff in training or students. However, the specialty is covered comprehensively, and the North American bias should not detract from the refreshing approach which sees information conveyed in the way that patient care unfolds in A&E. The principal 'added value' of