

book reviews

Learning medicine, 17th edition

Edited by Peter Richards, Simon Stockhill, Rosalind Foster and Elizabeth Ingall. Cambridge University Press, Cambridge 2006. 240pp. £17.99.

For any book to have been in continuous production and reach 17 editions, it is clear that the authors must have identified, and adequately filled, a need. The 17th edition of *Learning medicine* is described (admittedly by itself) as a 'must read' for anyone thinking of taking up medicine and sets out to describe the journey from the predictable 'why medicine?' through the processes of selection from the viewpoint of both the would-be doctor and the medical school, to qualifying and later career development. The authors represent many aspects of the areas that are covered – a medical student, a family doctor, an academic physician and, as a sign of the times, a barrister. They have also been advised by a group of medical students.

I read this book with interest and it is certainly easy to read. The layout is clear and the illustrations by the late Larry are, in the main, apposite and witty. The content is comprehensive and laid out in a logical order. A great deal of information is provided and this does not disrupt the flow of information. What then to criticise?

Like many of my contemporaries, I went into medicine simply because it was, ever since I could remember, always something I wanted to do; the rationalisation came later, to appease the interviewers. There was no similar source of information and I am not sure whether any such information would have altered my decision to study medicine – a decision I have never regretted. For this reason, and because the book is not really intended for grumpy old men such as me, I did ask a number of house officers (Foundation year 1 and 2), medical students and school pupils, who were thinking of applying to medical school, for their comments. Those who were in the system were impressed by the comprehensiveness of the book and its easy style. They liked the emphasis on personal qualities rather than merely focussing on academic qualities (is this that different to the well-established belief that medical students were selected on their rugby skills?) and found the outlines of the different specialties and careers useful.

What they would like to see more discussion of, however, includes the importance of work experience and voluntary work prior to application and more advice as to how best to prepare for entry to medical school. It would help the prospective applicant to know in more detail how medical schools actually select their students, what criteria are used and, it would certainly interest me, to know the basis for the criteria used. I would also like more information and details about applications, successes, dropouts and data on longer-term outcomes. More discussion about the financial burden on medical students would be appreciated by the limited samples of readers I approached. For my part, I would like to see more emphasis on the role of research and the benefits and tribulations of an academic career in medicine.

Overall, this is a useful book that certainly appeals to its intended audience; it is easily read and well presented. Although not for me, it clearly fills a needed niche and no doubt will continue with many more editions that will be helpful for would-be doctors.

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Victorian incurables: a history of the Royal Hospital for Neuro-disability, Putney.

GC Cook. The Memoir Club, Spennymoor 2004. 272pp. £22.50.

Though the Royal Hospital for Neuro-disability is the oldest and most famous institution in Britain specifically established to care for people with irrecoverable disability the present name is recent, reflecting a change in emphasis of the Hospital's work.

The original foundation grew out of the recognition in the mid-19th century that though there were hospitals which catered for many of the sick there was none for what was one of the largest and most needy groups, those with illness or injury which prevented the sufferer from working and for which there was no prospect of cure. The teaching and community-based hospitals dealt with acute illness and paupers went to the workhouse. But for patients with certain classes of disease there was no support. These anomalies were the origin of the charities and associated hospitals catering for particular illnesses such as, tuberculosis (Brompton), the paralysed and epileptic (Queen Square), diseases of the eye (Moorfields) and diseases of children (Great Ormond Street), to name but a few in London. Paupers were excluded, being the responsibility of the local workhouses. For the 'incurables' (to use the Victorian term), however, there was nothing. Charles Dickens wrote in 1850:

It is an extraordinary fact that among the innumerable medical charities with which this country abounds, there is not one for the help of those who of all others most require succour, and who must die, and do die in thousands, neglected and unaided.¹

The great philanthropist Andrew Reed responded by founding the Royal Hospital for the Care of Incurables just four years later. From the start he and his rich, influential and often aristocratic board members insisted that the charity should provide a home as well as a hospital. Accordingly a pleasant site, with advice taken from Florence Nightingale, was sought. Reed was keen that it should be in Coulsdon close to another of his five charities. Not all agreed and though the first patients were admitted within three years, the site of the definitive hospital, Melrose Hall at the hospital's present location in Putney, was not decided until 1863. As the decades passed, the original building was modified and extensions built, though part of the elegant original building remains.