

# 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.<sup>1</sup>*

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.

From the start, distinguished physicians and surgeons were appointed to visit the hospital, though it was not expected that patients would be cured. At first there was little specialisation but in 1934 the need for a neurologist was recognised. James Collier was appointed but died soon after and was followed by Derek Denny-Brown, later professor of neurology at Harvard University. The hospital expanded as the decades passed, but its functions remained largely unchanged until the late 20th century when a blossoming of interest in more active approaches to the management of disability added the need for a commitment to research.

It is hard to imagine a greater contrast than between the hospital 25 years ago and today. Then, most patients were still resident and had little prospect of leaving. Now, there are units for profound brain injury (persistent vegetative state), neurobehavioural disorders (including Huntington's disease), respiratory paralysis and disability management. A Transitional Living Unit for patients, their carers and families aims at eventual return to the community. There are units for biomedical engineering and electronic assistive technology. There is rehabilitation for severe stroke, and routine rehabilitation is provided on a daily basis for the local community. A recent development has been the formation of a virtual Institute for Complex Neurodisability which through international collaborations provides an authoritative guide to best practice in neuro-rehabilitation and disseminates its approach through courses and learning programmes.

Making extensive use of the archives, Gordon Cook has documented the origins, growth and development of the hospital, revealing along the way something of the changing attitudes of society towards illness and disability and the responses to them over the past 150 years.

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## Reference

- 1 Dickens C. *Household words* 1850.

## Palliative neurology

**Edited by Ian Maddocks, Bruce Brew, Heather Waddy, Ian Williams. Cambridge University Press, New York 2005. 276pp. \$55.**

People in the advanced stages of long-term neurological conditions need high quality palliative care services.<sup>1</sup> For this to happen, models of care have to be further developed and resourced, and symptom management needs to advance through education and collaboration between specialist neurologists and palliative care providers. This book fills a gap in the literature by presenting an overview of current knowledge and practice, and the steps necessary for service development. It is intended for an international audience of health professionals and managers caring for those with advanced neurological conditions, particularly those in primary care and the whole range of medical specialties.

Easy to read, it does not make for easy reading. Those with advanced neurological conditions face challenges in every aspect of their lives. Many face the gradual onset of conditions which may take

some time to diagnose, and then follow a chronic course of increasing disability and progressive losses. Key relationships, employment, independence, and one's very sense of self may be threatened. Many symptoms, such as weakness and fatigue, are not amenable to quick and ready remedies and require management by multiprofessional teams with specialist skills – the availability of which is patchy. Facilities for respite and nursing care for more dependent patients may be inadequate, particularly for younger patients.

The range of life-threatening neurological conditions are covered, from the more frequent such as cerebrovascular disease and dementia, to relatively rare infections and inherited conditions. A key challenge facing the provision of palliative care for this group of patients and their carers is the relative infrequency with which most health professionals encounter many neurological conditions. A primary healthcare team may only care for a patient with motor neurone disease or primary brain tumour once in many years. Few health professionals outside specialist neurological centres will care for sufficient patients to develop the necessary palliative care expertise, and dedicated community services for this group are also rare. Educational resources, such as this book, are desperately needed.

The book is well structured into five sections. Policymakers and service managers would be advised to read from start to finish. Clinicians are more likely to dip in and out. Sections one and three, on the principles of palliative management, and the medical background to major neurological conditions requiring palliation, assume little or no prior knowledge. These sections clearly present the principles of palliative care and the necessary context for decision-making. The importance of recognising transition points as illnesses progress, and deciding when to adopt a more palliative approach, is stressed: 'Now comes a time...to cease striving for function, and focus on whatever brings pleasure or relief'. It is acknowledged that such transition points, for example in Parkinson's disease, may be hard to spot. The predictability of disease progression encourages future care planning, particularly where progressive cognitive impairment is a feature. Such discussions are hard, and the communication section provides valuable pointers on how to manage uncertainty and to maintain realistic hope where possible. Family and carers face huge hurdles, and careful attention is paid to their needs, throughout the illness and into the bereavement period.

Section two, on major discomforts in advanced neurological disease, draws together both specialist palliative care and neurological practice and promises to be informative for all, regardless of background. It is encouraging to see what can be achieved by true multiprofessional care, vital for assessment, treatment and future care planning.

The fourth section on ethical issues is a little disappointing. The major ethical questions are outlined, but not explored in depth. This lack of specificity may be due to the international perspective, as the interpretation and expression of ethics into law varies widely between countries. An alternative explanation is that the subject matter – including consent and decision-making, advance directives, proxy decision-making, ethical issues in states of disordered consciousness, terminal sedation and euthanasia – is simply too wide and important to be covered in one short chapter.

The final section provides checklists for service delivery and further resources and references. Advice covering practical aspects of