

book reviews

Scotland's health and health services

Edited by Kevin Woods and David Carter. The Nuffield Trust, London 2003. 328 pp. £28.50.

The book really is what it says on the cover, a description of Scotland's health and health services. This should interest many in the field because Scotland is different. It has worse health than the rest of the UK and has more money spent on health services. Scotland also has a different health system and since devolution those differences have become greater. The country has also led the way, at least in the UK, in banning smoking in public places. That decision was not in fact a result of some perverse enthusiasm, a desire to be different made actionable because of devolution, but came after a long period of sound work on health promotion. As the chapter by Andrew Tannahill shows, Scotland has for a long time done good work on smoking. The country has also excelled in many other areas: chapters on heart disease, cancer, and mental health give other examples. One strength of this book is that each chapter is long enough to treat the subject with some depth; the editors have done well to limit the number of contributions and stick to the big issues.

The conclusions drawn in the last chapter, written by the two editors, are worth reading though I was disappointed in one aspect. The book concludes that poverty, significantly poverty in Glasgow and perhaps to some extent the more extreme rural areas, is one of the main reasons for Scotland's poor health. If poverty is the key then where is the chapter about what the health services can do for the economy or to combat poverty. Health services cost around 7% of Scotland's gross domestic product and are a significant employer, surely by getting the right balance between health activity and the geography of the economy it must be possible to lever some economic benefit that will impact on poverty and through that health? That sort of analysis is being contemplated in some regional English government offices; surely there is an even bigger opportunity in a devolved administration?

All in all I liked the book; it deserves to be the 'textbook' if one wants to know about Scotland's health and health services.

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In sickness and in health – a physician remembers

By Richard Bayliss. Book Guild, Brighton 2007. 288 pp. £17.99.

What makes a great physician? Richard Bayliss's autobiography points both to nature and to nurture. There were no doctors in his family – his father was a Wolverhampton ironmaster – but his grandfather's cousin, Professor Sir William Bayliss, had been a distinguished physiologist who, among other things, coined the word

'hormone'. Endocrinology was to become Richard Bayliss's own special interest in laboratory research and in clinical practice.

Bayliss was determined to pursue a medical career when, as a child, his family doctor treated him for whooping cough. His natural curiosity in science was further stimulated by an outstanding teacher at Rugby followed by three, formative years at Clare College, Cambridge. There, he eschewed pursuit of a first-class degree but established his life-long habit of reading for at least one hour every day and further developed his musical talent – he was a gifted pianist.

As a student at St Thomas' Hospital he experienced the air raids on London where, after qualification, he progressed to the coveted post of resident assistant physician. His subsequent stint of military service in India exposed him to a new world of human experience and demonstrated his talents as a diagnostician and something of an epidemiologist.

There followed a pivotal phase in his medical education, appointments at the Postgraduate Medical School at Hammersmith during which time a Rockefeller travelling scholarship took him to the Presbyterian Hospital, New York, under the tutelage of Professor Robert Loeb. He took with him a technique new to Loeb's department, paper chromatography and, but for a laboratory mischance, might well have been the first investigator to discover aldosterone.

He was appointed to a seven-session consultant post at Westminster Hospital in 1954. His intention was to combine hospital work with laboratory investigation. Having been influenced by John McMichael at Hammersmith, he did not wish to develop a private practice but, in the event, this became a valued part of his professional life, not so much for its financial rewards as for the opportunity it provided for leisured, personal doctor–patient interaction. The culmination of his extraordinary combination of academic skills with profound understanding of people was his appointment as Physician to the Queen (1970) and Head of the Royal Medical Household (1973).

This autobiography is much more than a chronological account of a unique career in medicine. The tale is interspersed with gems of observation on clinical topics, people and affairs. The clinical vignettes cover many of his special interests such as thyroid disease, psychological ill-health including anorexia nervosa, obesity and gout. These descriptions are entertaining for the medical reader and will be entirely intelligible to the lay person, an example of the author's great skill in communication.

Bayliss also writes on the changing nature of medicine during his unusually long professional career and his observations on the evolution of medical practice and of the NHS are characteristically comprehensive and economical of words. He makes wise observations on fraud in research and on complementary medicine. His section on friends as patients has special resonance with this reviewer who was his colleague, friend and patient. He is fascinated by certain medical novelists, doctors such as AJ Cronin and Axel Munthe. He quotes Cronin's *The Citadel* to illustrate his own views on aspects of medical ethics. He also refers to Balzac's *The Country Doctor* who grappled with a small community where cretinism was prevalent.

The subtitle *A physician remembers* is especially apt. The author did not keep a personal diary yet the pictures he draws from early

childhood onwards are minutely detailed and crystal clear. A prodigious memory was one of the gifts which contributed to his excellence as a physician and his charm as a companion.

Richard Bayliss's career developed in an era when those who aspire to a life in medicine were hand-picked and promoted to higher training posts on the basis of academic record, personality and breadth of interests. It is interesting to speculate how an individual of similar potential would fare in the current era of computerised selection and Modernising Medical Careers.

GERALD WESTBURY
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This book certainly updates the generalist in an entertaining, readable way. It will be a popular, valuable, small book to have on the medical assessment unit to read in those rare quiet times. It will not completely replace discussion with a specialist colleague when one needs the current update on an uncommon medical problem but it will make the conversation more interactive.

CLARE HIGGENS
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An insider's guide to the medical specialties

Edited by Ian Reckless, John Reynolds and Raghieb Ali.

Oxford University Press, New York 2006. 464 pp. \$39.50.

What a joy it was to read this book. I expected this volume, as implied by its title, to be full of lists and algorithms to educate the specialist physician needing to update on other disciplines encountered on the post-take ward round. This book does not disappoint and is full of facts, figures and knowledge in a refreshing form.

Each chapter has a pair of authors – one an established consultant, the other a trainee. They write about aspects of their specialty that they feel are important to the general acute physician. This enables physicians in another specialty to revise their existing knowledge and to learn about key advances that have taken place since the specialist studied for their Membership of the Royal Colleges of Physicians (MRCP) exam and read a much larger textbook with numerous lists and algorithms.

There are 21 short chapters in this portable book. The chapters on liaison psychiatry and obstetric medicine are of particular importance to the general physician. The latter contains paragraphs on medical problems in pregnancy, estimated radiation to the foetus from imaging studies and medical contraindications to pregnancy.

The chapters are variable in their depth of information and do depend on the reader having a background knowledge of medicine at MRCP level. The information is up to date and there are nuggets of specialty knowledge generally not available in the more conventional textbook. There is also sensible advice on tests such as the low positive antinuclear antibody in relation to connective tissue disease. Ignoring random positive tests is always difficult for any physician.

Each chapter is written in an entertaining way. The conversational tone of the text makes it more like a novel than a reference book. Headings such as 'Pop' relate to a lively few pages on spontaneous pneumothorax, followed on the next page by 'Whoops' relating to iatrogenic snags in the pleura. The chapter on pleural disease at last includes a comprehensible description of Light's criteria for pleural effusion.

Chapters are variable in their sense of humour and information, but there are numerous references, conveniently based at the bottom of the relevant page. The chapters have each been externally peer reviewed. The chapter on geriatric medicine is very informative, not only on the statistics of the 'demographic time bomb of our ageing population,' but also about common 'geriatric syndromes'.