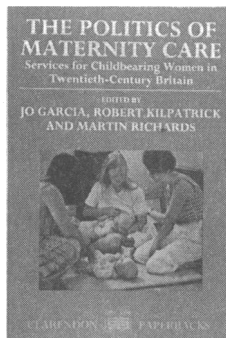


## Refreshing frankness

**The Politics of Maternity Care: Services for Childbearing Women in Twentieth-Century Britain.** Ed J Garcia, R Kilpatrick, M Richards. (Pp viii+346; £9.95 paperback.) Oxford: Clarendon Press, 1990. ISBN 0-19-827287-1.



My first obstetrics teacher was brutally didactic and very instructive. “Breech births are easy,” he said, “if you have the right equipment—a cup of tea, a packet of fags, and a good book.” Even then I knew he was wrong about nicotine, and subsequently I learnt to give breech presentations a wide berth, but he was right about tea and books. As every jobbing GP obstetrician knows, finding the teabags and something to read other than last Sunday’s papers is half the art of waiting for that anterior cervical lip to uncurl.

Despite a title designed to scare clinicians and attract students of social policy this is just the book for early morning maternity vigils. It has 17 short chapters on different aspects of maternity care, any of which can be read before the tea becomes tepid and most of which contain enough new information in a well ordered argument to offset the seriously academic style. Topics range from a review of maternity policies through the language of obstetrics to the use of analgesia in childbirth. Some of the historical material is original enough to keep you awake. Now I know that when my uncle, then aged 11, was sent running for the midwife just before my birth he was searching out the local representative of the National Midwifery Service, an institution that predated the NHS but that failed to survive it long. I appreciated reading about the Edwardian practice of giving opiates to “delicate husbands,” for I might well have accepted a small dose of pethidine during the birth of my own children had it been offered and had I not been speechless with fright. As for the facts that never reach clinical texts, there are enough in the book to make a maternity version of “Trivial Pursuit.” Who said “a pregnant crank is an awesome thing”? Which pressure group used to be called “the Society for the Prevention of Cruelty to Pregnant Women”? And what exactly is a Friedman curve?

All but one of the contributors approach their subject without the handicap of clinical experience, which makes for refreshing frankness in their assessments of modern maternity care. The authors sympathise more with the “watchful expectancy” of the older generation of hospital obstetricians than with the “active management of labour” of the O’Driscoll school, and they argue their corner forcefully. For example, Sarah Robinson in her essay on “Maintaining the independence of the midwifery profession” notes that, although the effectiveness of midwifery versus medical care has rarely been evaluated, reviews of such prospective and retrospective studies as have been done conclude that medical care offers no advantage in terms of perinatal and neonatal outcome and that midwifery has the edge in providing pregnant women with both information and emotional support. This argument is unlikely to impress hospital obstetricians busy centralising maternity services in the name of safety, and many general practitioners who enjoy (and profit from) maternity care may not appreciate it either, but I suspect it is correct. Even if it is not the argument is worth rehearsing, since for all the public controversy over childbirth we lack that external criticism of professional activity that is so necessary for the development of scientific practice.

Will obstetricians and midwives make use of this book? A little at a time, perhaps, with pauses to compare academic analysis with practical experience. The editors might have gained the interest of professionals more easily if there had been more evidence in

the collection of their own contact with workaday obstetrics or midwifery. The solitary “hands on” medical contribution, an interview with Wendy Savage, is too wide ranging and diffuse to match the scholarly quality of the other essays. Perhaps the second edition could put this right?—STEVE ILIFFE, *general practitioner, London*

## Not the full story

**The Non-Hodgkin’s Lymphomas.** Ed I T Magrath. (Pp xvi+430; figs; £62.50.) London: Arnold, 1990. ISBN 0-7131-4544-7.

Non-Hodgkin’s lymphomas, because of the therapeutic challenge they present, are of interest to clinical oncologists and haematologists. They are equally a source of fascination to pathologists because of their multifaceted morphological features and the scope they offer for immunological categorisation. Their characteristic chromosomal abnormalities, often affecting proto-oncogenes and immunoglobulin or T cell receptor genes, mean that human lymphomas are also a fruitful topic of research for basic scientists interested in biochemical mechanisms underlying cell proliferation.

All these aspects of non-Hodgkin’s lymphoma are covered in the book, which in the preface announces its aim of dealing “with malignant non-Hodgkin’s lymphoma... from a biological perspective rather than from a purely clinical and therapeutic one.” Informative reviews of molecular and genetic abnormalities in non-Hodgkin’s lymphoma are provided from the laboratories of Carlo Croce and Dan Knowles and there are also useful reviews of the histopathology and phenotyping of these disorders, their treatment by marrow transplantation, their association with viruses (including HIV), and their cytogenetic abnormalities. This last chapter, however, is based principally on the authors’ personal experience of lymphomas studied at their own institution (the United States National Cancer Institute) rather than on a wider review of the topic. This reflects one of the book’s weaknesses, which is that 15 of its 27 chapters, including sections on clinical features and staging, on treatment, on complications of management, and on different histological lymphoma types, have one or more authors from a single institute.

The editor, who is also from the National Cancer Institute, is the sole author of six chapters and coauthor of a further six, and his contributions are unfortunately among the weaker elements in the book. Topics covered elsewhere are needlessly duplicated in his chapters, and in at least one instance there is flat contradiction: he states that “lymphomas of intermediated [sic] differentiation” are usually CD10 (CALLA) negative, whereas we are told the reverse in chapter four by Paul Cohen and Elaine Jaffe. More seriously, his chapter on historical perspectives gives a lengthy description, starting in the last century, of attempts by pathologists to classify lymphoma, culminating in the scheme of Rappaport and colleagues, and then moves directly to the National Cancer Institute’s “working formulation,” which is described as having “become the dominant classification system.” None of the pathologists after Rappaport who have contributed to the histopathology of lymphoma are mentioned by name, their work being dismissed in half a sentence and by a handful of anonymous references. Certainly the debates in recent years concerning the classification of lymphoma have yielded less information of clinical value than had been hoped, but the omission of any discussion in the text of the concept of germinal centre/follicle derived lymphomas, developed by Lennert’s group in Kiel and by Lukes and colleagues, suggests some bias especially when the chapter gives space to the views of long forgotten pathologists such as Cohnheim and Wunderlich. The impression is that the book intends to promulgate the working formulation as the optimal scheme for classifying non-Hodgkin’s lymphomas and would prefer to ignore other views on the subject. This attitude will inevitably increase rather than reduce the differences of opinion that have arisen

between lymphoma pathologists in the United States and Europe.

In conclusion, the book, while containing a substantial number of chapters that can be highly recommended, does not give a broad view of human lymphoma and suffers in particular from its parochial choice of authors and from poor editing. It contains many careless errors and misprints, of which one is a classic howler—the third author of a paper on lymphoma phenotyping cited on p 50 (reference 11) is given as “Phil D,” that celebrated Oxford scientist whose citations continue to accrue without any effort on his part.—D Y MASON, *consultant haematologist, John Radcliffe Hospital, Oxford*

## One for the happy hour

**How To Do It.** Vol 3. (Pp x+203; figs; £6.95, overseas £9 paperback, including postage, airmail overseas. BMA members £6.45, overseas £8.50 including postage.) London: *British Medical Journal*, 1990. ISBN 0-7279-0269-5. In North America available from the American College of Physicians, PO Box 7777-R-0270, Philadelphia, PA 19175, USA.

Often, faced with a new professional challenge or experience, one wishes for an expert to hover over one's shoulder and whisper a few words of advice to temper ignorance or inexperience. The well tried and tested policy of “see one, do one, teach one” is all very well, but there are numerous occasions when even fairly experienced doctors find themselves in foreign territory and needing advice. This third collection of articles from the *BMJ* is a curious cocktail of the generally valuable, the highly specialised, administration and technology, and events of a more “fringe” nature. The aim in each case is for selected authors to produce a brief distillate of their experience of a particular topic. Not surprisingly there is an element of hit and miss in this format—the degree of compression necessarily means that in some cases the product is little more than the essence of

the subject while in others an excellent, albeit constrained, review is given. In the first category the three articles by Peter Maguire and Ann Faulkner, on counselling skills and communication with patients with cancer, whet the appetite for a more extensive approach in the same style: the specimen dialogues would, I think be particularly valuable to students, junior doctors, and nurses.

It is perhaps unfortunate that K F Kelly, N E Haites, and A W Johnston were invited to describe how to start a DNA diagnostic service rather than the appropriate use of such a service. Happily, the resultant article also serves as a useful source of advice on which conditions can now be tested for and which patients should be tested, and on the collection of specimens, even though the more technical aspects of the article apply to a more specialised readership.

The topics that clearly lend themselves to this format and those that had most appeal to me are those concerned with administration and organisation. Professor Michael Marmot's contribution on the filing of reprints not only awakened ingrained feelings of guilt about the torn out articles and dog eared journals mouldering in various corners of the house but also gave me the impetus to do something about it . . . as soon as I've got the appropriate software. John Ainslie's advice on choosing a word processor will assist me further in this endeavour. After my experiences of running a debating society at university I was alert to many of Patrick Hayte's comments on how to look after a visiting speaker, but if I had read it six or seven years ago I would have gained benefit other than simply that of hindsight.

Most of us, unless endowed with an unusually large dollop of self satisfaction, wonder how we have become winners in that lottery known as job interviews. Finding that one of my former consultants had contributed his thoughts on how to choose a house officer naturally excited my curiosity. Despite a reasoned account of how the experienced interviewer weighs up many factors to achieve this complex task John Yudkin concludes that it has much in common with giving insulin, “Except in the former case you'd use a needle not a pin.” Well—I suppose that serves me right, and leaves me none the wiser as to my selection. The vagaries of that pin ensured that I learnt quite a lot about diabetes, multiple drafts of papers, and, I hope, experience in all the topics listed on p 24: all but the most hidebound readers will find something of value in this book. It is not a cocktail to be swallowed greedily but one to be sipped and tasted judiciously.—CHRISTIANE HARRIS, *general practice trainee, Luton*

### HOW TO DO IT: 3

Organise a new department . . . Choose a manager . . . Get publicity for a new service . . . Be a GP locum . . . Start a DNA diagnostic service . . . Write a general practice status report . . . Develop a diabetic word processor . . . How to get a department . . . Organise a trial . . . Be a manager . . . Choose a multi . . .

## SELECTION

**Clinical Dermatology.** J A A Hunter, J A Savin, M V Dahl. (Pp vi+272; figs; colour plates; £17.50 paperback.) Oxford: Blackwell Scientific, 1989. ISBN 0-632-01955-7.

An excellent text, profusely illustrated with good colour photographs and lucid diagrams and tables. A few of the photographs are too small, which should be remedied in future editions. One of the authors now works in the United States, and presumably the book will be much used there—it has a useful formulary at the end, giving equivalent British and American preparations.

**Health Measurement Scales: a Practical Guide to Their Development and Use.** D L Streiner, G R Norman. (Pp vii+175; figs; £25.) Oxford: Oxford University Press, 1989. ISBN 0-19-261773-7.

Clinical research is increasingly concerned with measuring subjective states like attitudes, responses to illness, and quality of life. Instruments, which mostly take the

form of questionnaires, are needed for this purpose but are full of pitfalls for the unwary. This is a step by step guide to their construction and use: selection of items for what is called content validity, appropriate rating scales, and evaluation for bias (“faking good,” “yea saying”), reliability, and reproducibility. The authors point out that it is often better to use an already published instrument, modified if necessary, rather than embarking on the design of a new one, which can be tedious and time consuming.

**Reflux Oesophagitis.** T P J Hennessy, A Cuschieri, J R Bennett. (Pp vii+199; figs; £39.50.) London: Butterworth, 1989. ISBN 0-407-01445-4.

Gastro-oesophageal reflux is currently one of the commonest digestive diseases in the Western world. Why this is so is not discussed here, but the increasingly complex mechanisms—due primarily to a vagal disorder?—are laid out in detail, inevitably with some overlap. Prolonged pH monitoring is the gold standard for diagnosis, and differentiation of reflux from cardiac ischaemia, fully discussed, is a major clin-

ical problem. Therapeutic attention is still largely directed at the reflux; surgery is not always as effective as is generally believed. The first two chapters have useful summaries; they are subsequently abandoned except for an excellent one page “Practical approach to therapy” at the end of the chapter on medical treatment.

**Computers in General Practice.** R G Peckitt. (Pp viii+212; figs; £12.95 paperback.) Wilmslow: Sigma, 1989. ISBN 1-85058-144-4.

“A sort of Highway Code” is the author's apt description, which should reassure over 35s who still suffer from computerphobia. Nearly always readable and illustrated by interesting case histories, it covers the usual ground from definitions to getting started but also ranges widely into statistics, audit, research, practice management, and education. Potential readers should not be put off by the author's erudition; the touch is light. Inevitably it will interest general practitioners mostly, but the final chapters on desktop publishing and expert systems might excite the aficionados.