

## Examination obstetrics and gynaecology, 3rd edition

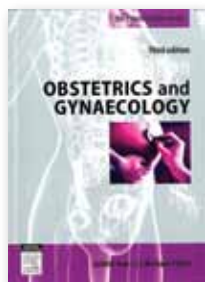
Judith Goh  
Michael Flynn

Australia: Elsevier Australia,  
2011

ISBN 978 0729 539 371, \$76.50

In the third edition of this book, Judith Goh and Michael Flynn have endeavoured to present an up-to-date and evidence based collection of the most relevant topics in generalist obstetrics and gynaecology. The checklist format that has made previous editions popular remains, with its concise structure divided in short chapters throughout the book, making it a much quicker read than most other textbooks of similar size and breadth. In the current era of easily accessible computerised information, this book remains a useful point of reference from which to begin a broader search.

General practitioners should find this book quite useful. A quick browse on any given topic will provide them with relevant information about the condition



with which their female patient, pregnant or not, is presenting. The majority of management plans are laid out in a clear and logical manner, however, this is perhaps one of the book's disadvantages in relation to its usefulness for GPs; there is a little too much emphasis in the management of conditions that might require the specialist's input. Conditions such as benign ovarian cysts, for example, are not mentioned.

This third edition is also more visually appealing, headings and subheadings adequately highlighted and information presented in tables where appropriate. The chapters in the gynaecology section have undergone most of the changes, with the addition of pelvic organ prolapse and benign vulval disease, and the loss of hyperprolactinaemia and, regrettably, in my opinion, the chapter on endoscopic surgery. Some of the chapters in obstetrics have also been revised and referenced from the current literature, but some outdated definitions persist, such as what constitutes low lying placenta and

the classification of perineal tears.

The second edition of this book lacked clinical perspective given that there were no case based discussions. The authors have now incorporated objective structured clinical examination style cases at the end of each of the two main sections, gynaecology and obstetrics. General practitioners undergoing the DipObs (DRANZCOG) training will find them very useful in preparing for the oral exam.

The book benefits greatly from its many contributors, enthusiastic practitioners whose own clinical practice informs their writing. Notably, the chapters on the management of menopause, polycystic ovarian syndrome, paediatric and adolescent gynaecological disorders, infertility, antenatal diagnosis of fetal and chromosomal abnormalities, hypertensive disease in pregnancy and diabetes in pregnancy, have been thoroughly reviewed and updated to keep up with current best practice.

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## Whiplash – evidence base for clinical practice

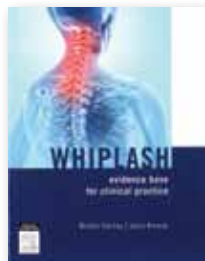
Michele Sterling  
Justin Kenardy

Australia: Elsevier Australia,  
2011

ISBN 978 0729 539 463, \$76.46

This book presents a comprehensive review of whiplash. A diagnosis of whiplash tells us more about the mechanism of injury than it does about the actual patho-anatomical process, which hampers our ability to clinically manage this condition. The range of clinical presentations that may result from a whiplash-type injury are known as whiplash associated disorders (WAD). Whiplash associated disorders represent a complex pain condition that challenges both medical and allied health practitioners.

The 18 chapters of this book follow a logical progression from epidemiology, clinical presentation, mechanisms of injury, potential patho-anatomical causes, and prognostic/management issues. A particular strength of this book is that it provides



a thorough overview of WAD from a physical, psychological and legal/insurance perspective.

This book is easy to navigate, with clear headings and an excellent index. Each chapter sits alone as a review of a particular aspect associated with WAD and can therefore be dipped in and out of as a convenient reference. I would advise readers to take the time to read the book from cover-to-cover to gain a holistic view of the issues associated with WAD, and then keep the book handy on the shelf as a reference.

What I particularly like about this book is that it covers issues associated with malingering and symptom magnification. Too often texts in this area focus on the psychophysical aspects of WAD and ignore the fact that the management of WAD often occurs in a 'compensation' climate. For the general practitioner or physiotherapist at the front line of WAD management, symptom magnification, either as a part of deliberate malingering, or as a form of opportunistic fraud through claim build up, is a reality. While they represent a small number of patients, they

often present us with the greatest challenges.

As the title suggests, this text sets out to present a summary of the evidence for the clinical practice of WAD. A problem with any textbook is that research evidence is constantly evolving and the evidence presented may already be dated. It is difficult to gauge the completeness of the evidence presented in many of the chapters as there is no information provided about the search strategies used to identify the research literature or measures of level/quality of the research. Only Dr Rebbeck, in her review of the management of chronic WAD (chapter 12) provides us with a measure of the evidence used.

The list of contributors to this text is impressive. The range of contributors, from Australia, America and Europe, provide a broad international view of the issues associated with WAD, a further strength of this text.

I recommend this book for the GP who sees a significant number of patients with WAD or struggles with the management of this condition in their clinic.

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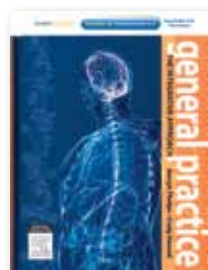
## General practice – the integrative approach

Kerry Phelps  
Craig Hassed

Australia: Elsevier Australia,  
2011

ISBN 978 0729 538 046, \$135.00

'General practice – the integrative approach' promises an integrative approach to medicine in the general practice environment and does so impressively. Part 1 is a succinct overview of complementary therapies and describes how they can be integrated into a modern general practice approach. This is complemented by an appendix that outlines the interactions between



herbs/nutrients and drugs. This book also contains sections on exercise and mind-body medicine. There are also two excellent chapters by Craig Hassed on spirituality (and meaning) and connectedness and the role of social support.

Most general practitioners would recognise that these areas are very important parts of any patient's journey (and our own). However, they are rarely addressed in textbooks in such a practical manner.

Part 2 contains chapters on the principles of general practice and the following four sections look at common general practice problems using a systems method and including complementary

approaches.

The therapeutics section of each chapter is usefully split into firstline, secondline and adjunctive treatments which provides a structured approach to management. Unfortunately, while references are provided, levels of evidence are not provided for complementary approaches. Minor procedures in general practice are also not covered in this book. Overall, this textbook is readable, concise, well presented and will be a useful reference for GPs and registrars who are interested in a whole-person and integrated approach to treating their patients.

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## Clinical gastroenterology – a practical problem based approach, 3rd edition

Nicholas J Talley

Australia: Elsevier  
Australia, 2011

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\$81.00

On reading the third edition of 'Clinical Gastroenterology', I thought there would be little that was controversial. The quotation from Sir William Osler that 'we expect too much of the student and we try to teach him too much' is absolutely pertinent.

This is a textbook of gastroenterology, and is exhaustive in terms of causes and therapies.

The addition to this edition is the use of specific case studies that illustrate the point of each chapter. Sometimes the cases do not truly represent the commonality of the disorders discussed. For example, with food allergies, an intolerance is represented with a boy, 16 years of age, who has symptoms following gastroenteritis and is thought to be lactose intolerant. This may well be true but the diagnosis is almost certainly that of postinfective irritable bowel syndrome where lactose may be or not a factor. The case doesn't really address the difference between allergy which is usually IgE mediated, or intolerance which is intolerance to a variety of foods particularly those containing fat and thereby dairy foods are



often incriminated.

Abdominal distension is prefaced by a patient who subsequently had a pancreatitis. This would not be the situation in normal practice where abdominal bloating in females is common and unrelated to any specific underlying pathology, albeit sometimes difficult to treat.

Abnormal liver function tests begin with a patient with a fatty liver who progresses over the years to cirrhosis and cancer. This is an unusual sequence even though we have difficulty in identifying those that will progress, these being a tiny minority.

The description of lactose intolerance perpetuates the belief that cheese contains lactose whereas the converse is true. Hard cheeses have virtually no lactose and soft cheeses only a tiny amount. The fat is the problem.

The text on colorectal cancer addresses important issues though really fails to identify the significant role of colonoscopy in improving the reduction in mortality and more importantly, being preventive.

The truly important gastrointestinal diseases are covered well, but these are things that the GP will see only extremely infrequently.

In terms of wind and gas, the role of aromatic gasses such as hydrogen sulphide, dimethyl

sulphide and methanethiol is underplayed in view of the fact that most of the population can be almost defined by being a sulphate reducer or a methane producer. Volatile sulphides also are perhaps the major cause of halitosis.

The other particular issue is with haematemesis. The chosen example of a patient with end stage cirrhosis and bleeding varices, in contrast to the haematemesis induced by nonsteroidal anti-inflammatory drug consumption, would be much more likely to be identified in clinical practice.

The text is quite exhaustive and will have its devotees, certainly with medical students. However, Sir William Osler's advice comes early to mind. The multiple authorship does provide differences between various chapters and it is always difficult for an editor to combine them. Probably the old adage is true about books 'you have to read them to decide whether you like them or not'.

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