

Book Reviews

MRSA in Practice. Ian Gould. The Royal Society of Medicine Press. November 2006. Paperback, 140pp. £18.95. ISBN 978-1-85315-687-8

Health care associated infections, HCAI, have recently raised the concerns of both the public and politicians because of their significant socioeconomic burden. MRSA is a big player in the aetiology of HCAI and constitutes a major public threat presenting both therapeutic and infection control challenges in both the hospital setting and the community. This book, which consists of 16 chapters written by a group of international experts on MRSA, comes at important crossroads. The book starts with a summary chapter written by Ian Gould, the editor.

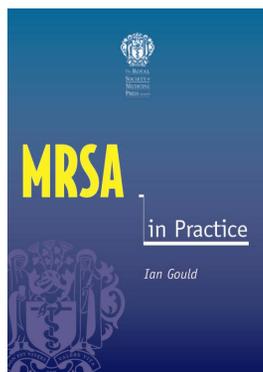
MRSA was first isolated in the United Kingdom in 1961, two years after the introduction of Methicillin, although there is evidence that it was there before that. Chapter 3 describes the evolution of MRSA since then and explains how the recent molecular techniques helped to understand that. However, there are other molecular advances which added to the understanding of MRSA such as VNTR, spa sequencing, toxin gene profiling and DNA arrays which are currently used in Colindale laboratories to type MRSA.

The distribution of MRSA is quite patchy and there is huge variation within the individual countries. This may reflect variations in surveillance, sampling, screening programmes and how strict the infection control measures are. There is a great difficulty in dividing MRSA acquisition to community and hospital, so most recently it is divided to community acquired, community onset and hospital acquired; Chapter four and five explains this very well.

The relationship between *Staphylococcus aureus* / MRSA and its human host start with colonisation, going through local inflammatory response, to severe invasive disease. Chapter two sketches the various virulence factors and their associated host responses in simple comprehensive way without unnecessary details. I personally recommend following with reading chapter nine which explains the different clinical presentations of MRSA infections with totally devoted chapter, 8, for CAMRSA.

Since 1961, when MRSA was first isolated until now, there are huge advances in the laboratory diagnosis of MRSA. For better infection control purposes we need timely identification, but how rapid? Rapid identification is a real challenge for most of the microbiological labs. Chapter 6 explores the debates about the currently available laboratory diagnostic methods and explains the real difficulties we face when dealing with MRSA isolates.

Treatment of MRSA has been complicated by the development of resistance to the different anti-staphylococcus



drugs including the newly introduced agents (chapter 10 & 7). The new anti-MRSA drugs, apart from Linezolid, should be used intravenously which limits their use in the community. My only comment is, there is very little mentioned about the classical oral treatment which we usually prescribe for treating simple uncomplicated urinary tract and soft tissue infections. Natural alternative treatments have been also suggested, but unless there is clear evidence that they work without causing significant toxic effects, it is very early to consider these options.

Chapters 16, 11, 13, 14 and 15 deal with MRSA surveillance and infection control challenges. There is no clear evidence that decolonisation, environmental cleaning (unless it is terminal cleaning) and isolation/ cohorting (unless it is done right) do or do not work. Also, there is no clear consensus as to which practice is of most value in preventing transmission of MRSA. Most of the infection control specialists believe that package of measures that work most.

I enjoyed reading “MRSA in Practice” and I recommend this book for those who are interested in furthering their knowledge about MRSA infections. I would also like to commend on further readings’ section which follows most of the chapters, giving chances for those who would like more details. I think, apart from the feeling that the chapters may need to be arranged differently, to maintain a more streamlined reading, and unavoidable duplication of information, “MRSA in Practice” is a very useful up to date comprehensive review.

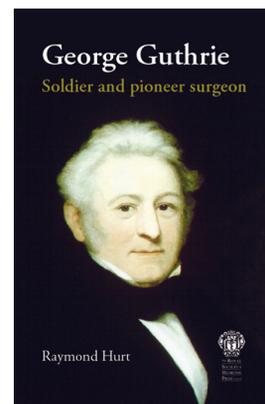
Wesam Elbaz

George Guthrie – Soldier and Pioneer Surgeon

Raymond Hurt. The Royal Society of Medicine Press. June 2008, Hardback, 294pp. £24.95. ISBN: 978-1-85315-765-3

This little book is an excellent personal history of a renowned soldier and surgeon of the 19th Century and a wonderful commentary on the times in which he lived and worked. It is written by Raymond Hurt, a Cardiothoracic Surgeon in London. It is full of insightful commentary on the surgery pertaining to George Guthrie and his times.

This book, in essence, is in two parts. The first is a description of Guthrie’s life and work, especially his remarkable surgery in the Peninsular Wars of the 19th Century. His life and times have been researched in a meticulous fashion by the author. George Guthrie clearly was remarkable. During the years of the Peninsular Campaign, he operated almost constantly, treating almost 20,000 wounds. He served at the Battle of Waterloo, performing perhaps the first successful amputation of the hip recorded. Following his wartime experience he wrote a number of textbooks, lectured widely, and gave a Hunterian Lecture which is detailed in the second part of this



beautifully written little book.

The second part of the book details many of Guthrie's lectures and writings. Following his wartime experiences, he specialised in ophthalmic surgery and wrote three textbooks on eye surgery. He progressed to become President of the Royal College of Surgeons of England on three separate occasions. He enabled the end of "body snatching" by the Anatomy Act of 1832. This remarkable man was multi-lingual in Spanish, French and Portuguese and was also an outstanding orator. He was offered a Knighthood after the Battle of Waterloo, which he declined, although he did later accept the honour. He died in 1856, age 71 years, from cardiac failure.

This book will be of interest to many readers. It is beautifully researched and is a wonderful description and commentary of the life of an outstanding surgeon and soldier and his times. The book will be of interest to serious students of medical history, students of military history, and will also be of interest to doctors of all grades and specialties. I would recommend it also as browsing material for undergraduate students.

Surgeons in particular will enjoy reading the case studies in the last one-third of the book, including the survival of the patient who had the successful removal of a darned needle from his heart. In addition to this remarkable man's experience of trauma, he also treated 1084 cases of primary syphilis in the York Hospital at Chelsea. His trial of mercury treatment confirmed that mercury was a dangerous and useless treatment for syphilis!!

This book is a remarkable read. I can recommend it both for serious study and for the reader who wishes to dip in and out of the work of an outstanding soldier and surgeon of the 19th Century.

Professor Roy AJ Spence

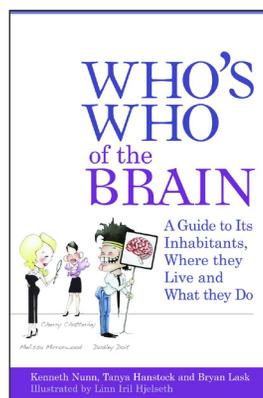
Who's Who of the Brain. A Guide to Its Inhabitants, Where They Live and What They Do

Kenneth Nunn, Tanya Hanstock and Bryan Lask. Jessica Kingsley Publishers. May 2008.

Paperback. 272pp. £13.99. ISBN: 978-1-84310-470-4

Did you ever wish you had paid more attention in your neuroanatomy classes at Medical School? Or did you just find the subject too difficult and complicated? Have you now come to regret this, as you realise that, actually, the subject is of real and practical importance in your day to day clinical practice? If so, this book may just be the answer.

'Who's Who of the Brain' is a rather light hearted guide to the anatomy, function and dysfunction of what has been described as the most complex structure in the universe, in fact so complex that it is beyond the ability of the human brain to understand.



The authors discuss in some detail the structures of the brain explaining their connection and their functions. They do this by creating an allegorical district and community which they call 'Cephalton-upon-Ridge'. Within this community of Cephalton-upon-Ridge there live a number of residents. Each of these key characters offers a dramatis personae representing the area of brain in which they reside. The authors describe each of these characters in terms of their place of domicile, their relationship to their neighbours, their appearance and their personality, followed by a more formal explanation of the analogous brain structure.

For example; the inhabitants of Cephalton-upon-ridge reside in one of three residential areas, Uptown, Midtown and Downtown. Among the uptown inhabitants there live such colourful characters as: Dudley Doit, a fitness fanatic. Representing the motor cortex, he is responsible for planning movement, initiating movement and monitoring and maintaining movement. Dudley works in close harmony with Cherry Chatterley (broca's area), who is the main newsreader, and who is responsible for communication and sending information, and also with Maurice Mappley (the parietal lobe) who is a major landholder, mathematician and a lover of maps and all things environmental.

In midtown Cephalton resides Christopher Crosstalk (the corpus callosum) whose property is described as joining Eastern and Western Cephalton and is responsible for communication between both halves of the brain,er,sorry,.. town. Corrie O'Graphie (the basal ganglia) is described as a world famous dancer. It is she who is responsible for implementing movement routines, remembering skills and maintaining muscle tone.

In downtown Cephalton resides Frank Finesse (the cerebellum), Fay Faceandear and Sam Swallowtalk (the pons and the medulla). They are responsible for more basic functions such as balance, regulating heart beat, breathing, sleep and waking as well as being responsible for acting as a conduit for messages from the cortex to the body.

Each of the characters portrayed provides a memorable and easy way to understand the characteristics, the functions and the relationships that each part plays in the making of the whole 'community'.

If there is a weakness in the book then it lies within the illustrative case histories that are included and are utilized to illustrate dysfunction of the area under current description. Given the substantial advances in Neurology over recent years with the advent of MRI, functional MRI and PET scanning, which undoubtedly have led to more precise anatomical diagnosis in explaining clinical symptoms and signs, then some of the case histories provided in the book might be considered somewhat weak and even speculative.

Despite the above reservation, I am sure this will prove a popular book among those who have some familiarity, no matter how little, of the brain and its functions, whatever their professional background, and even for those who are an expert in the area. All may well enjoy the conceptualisation of the areas, the connections and functions of this, the most complex of all organs.

Jim Morrow