

Medicine and books

Textbook of Travel Medicine and Health

Ed Herbert L Dupont, Robert Steffen
B C Decker, £55, pp 600
ISBN 1 55009 037 2

For millennia people have associated travel with illness. But only in this century has travel related illness become an issue for individuals rather than for masses travelling together for reasons of fight or flight and sharing in the resulting epidemics.

Mass individual travel really started in a big way in 1970 with the introduction of the Boeing 747 aircraft and has grown steadily ever since. At that time vaccination against typhoid and hepatitis A was already well established, and both diseases had been known since the first world war or earlier to be associated with foreign travel. Combining these two facts led quickly to a widespread expectation of "jabs" for travel before anyone attempted to quantify the risks that they were meant to reduce.

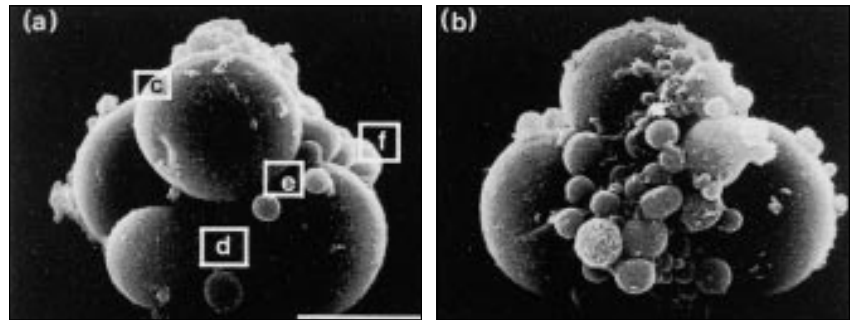
Some evidence now exists to enable us to identify those in whom immunisation against these and other infections can be justified, but old habits die hard and for many travellers it is enough to know that a disease is present in their intended destination and that a vaccine exists to prevent it for a demand to be made.

Two dedicated doctors of my acquaintance heading for a honeymoon in Kenya discovered that they were the only tourists in "economy class" who had not been immunised against the meningococcus. The prevalence of this infection is indeed high in Kenya, but its incidence in typical tourists is virtually zero.

While the public may see travel preparation as a ritualised ordeal of injections, their carers have had other ideas—so many, in fact, that limiting the scope of travel medicine seems as hard as it is for public health, with a similar risk that ever greater breadth eventually leads to a loss of focus and depth. Another dilemma for public health applies to travellers too—how much is the individual's responsibility and how much the carer's? Travellers must not believe that their participation in a vaccination ritual will absolve them from the need to behave safely, especially when they may need some explicit education on what behaviour is safe in an unfamiliar environment.

The proposed subspecialty of travel medicine recognises this second dilemma, but, judging by the first major textbook for professionals on the subject, some of its proponents have not grasped that prioritisation in health education is imperative. One of the chapters advises travellers to read more than

Reviewers have rated books on a 4 star scale (4 = excellent)



Scanning electron micrographs of a fragmented human embryo, of unknown cause, though fragmentation does not necessarily impede implantation. From *In Vitro Fertilization* by Brian Dale and Kay Elder (Cambridge University Press, £24.95, ISBN 0 521 57567 2), a concise account of the basic science and the practical techniques developed at Bourn Hall Clinic, Cambridge.

one book on traveller's health before departure, because different sources may give conflicting advice. This seems to be taking the flight from paternalism too far.

Those who advise would-be travellers must relate their advice to the individual needs of the people consulting them and have the confidence and vision to limit their advice to what a traveller is likely to assimilate. Valuable though this comprehensive book will be, it would have been improved by some vigorous pruning. Simple messages stick.

C J Ellis, consultant physician, Department of Infection and Tropical Medicine, Birmingham Heartlands Hospital
Rating: ★★★

Current Issues in Cardiology: Management Strategies

Ed Jean R McEwan
BMJ Publishing Group, £30, pp 245
ISBN 0 7279 1010 8

In this age of overwhelming medical information, it is more than welcome when knowledgeable people summarise and interpret the literature for us, even if the conclusions are personal and might have been slightly different. This book is a good example of how complex data can be synthesised to understandable formats for average users of the information, provided the authors know their business. These 15 authors, all British and 12 from London, have succeeded in being concise and clear, and the conclusions are, in general, useful in daily practice.

Chapter 10, by the editor, is particularly interesting. Entitled "Implementing cardiovascular strategies in hospital practice," its appendix summarises the current local acute cardiology handbook that is used in University College London Medical School. There it is issued in a convenient size for carrying in coat pockets. We rarely read about actual

hospital rules for admission and discharge, indications for thrombolysis, and the rest. The authors are to be commended for their courage to disclose their everyday strategies to a larger audience.

The other nine chapters concern subjects in cardiology that have been studied extensively in recent years (thrombolysis, heart failure, anticoagulation, risk factor management, etc). The results of clinical trials on all of these subjects force us to update our practice regularly, and this book truly helps. Conclusions drawn from the same literature may, however, be different in other countries. Depending on resources, ethical and cultural issues, and infrastructure, the recommendations may vary. Therefore, the reach of this book is largely limited to Great Britain. For example, the statements about primary angioplasty in acute myocardial infarction are remarkably conservative compared with the opinions of cardiologists from other Western countries. With the same factual observation, one may consider the glass half full or half empty, and both are right.

This type of book will probably be extinct in a few years. The changes in medicine, based on results from ever newer trials, make them outdated before the ink is dry, and McEwan's book has not been spared in this respect. We are moving toward electronic publication of summaries of the literature, guidelines, and treatment protocols. The new media have important advantages over printed versions. The information is more widely and more easily available (also during out of office hours), and it can be continuously updated without confusions over old and new editions. Published by national societies of medical specialists, they can have the authority of a true standard and will facilitate and standardise audits of local practices.

Ron J G Peters, cardiologist, Academic Medical Center, University of Amsterdam, the Netherlands
Rating: ★★★

The Powerful Placebo: From Ancient Priest to Modern Physician

Arthur K Shapiro, Elaine Shapiro
The Johns Hopkins University Press, £33,
pp 280
ISBN 08018 5569 1

Complementary Medicine: A Research Perspective

Charles Vincent, Adrian Furnham
John Wiley & Sons, £24.95, pp 305
ISBN 0 471 99645 2

Both patients and doctor want to know the effectiveness and risks of complementary treatments. One issue concerning effectiveness is the extent to which placebo operates in different complementary treatments. Although all patients are not interested in mechanisms of action, the inconsistency of the placebo effect even in the same patient will influence the place of complementary treatments in the management of disease.

In *The Powerful Placebo*, the Shapiros confine the terms “placebo” and “placebo effect” to treatments and treatment effects respectively, to avoid confusion with the phenomenon of “suggestion” in laboratory experiments and hypnosis. “Placebo” formerly encompassed both drug and non-drug treatments of disease, but with the proliferation of controlled treatment trials since the 1950s the term has come to mean an “inert” substance or procedure used as a control in bioscience experiments, in particular clinical drug trials. The psychiatrist authors plead for a re-widening of the concept to cover all treatments, including psychotherapy. They define placebo as “any treatment, or component thereof, which is knowingly used for its non-specific physiological or psychophysiological therapeutic effect, but is without specific activity.”

Readers may still have difficulty in grasping a phenomenon associated with diverse orthodox treatments, both physico-chemically active and inactive, in diverse organic and psychological disorders. Indeed, it is clear that all treatments have a psychological effect when given to a conscious person. In this sense, all treatments can produce placebo effects. We should therefore expect the placebo effect to be linked to complementary treatments. However, we should also realise that finding a placebo effect does not imply that the associated treatment, whether orthodox or complementary, is a placebo. Indeed, a highly effective treatment magnifies the placebo effect. Furthermore, the discovery of a powerful placebo effect does not mean that it is entirely psychologically mediated.

How do these conclusions help us understand the contribution of placebo to complementary treatments? The author's insights are mainly helpful in relation to the design of matching placebo controls, or active controls, and the preservation of blinding in randomised, double blind stud-

ies. The authors do not explore in depth the complex relation between placebo and complementary medicine.

Complementary Medicine is aimed at alternative practitioners, lay people, some of whom are potential “participants” in placebo controlled trials of complementary treatments, and orthodox physicians. The authors review studies of the main modalities of complementary medicine, focusing on the effectiveness of individual treatments. Phil Richardson's chapter evaluating the placebo effect is especially incisive. The authors maintain a balanced perspective throughout and argue for a fusion of attitudes between orthodox and complementary practitioners for the purpose of jointly carrying out randomised controlled studies of the effectiveness of complementary therapies, if possible to Popperian standards of scientific rigour.

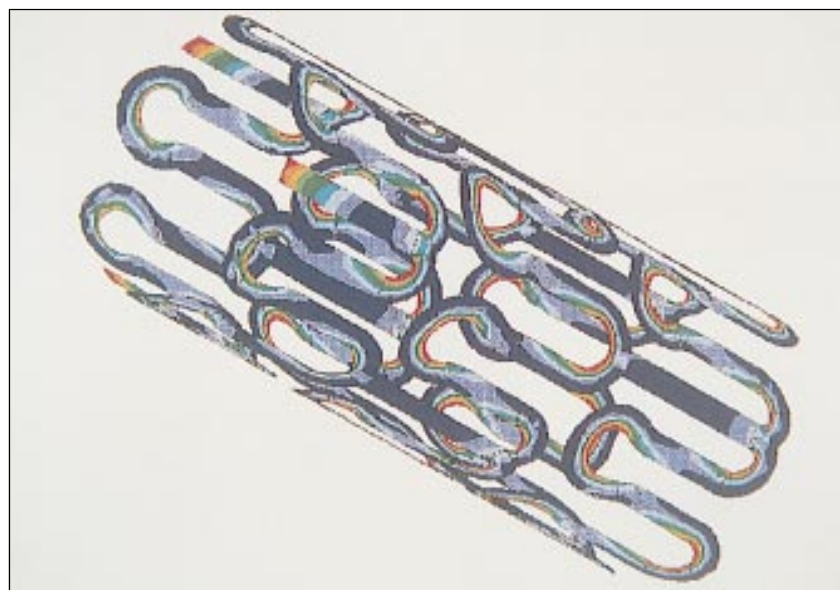
The problem with observational evidence for the effectiveness of complementary methods lies with four key factors. Firstly, some people who seek complementary care have lost confidence in orthodox medicine, expect a positive outcome from complementary treatments, and so experience a strong placebo benefit. Secondly, the overreporting of symptoms before, and underreporting after, any treatment introduces systematic bias. Thirdly, most complementary practitioners tailor their multifaceted treatments to individuals, thereby undermining the standardisation of treatment. Lastly, measuring many subjective outcomes, some of which are surrogates, increases the likelihood of detecting a statistically significant but spurious benefit from treatment. The need for randomised, double blind, controlled studies, as far as possible with objective outcomes, is

clear. In some settings a “no treatment” control is crucially important.

The authors explore the lack of credibility of treatments such as homoeopathy among bioscientists and orthodox physicians. They examine two recent reviews of homoeopathy trials, noting that some trials compared homoeopathy with placebo and others with a standard treatment, and that many different diseases were reviewed together. Meta-analysis cannot resolve such lack of homogeneity, so a large, double blind, randomised controlled trial is the compelling answer. Is such a study worth while? The authors believe so, but difficulties remain. I think a homoeopathy trial should contain both an “inactive placebo” group and a “no treatment” group. No such study has been published.

The few audits of injury from complementary medicine suggest that severe complications are mainly associated with acupuncture (such as pneumothorax and systemic infection) and manipulation (such as vertebral artery dissection). Reports on reactions to herbalism mostly describe contamination of herbal mixtures by toxic heavy metals. The public and professionals handle herbal medicines much less carefully than they do orthodox drugs.

We need much more, and better, information on the adverse reactions to complementary treatments. We can obtain evidence from randomised controlled trials of their effectiveness compared with no treatment, with appropriate placebo, and with standard orthodox treatment. Without reliable information, we cannot decide which alternative treatments are both effective and reasonably safe.
Vernon Oh, professor, Department of Medicine,
National University Hospital, Singapore
Ratings: ★★, ★★★



Details of ACS Multilink stent developed “to ensure ideal expansion, structural integrity and long term durability.” From *Handbook of Coronary Stents* (Martin Dunitz, £39.95, ISBN 1 85317 357 6) which offers a choice of 17 different stents, with technical details, indications, advantages and disadvantages.