

reviews

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Cure: A darkly humorous look at life on the edge

IOU Theatre Company

Viaduct Theatre, Halifax, 23 November to 2 December (for dates in 2001 email iou@globalnet.co.uk)

The unmistakable odour of disinfectant mingles with the chill night air as we descend into the subterranean vaults of the theatre. Smell is the first of our senses to be awakened and stirred during *Cure*, a new large scale event from one of Britain's most distinctive theatre companies.

During the past 24 years IOU's work has been characterised by its stunning visual imagery, mechanical inventions, and theatrical ingenuity. This production, which explores the universal concepts of illness and cure, draws on personal experience and a series of development projects in which IOU worked with artists, hospital patients, and staff throughout the United Kingdom.

At the Royal London Hospital IOU used workshops—in which patients were asked to describe their illness as an object or situation rather than as symptoms or emotions—to help explore visualisations of illness. In Glasgow IOU collaborated with Scottish based artists to explore ideas for props and movement. In Fleetwood, Lancashire, the company worked with performance students to help them create their own site specific show on the beach. Each project produced ideas for the props, costumes, music, movements, and events that have fed into the creation of *Cure*.

The production leads us on a journey through a series of theatrical environments that take a visually delightful and darkly humorous look at the art of medicine.

After meeting a gigantic inflatable leech—part blood sucker, part bouncy castle—we are plunged into the world of the patient, each of us becoming temporary outpatients as we wander through the wards of this improbable infirmary created in IOU's inimitable style. The production is full of strange curative contraptions and unorthodox therapies—from patients spinning in strip light solariums to fairground shooting galleries manned by vendors wearing eye



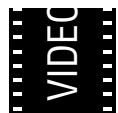
Cure: spellbinding medicine

patches. All this is linked by a haunting soundscape of music and song delivered by dishevelled musicians clad in dressing gowns. We empathise with and are entertained by the experiences of the hapless patients of this hospital as we hold the talking colostomy bags close to our ears.

Emerging from this bedlam into the final ward, we are treated to an angelic visitation: two Florence Nightingale lookalikes appear, hitch up their black velvet robes to reveal platform shoes complete with propellers, and sprinkle glitter into the air which is wafted around the bed like an aura of stars.

This is IOU at its best. I don't know if it is a cure, but it is spellbinding medicine.

Joan Beadle senior lecturer in fine arts, Manchester Metropolitan University



The Testimony Archive

National Life Story Collection, British Library National Sound Archive, London NW1 2DB

24 minute video also available from Mental Health Media

When we think of history, we tend to think about books, documents, and museums, but the National Life Story Collection at the British Library National Sound Archive proposes that history is all around us. It is in our own families and communities, particularly in the living memories and experiences of older people.

Established in 1987 to record first hand experiences of as wide a cross section of present day society as possible, the National Life Story Collection has now added video recordings of the reminiscences of 50 former inmates of psychiatric asylums who experienced long admissions between 1925 and 1985. Excerpts of these reminiscences were shown to press and public at last week's

launch of this museum of the mind, when the collection was officially added to the British Library's 300 km of shelving.

The stories were particularly poignant as nearly all the asylums described by their survivors have now closed or been pulled down, leaving this episode in the history of psychiatry at risk of being forgotten and undocumented, particularly from the patient's standpoint.

As the accounts of harrowing treatment by staff echoed around the British Library conference centre, I found myself sinking lower and lower into my seat in the hope that no one would realise that I, apparently the only psychiatrist and doctor present, was there. The Maudsley, where I work, even got a less than flattering mention. The interviewers, who teased out the accounts of life in asylums, were themselves past or current users of mental health services, and so some strict medical historians could argue that, as a complete historical record, the Testimony Archive suffers from a slight bias.

While many doctors and nurses working in these asylums seemed from these accounts to be unfeeling and cruel, the conditions they themselves were placed under received little examination. It is true that

doctors might see patients and review them rarely in these old institutions, leading to admissions that could last decades. Yet if there were only a small number of poorly trained staff struggling in difficult conditions to care for hundreds of patients, it would not be them, but management, government policy, or funding that would be to blame.

Also it was clear from the videos that many patients were admitted inappropriately by their own families for underage sex or for giving birth out of wedlock. So these institutions were receptacles for people that society—not just psychiatrists patrolling the streets mopping up outliers—wanted to lock away.

Doctors publish their own journals and books, whereas patients usually do not have access to such methods of recording and disseminating their own perspective on what we do; hence the necessity and value of resources like the Testimony Archive. Over 200 hours of these oral histories will now be available for academics and the public for study in the future and, most importantly (because asylums might yet again be rebuilt), in order not to forget.

Raj Persaud consultant psychiatrist, Maudsley Hospital, London

Rosalyn Yalow, Nobel Laureate: Her Life and Work in Medicine

Eugene Straus



Perseus Books, £11, pp 277
ISBN 0 7382 0263 0

Rating: ★★★

When I first opened *Rosalyn Yalow, Nobel Laureate* I took it into the bath, and then to bed. It's been a long time since I've found myself doing this with a book, since intimacy usually takes time to evolve. But this reading experience was different. If not love at first sight, it was certainly fascination.

I had never heard of Yalow, but within a couple of pages I not only began to feel as if I had actually met her in person, and I found myself wanting to arrange a quick visit to New York next time I was due to cross the Atlantic. I didn't exactly warm to her as a person, and I think she is probably something of a brilliant ogre, but Eugene Straus is so enthusiastic about her life and passion for science that I would relish a meeting.

Yalow is the grande dame of radioimmunoassay techniques and is particularly known for her work on insulin and diabetes. Her life's theme is one of struggle. She struggled to get into science in the first place, struggled to get taken seriously as a Jew and a woman in science, and then struggled to be rewarded with the ultimate trophy, the Nobel prize. My only criticism of Straus's account is that he is in danger of labouring this point.

Yalow wanted it all—husband, children, and career—in an era when most women didn't even consider it desirable. She achieved all three goals, although, judging

by the somewhat cool undertones hinted at in the interviews with her son and daughter, it becomes apparent that her love of science may well have surpassed her love for her children. Straus says she was devoted to her two life partners—Solomon Berson, her collaborator and laboratory partner, and Aaron, her husband. Arguably, Aaron played second fiddle to Berson.

I found Straus's style so engaging that I was reminded of the days when stories of exciting scientific breakthroughs had me flirting with the idea of becoming a pure scientist myself. That is, until a brief fling in a biotechnology laboratory rapidly disabused me of such a notion. Such was my impatience with sterile plates and slow growing yeast cultures, and my more immediate desire to chat with my colleagues, that I applied for medical school instead. At one point Yalow considered doing the same, but I suspect she wouldn't have been nearly as fulfilled as she obviously was as a scientist had she pursued that path.

Abi Berger *BMJ*

The Multi-Agency Approach to Domestic Violence: New Opportunities, Old Challenges

Eds Nicola Harwin, Gill Hague, Ellen Malos



Whiting and Birch, £16.95,
pp 292
ISBN 1 86177 003 0

Rating: ★★★

First, try this. Think of a woman you know whose male partner is violent to her. Then consider the complexities that the woman faces when she tries to get help. It may be crucial to her success in escaping violence (or even surviving it) that the local housing department, police, health services, and other agencies from whom she seeks support work together effectively. As Harwin points out in her own chapter, the charity Women's Aid forged links with other organisations more than 25 years ago so this approach is not new, but the formalising of it through recent government directives has brought new opportunities and old challenges. By the way, if you think you don't know an abused woman, you're almost certainly wrong.

Anyone who has ever participated in a multiagency forum will be familiar with the tensions arising from a disparate group of people trying to work together. Domestic violence is an issue where power and control by men over women is at the very core. Many

of the contributors to this book draw a parallel between this and the problem of differences in structural power that may exist between participants in multiagency groups. As a result, the voices of activists or survivors of violence are often not heard. For some authors, their work with the police has posed particular problems and the police service (or force?) is seen to represent a male dominated, powerful hierarchy that promotes less, not more, local democracy.

There is a fair amount of overlap between chapters, with several descriptions of models of multiagency working in Britain and internationally, incorporating similar critiques of this approach. This is not a book for anyone just starting to consider the issue of domestic violence but rather for those already concerned with it who are trying to engage with agencies outside their own. Research undertaken by several of the authors has shown that, at present, health professionals rarely participate in domestic violence forums. Perhaps not surprisingly, therefore, the editors were unable to commission a chapter on health related issues. However, several recent publications from the Department of Health (including their resource manual issued in March 2000) make it clear that domestic violence is an issue that health services must now consider because of its serious health consequences, so perhaps this lack of interest will change.

All of which brings us back to the main theme of several of the chapters—the issue of whose agenda is being pursued in the multiagency approach. Is it just a smoke-screen for lack of action and a reduction in resources for abused women? And is it actually any easier for an abused woman to get help than it was 10 years ago?

Jo Richardson *general practitioner, East London*

Hit parade



These articles scored the most hits on the *BMJ's* website in the week of publication

OCTOBER

- 1 **Recent advances: Rheumatology**
2000;321:882-5
12 300 hits
- 2 **ABC of colorectal cancer: Screening**
2000;321:1004-6
10 775 hits
- 3 **ABC of colorectal cancer: Molecular basis for risk factors**
2000;321:886-9
8817 hits
- 4 **ABC of colorectal cancer: The role of primary care**
2000;321:1068-70
7572 hits
- 5 **Science, medicine, and the future: Susceptibility to infection**
2000;321:1061-5
7177 hits
- 6 **Regular review: Medical management of osteoarthritis**
2000;321:936-40
6447 hits
- 7 **ABC of colorectal cancer: The role of clinical genetics in management**
2000;321:943-6
5957 hits
- 8 **10-minute consultation: Menorrhagia**
2000;321:935
5955 hits
- 9 **Lesson of the week: Cholesterol emboli syndrome**
2000;321:1065-7
5093 hits
- 10 **Clinical governance in primary care: Knowledge and information for clinical governance**
2000;321:871-4
5089 hits



Fergie and parents' diet dilemmas

Sarah Ferguson, the Duchess of York, was slated in the tabloid press last week for playing "diet games" with her two daughters. On 26 November the *Sunday Mirror* led with the story that "self-confessed binge eater Fergie has admitted making Beatrice, 12, and Eugenie, 10, diet conscious after a summer of too many sodas, cookies and pizza." Statements of condemnation from "health experts" followed.

On Monday the story was reshaped in all the other tabloids, including the *Daily Mail*, which ran with the headline: "Fergie: how I teach the little princesses to calorie count." More condemnation followed. It also featured on the BBC's television news that day, with nutritional experts giving their opinion and adding to the dilemma of what parents are supposed to tell their children about healthy eating.

Childhood obesity is rising (affecting 15% of children at the last estimate in September) but so is the prevalence of the eating disorders anorexia and bulimia nervosa. Could telling children about the dangers of eating too many calories and fat—as Fergie was alleged to have done—be predisposing them to eating disorders?

The story came from the uncorrected proof of a book Sarah Ferguson has written called *Reinventing Yourself with the Duchess of York*, due to be published in January and only in the United States. It is sponsored by Weight Watchers, a slimming organisation that has the duchess as its US ambassador.

Rick Hewett, the reporter who broke the story, is the *Sunday Mirror's* showbusiness writer. He received a copy of the draft from a "source" and, after digging through all nine chapters for a possible story, was soon on the telephone to the Eating Disorders Association for some juicy quotes. It is the association's policy never to criticise individuals, and Steve Bloomfield, the association's spokesperson who would never classify himself a health expert, could comment only in general terms.

So what does the book say? I was faxed some of it by the Duchess of York's US spokesperson, Gerry Casanova, who told me that this mountain out of a molehill came from a few sentences buried in the fifth chapter: "I use the knowledge and skills that I use daily to control my weight, to teach and nurture my daughters. . . . Beatrice and Eugenie and I began talking about their need to be more aware of nutrition. After a summer of too many sodas, cookies and pizza, they were more than eager to join me in a healthy, balanced diet." Note the absence of any mention of "diet games" or "calorie counting" but rather exactly what the British Nutrition Foundation, the Food Commission, and the Eating Disorders Association recommend.

There might be some reference to "calorie counting" and "diet games" in the chapters I wasn't sent, but it is not Weight Watchers' policy simply to count calories. Instead, they use a point system based on



The Yorks: not counting calories

saturated fat levels in addition to calorie content. Sarah Ferguson issued a press release to say she was adamant that she had never put her daughters on a diet, but she said she did believe that "parents can serve as healthy role models to their children, which is why she openly discusses the principles of healthy eating and fitness with her daughters."

The duchess's book is all about how to build self esteem. Her lack of it led her to binge eating. The press has always had a field day with celebrities who have admitted to an eating disorder—from Princess Diana to Elton John—and their confessions have been snapped up and hyped up with great glee. Last year, although not admitting to having an eating disorder, "Posh Spice" Victoria Beckham came under ferocious attack from the media for being "too thin." The assault was so vicious that the Eating Disorders Association put out a statement that "media harassment is not only dismissive of the serious nature of eating disorders, it can also exacerbate feelings of isolation and lack of control over one's life."

Anorexia and bulimia are serious. They are not just a passing teenage phase. Half of cases become chronic, and eating disorders are the biggest cause of death of all psychiatric illnesses. In many cases they are a symptom of underlying problems.

So how should parents handle the dilemma of obesity and eating disorders when dealing with children's diet? Steve Bloomfield says, "Children should receive unconditional love for who and what they are rather than what they might be after counting the calories."

Rhona MacDonald *BMJ*

Correction

In the issue of 25 November (p 1356), website of the week incorrectly attributed a series of articles on jet lag to the Aerospace Medical Association. They were in fact commissioned by British Airways and are available on the company's website at www.britishairways.com/health/docs/jet_lag/index.shtml.



WEBSITE OF THE WEEK

Drugs for Alzheimer's disease Searching on the internet for impartial professional information about drugs to treat Alzheimer's disease, indeed any drugs, can be tricky. Key in "Alzheimer's," and you are confronted with 286 000 pages (and rapidly rising). Key in the drug name, even the generic name, and you have to dissociate the information from drug company advertising and sponsorship. With a fairly new drug such as galantamine hydrobromide—the subject of a paper in this week's *BMJ* (p 1445) and a drug not yet listed in the *British National Formulary*—there is the additional difficulty of spelling. Is it galantamine (the recommended international non-proprietary spelling) or galanthamine? Searching with each brings up a different set of results, many of which are pages posted by users' carers and relatives desperately seeking a cure.

The Alzheimer Research Forum (www.alzforum.org), a non-profit making site set up to serve the scientific and clinical research community, is an excellent source of information on new drugs, and it states clearly that it does not endorse any medical product or treatment. It lists all treatments in clinical trials and clicking on them expands the information available, bringing up, for example, abstracts of published research. As well as online forums, it offers three categories of search for three kinds of user—researchers, primary care doctors, and members of the public. There are also useful links to "Alzheimer associations," specialist treatment centres, and support groups.

For more anecdotal information about drugs of natural origin, visit the lively and colourful site of Natural Land (www.naturalland.com). It was here that I learned about galantamine's apparent discovery in a field of wild Caucasian snowdrops. According to legend, a Bulgarian pharmacologist discovered the drug in the early 1950s after one of his students said the people in her village rubbed snowdrops on their forehead to ease nerve pain.

Trevor Jackson
BMJ
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PERSONAL VIEW

Charity Spice

The message from Breast Cancer Care was intriguing: "Please phone—we have something exciting to tell you. The "something exciting" was that Geri Halliwell, aka Ginger Spice, had decided to give the proceeds of her autobiography to Breast Cancer Care. The charity wanted me to introduce Geri at the Glasgow book signing. After some persuasion I agreed.

The evening before the book signing I was contacted by the *Daily Record*. The paper wanted to know who the youngest woman in Scotland with breast cancer was, and asked whether I could find her because Geri wanted to meet her. I made it clear that I did not think it appropriate to expose patients to the press without giving them time to consider whether they wanted press exposure, and I thought that it would be easier, as the book signing was in Glasgow, to get a patient from Glasgow.

I arrived at the stage door as requested and was led down a darkened corridor to wait outside Geri's dressing room. With the people from Breast Cancer Care I went through what I was going to say. Everybody seemed nervous, and I was asked if I was nervous too. They seemed rather surprised when I said I was not. The only time I feel nervous when I give a talk these days is when there are a lot of my close friends in the audience. It was unlikely that any of the 500 people there for the book signing would know who I was or would ever see me again, and anyway they were there to see Geri, not me.

A message came through about five minutes before we were due to go down to the stage to say that a young patient from Glasgow with breast cancer had been found. The problem was that time was tight, and with Geri going down to Manchester later that same day it was down to Jonathan, the public relations man who was running the show, to decide whether Geri had time to see her. Having watched the one o'clock news to check that she had been featured, Jonathan and Geri came out of the dressing room. She was a lot smaller than I expected. We went to the area behind the stage to be fitted with microphones. There were only two of these, which I presumed were for the two speakers—me and Geri. I presumed wrongly—Jonathan claimed one and Geri got the other.

If you would like to submit a personal view please send no more than 850 words to the Editor, BMJ, BMA House, Tavistock Square, London WC1H 9JR or email editor@bmj.com

I went on stage and did my five to 10 minute talk. The audience comprised mainly teenagers, and their reaction surprised me. They listened intently to what I had to say, and it was only when I introduced Geri that they made any noise and got off their seats.

Geri came on and put across some very positive messages about breast awareness and breast cancer. She then told everybody why she had written her autobiography at the tender age of 28. She wasn't always smooth in her delivery, but she came across as honest and as having a real understanding of exactly what the charity did.

Then came the question and answer session, as Jonathan called it. This was where his microphone came in useful as he pointed to somebody in the audience and asked for the next question. The questions were predictable and the answers politically correct. No criticisms of other Spice Girls here.

Then Geri dutifully signed each book while I had a chat with Geri's makeup artist, who surprised me by knowing in detail what Breast Cancer Care provided and the important role the charity fulfils. Time moved on, Jonathan was becoming nervous, and I said goodbye to Geri and headed back to reality.

Three things made my trip worthwhile. Firstly, I believe that Geri understands the charity's role and supports the charity because she thinks it does a worthwhile job; secondly, other members of her team had in-depth knowledge about what the charity does; and, thirdly, a member of the audience came up to me as Geri was signing books and said what a spectacular job he thought doctors did for patients with cancer.

Charities like Breast Cancer Care need Geri a lot more than Geri needs them. The sort of money that will be raised through the book will allow the charity to expand its role. We need more celebrities to put back into society some of what they take out. Geri's comments about breast cancer are also much more likely to get through to the sort of audience she was addressing than the health education leaflets we produce.

In the most recent photograph I saw of Geri she had dyed her hair blonde, so perhaps she can no longer lay claim to the title "Ginger Spice." Perhaps after her support for Breast Cancer Care she should be known as "Charity Spice."

Mike Dixon consultant breast surgeon, Edinburgh

SOUNDINGS

Auntz

Auntie Lily had situational dementia. A large lady, she came to live with us after her third stroke, and as my parents were dead she immediately assumed responsibility for my spiritual welfare.

All week she would sit cackling maniacally by the fire, immovable in black skirts just insufficiently voluminous to prevent erythema ab igne, but come Sunday morning a miracle would occur. She would arise like a massive billowing dark Lazarus, filled with a fanatical zeal to ensure that I attended church. Her Christianity was of that peculiarly Northern Ireland brand: whenever two or three are gathered together in my name some other poor bastard is going to get a good kicking. Salmon Rushdie and I, we understand fatwas.

So from 8 am Auntie Lily would be tugging at my bedclothes with surprising strength and tenacity for someone who midweek couldn't lift a teacup. By the time of the last service, if I was still in situ, she'd be spinning around in a frenzy.

I tolerated this ritual as a kind of tough love, because Auntie Lily had reason to be fond of me. Another auntie, Auntie Beattie (not a blood relation), was given to boasting about her big babies; all eight were over 10 pounds at birth. This was perceived as a jibe at the lack of fecundity of my blood aunts, none of whom had children, only a few of whom were married, and all of whom were virgins. It's impossible to have sex while kneeling in church, which for my aunts was a 24 hour commitment.

One day at dinner, Auntie Beattie was telling everybody for the cajillionth time how the obstetrician said, "You've done it again, Mrs Boyle," when she delivered her 10th baby, apparently as big as a hippo.

But by this time I had become a doctor and had rocketed from being an insignificant guttersnipe to the next best thing to the Pope.

"There's a bit of diabetes in your family, isn't there?" I inquired, in the style of Emile Zola. "Could be why all your babies were such whoppers. J'accuse."

There was immediate uproar; my blood aunts were jumping up and down with excitement, while Auntie Beattie was incandescent with outrage that these highlights of an otherwise implacably mundane life could be so glibly dismissed as merely the consequence of a family delicacy. Order was eventually restored by the old "I've got a gun" trick, but the seed of doubt had been planted, and we never heard those gargantuan baby stories ever again.

Liam Farrell general practitioner, Crossmaglen, County Armagh

We need more celebrities to put back into society some of what they take out

She came across as honest and as having a real understanding of exactly what the charity did