

**Battle toll**

Military stress and performance. The Australian Defence Force experience. George E Kearney, Mark Creamer, Ric Marshall, Anne Goyne. Melbourne: Melbourne University Press, 2003 (xv + 278 pp, \$34.95). ISBN 0 522 85054 5.

IT IS WISE FOR THE Australian Defence Forces to pay attention to the consequences of stress in military service. In World War II, psychiatric disorder was by far the most frequent cause of discharge from the services. There was a time when the immediate stress of battle was the essential consideration, but the authors recognise that there may be significant problems before going away and on returning, and that activities such as “peace keeping” can confront those taking part in them with quite horrible experiences. It took a long time before it was accepted that all human beings have their limits. General Alexander urged the return of the firing squad for “cowardice” in World War II, but wisdom prevailed.

Twenty-one authors contributed chapters to this book. Many have military and academic associations and all except one, who was a captain of frigates, are psychologists. With some six hundred references in the bibliography I sometimes felt that I was reading a review of the literature, rather than a combination of experience and science.

The scope of the information is very wide, and anyone with an interest in this area — or with the need to have an interest — should buy the book.

Having said that, I do have some criticisms. There is a heavy emphasis on post traumatic stress disorder (PTSD). In past wars distress presented with somatic rather than psychological symptoms, and this is happening again with Gulf War syndrome. The management of PTSD is considered at length without a mention of current literature which shows that selective serotonin reuptake inhibitors can be of marked benefit in some cases. Secondary gain gets a paragraph, but needs much more emphasis. During the invasion of North Africa in World War II, epidemics of tremor in riflemen and pilots — badly handled — provided such a flood of casualties that for a while the strength of the United States Forces shrank.

Professor Kearney (Colonel Commandant of the Australian Army Psychology Corps) provides a useful history of military stress at the end of the book, but most chapters leave the reader with the impression that all the useful learning on the topic has been recent. One statistic is relevant: the rate of discharge for psychiatric disorder in the United States Forces in Vietnam was one seventeenth that of the rate in World War II — because of preventive programs that were introduced. Perhaps some gains had been made in the interval. The first Australian example of the modern treatment of military stress was that of Lieutenant Colonel Alex Sinclair of the Royal Australian Medical Corps in Tobruk in World War II. The contribution of the Medical Corps, past and present, scarcely gets a mention.

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**Is whiplash real?**

Whiplash and other useful illnesses. Andrew Malleison. Montreal: McGill-Queen's University Press, 2002 (viii + 527 pp, \$69.95). ISBN 0 773 52333 2.

ANDREW MALLEISON IS a septuagenarian Canadian psychiatrist, recently retired from years of giving medicolegal opinions and reviewing sufferers of whiplash. His Herculean task was to complete this laboriously researched book — an eye opener, presented in a most readable and interesting manner. It is as unique in style and presentation as the subject is controversial.

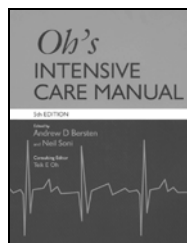
That Malleison has a view against the organicity of whiplash is manifestly clear throughout this excellent book, and his experiences and attitudes permeate chapter after chapter. He offers many well presented arguments towards his conviction that whiplash is a fabricated illness, propagated by the legal, and other, systems. We are left with little doubt that he is probably right. He does not acknowledge much evidence for whiplash (perhaps there is none); the little presented is refuted completely, with little respect.

The book is organised into several parts, with eccentric title chapters such as: *Whiplash: head injury or legal headache; Lawyers, junk science and chicanery; and Copycats and fashionable illnesses*. The information presented does not always flow in a logical fashion. It is extensively referenced, and detailed annotated notes are provided in a separate chapter. This causes some difficulty in crosschecking. At the end of the day, these minor points make little difference to the appreciation of the powerful message he presents.

Whiplash is highly topical and has many stakeholders in medical, legal and social frameworks. That makes this book of interest to professionals across a range of disciplines. It is highly relevant to every musculoskeletal practice. A number of Australian authors are quoted in this book, as much local research has contributed to the controversy.

At \$69.95, this book is good value for money.

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**New standard in intensive care**

Oh's intensive care manual. 5th edition. Andrew D Bersten, Neil Soni (editors). Edinburgh: Butterworth Heinemann, 2003 (xiii + 1175 pp, \$133.10). ISBN 0 7506 5184 9.

IN AN ERA OF INSTANTANEOUSLY available, Internet-based medical information, why would we buy a textbook? The new editors of *Oh's intensive care manual* address this question in their preface to the fifth edition: it is to provide information which is “weighed and measured” as opposed to “raw and unfiltered”. Weighed, presumably, against the best available

published evidence, and measured against the yardstick of personal experience.

Evolving from a collection of handouts, through a handy "bench book" into an international textbook over 25 years, this new edition is remarkably contemporary, with references from late 2002. How these references were selected is not clear, but the book has never pretended to appeal to evidence-based-medicine (EBM) buffs. It owes its popularity more to its succinct and practical style, with lots of tables, algorithms and definitive statements. We Australian intensivists put our trust in acknowledged experts (with rolled up sleeves) rather than in the distant promises of EBM.

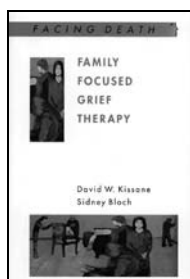
So who are these experts, and should we believe them? Andrew Bersten (Adelaide) and Neil Soni (a long-time émigré to London) are the new editors, and are clinically and academically highly credible in both countries. Their team of contributors (89 in total, 49 of them new to this edition) are drawn from the UK and Australia, giving this edition an international flavour lacking in the past.

There are few completely new chapters, and many of the old ones are much the same, but 40 of the 104 chapters have been extensively rewritten by these new contributors, and this is the main reason why owners of the much-loved fourth edition should invest in the fifth.

For the rest — students, junior or senior medical staff and nurses — if you are ever likely to encounter a patient shocked or unable to breathe, this text remains the definitive guide to diagnosis and management. As Bersten and Soni might say — try doing that with Medline.

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## When grief is a family affair

Family focused grief therapy. David W Kissane, Sidney Bloch. Buckingham: Open University Press, 2002 (xviii + 254 pp, \$39.95). ISBN 0 335 20349 3.

THE MENTAL HEALTH CONSEQUENCES of bereavement have long been recognised. However, the family context of grief has been relatively under-addressed and there is a limited research base to guide

clinical interventions. The authors of this text have internationally recognised expertise in psychotherapy (including family interventions) and palliative care. They both have substantial clinical and academic backgrounds in psychiatry, and have a substantial body of innovative research in Australia into the psychological and psychiatric aspects of oncology and palliative care, including bereavement.

*Family focused grief therapy* provides a scholarly overview of the research and theoretical basis of our current understanding of the impact of bereavement on the family. This work is highly relevant to many areas of healthcare and is particularly innovative in applying preventive approaches involving careful clinical screening and assessment of a family's

functioning and coping. Kissane and Bloch's work identifying high-risk patterns of family interaction is an important and an internationally recognised contribution to this field.

The authors successfully link a research framework and a strong theoretical base with practical clinical interventions to address a problem that frequently challenges clinicians. The provision of detailed clinical vignettes deepens the scope of the book and encompasses the complexities of family life and the realities of clinical practice. The examples are relevant to the broad range of cultural issues for families in the Australian community. The vignettes appropriately and sensitively recognise the multiple problems that many families contend with, but, at the same time, utilise an approach that recognises family resources. By doing so the authors walk an appropriately balanced path between acknowledgment of the significant adverse consequences of grief for families and individuals, and the resilience of many families. Underpinning this is the philosophy that family functioning and coping can be enhanced to protect the individuals who comprise the family, and that there are patterns of family functioning that can hinder recovery from bereavement.

As a whole, the book demonstrates the relevance and importance of mental health approaches to this very broad area of healthcare, and the contribution that can be made by bridging the fields of psychotherapy and palliative care. While the book would be of particular interest to professionals working in oncology and palliative care, the research methods, the nature of the intervention, and the understanding that this work brings to family work, are likely to be of interest to a very broad range of clinicians. By bringing research into clinical practice, the authors have made a major contribution to this field.

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