



Ambitious guide to diagnostic tests

Pocket guide to diagnostic tests. Australian edition. Robert Dunstan, Diana Nicol, Stephen J McPhee, et al (editors). Sydney: McGraw-Hill, 2003 (viii + 488 pp, \$49.95). ISBN 0 074 710362.

THE CONCEPT OF A POCKET GUIDE to assist clinicians in their choice of diagnostic tests is an excellent one — unfortunately, here, the authors have set themselves too ambitious a task. If they had limited themselves to *common* laboratory tests for *common* diseases they would have fulfilled their intent.

This edition is described as “adapted for the Australasian market”, but the adaptation is not comprehensive and the manual remains very North American in its perspective.

The quality of the information varies widely. The chapter on basic principles and interpretation of test results provides extremely useful sections on patient preparation, specimen collection and interfering factors, but much of the remainder of the chapter is too detailed and technical to be of real use to busy clinicians.

Many of the “common bedside laboratory procedures” described are not easily performed at the bedside (eg, the Gram stain for microbiological assessments and Wright stain for examination of the peripheral blood smears), while common procedures such as measuring blood glucose, cholesterol, and haemoglobin levels are not mentioned. Many of the examples of “commonly used laboratory tests” are not common, and to label them as such is misleading and may lead to overordering. Several of the references in the “Comments” column are too old to be useful. Some date as far back as 1967, and many are from the 1980s. All references to blood banking quote the 13th edition of the *Technical manual of the American blood banks*, whereas the 14th edition is the current benchmark. However, while there are many drawbacks in these chapters, many of the tests, together with the interpretation and comments, are well presented and could be useful for reference purposes.

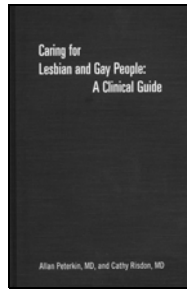
The excellent introduction to therapeutic drug monitoring is clear and contains all the requisite information, including half-life and dosage adjustments.

The chapter on medical imaging has some helpful introductory comments, but contains insufficient information to be of real value. For instance, indications for CT scan of the brain are restricted to intracranial or subdural haemorrhage, and there is no mention of space-occupying lesions, thrombotic events or hydrocephalus. The chapter on basic electrocardiography is more comprehensive and useful. It could be the basis for an excellent small pocket guide in its own right.

The final chapter provides algorithms, nomograms and tables and is a mixture of useful and less useful facts, figures, interpretations and recommendations. The layout is fussy and difficult to negotiate. In summary, this book cannot be recommended as a quick, reliable and easily portable reference for investigating clinical problems in the Australian setting.

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Special health care for gays and lesbians: a queer idea?

Caring for lesbian and gay people: a clinical guide. Allan Peterkin, Cathy Risdon. Toronto: University of Toronto Press, 2003 (xii + 378 pp, \$128.40). ISBN 0 8020 4857 9.

ONE OF THE UNINTENDED consequences of the gay liberation movement of the seventies and beyond has been the myth that lesbians and gays are “bullet-proof”. Evelyn Hooker’s¹ work from the 1950s is often misinterpreted to suggest that lesbians and gays are *so* mentally and physically robust that the effects of childhood parental disapproval, adolescent social exclusion and a lifetime of discrimination and victimisation just “bounce off”. This was meant to leave us just as healthy as members of the advantaged mainstream. The notion of the “pink dollar” — which implies that all gay men (and, to a lesser extent, lesbians), despite widespread discrimination at work, are rich urban professionals with expensive cars — is another facet of this mythology.

Peterkin is a psychiatrist and Risdon a family physician (an unfortunate term alienating to many gays and lesbians). They are part of a welcome movement that is dismantling this myth and recognising that lesbian, gay, bisexual and transgendered people, like members of other persecuted groups, may require special consideration in redressing the health consequences of social disadvantage.

Their book is clinically practical, well researched and a reliable guidebook for the primary health care practitioner. It is inclusive of the issues of people who are multiply disadvantaged, although it betrays its North American origins in the section focusing specifically on the concerns of gay and lesbian Native Americans. This is only partially applicable to the care of gay Indigenous Australians.

Bisexuals might find the book’s title exclusive. The authors could also be criticised for uncritically accepting an “identity” view of sexual diversity that ignores the last 20 years of academic writing on “queer theory”, and the social construction of homosexuality. Its main purpose, however, is as a desktop guide for clinicians, which it does very well.

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1. Dr Evelyn Hooker was an American psychiatrist who published the first empirical research to challenge the then prevailing psychiatric assumption that homosexuality was a mental illness. Her groundbreaking work ultimately led to the removal of “homosexuality” from the *Diagnostic and Statistical Manual of Mental Disorders*. □

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