

## Gwendolyn Ruth Nash MB BS, FRANZCP

GWEN NASH was born in Cairo, Egypt, in 1904, of missionary parents. After World War I the family migrated to Sydney and Gwen studied medicine at Sydney University, where she was one of only seven women in a class of 56. After graduation, she worked at Prince Alfred Hospital, Crown Street Women's Hospital and the Children's Hospital. In 1932 she enrolled at the Melbourne Bible Institute, where she met her husband, Laurence Nash. When they were married in 1933 she followed him to Hong Kong, where she became Director of Women's Medical Services.

Gwen returned to Australia at the outbreak of World War II when her husband joined the Royal Australian Navy. During the war Gwen raised three children and continued working in general practice in East Melbourne and at the Freemasons and Queen Victoria hospitals.

In 1944 the family moved to Hobart. Gwen worked as a government medical officer, as well as giving regular religious devotional talks for the ABC (the "token woman", she said).

It was when the family moved to Melbourne, in 1952, that Gwen started training in psychiatry at Royal Park Psychiatric



Hospital under the tutelage of Dr John Cade. She subsequently worked as a psychiatrist at the Alexandria and Malvern clinics and resumed her religious broadcasting.

In 1965, after Laurence died suddenly, she moved to Armadale, Victoria. She worked for the Victorian Health Department, including a year as Superintendent of Ararat Psychiatric Hospital and, after this, set up in private practice as a psychiatrist. She served on the Anglican diocese as honorary psychiatrist on the Diocesan Selection Board. Gwen enjoyed retirement in Glen Iris, until a fall resulted in a broken hip. From then she slowly deteriorated and in January 2000 moved to a nursing home, where she died on 4 September 2001, aged nearly 97.

Gwen's passions were the well being of her patients, her Christian faith, her family, and a wide circle of friends in Australia and overseas. She was deeply concerned that women have the opportunity to be educated, to have careers and to value their own experience, and she mentored many women professionally and privately. She leaves behind many people whose lives have been enriched by her generosity and her steadfast faith.

**Felicity Brown, Barbara Overbury and Kate Nash**



## BOOK REVIEW

### Impairment bible

**Guides to the evaluation of permanent impairment. 5th edition.** Linda Cocchiarella, Gunnar B J Andersson (editors). Chicago, ILL: American Medical Association Press, 2001 (xxii + 613 pp, \$308). ISBN 1 57947 085 8.

THE MOST VISIBLE CHANGES in the 5th edition of the American Medical Association's *Guides to the evaluation of permanent impairment* are size and price, with each more than doubled. If your need is for a reliable methodology for the quantification of human impairments, this is the book to buy. Those hoping for a scientifically valid, evidence-based guide to impairment assessment will remain disappointed, for, although this edition is up to date with references, impairment assessment is still an area where prevailing medical opinion exceeds available evidence.

In keeping with its original purpose, this publication is primarily a tool for the quantification of impairments for legal purposes. It is intended to satisfy the needs of compensation systems, mainly in North America, but increasingly in other countries also, including Australia. At last count, the AMA Guides are utilised to some extent, in one edition or another, in about 10 Australian compensation Acts. For these jurisdictions, the AMA Guides are the bibles of the Independent Medical Examiner. This is *not* a

guide for clinical assessment of impairment, nor should it be used as a basis for assessing work capacity.

This edition represents a major revision. Despite its bulk it is more user-friendly than its predecessors. All chapters have been overhauled, with the addition of outlines and overviews; boldfacing of key terms; abundant references and examples; and key terms defined or explained. This accounts for much of the extra volume. There is greater consistency between chapters on each body part or system and, despite diverse authorship, there has clearly been a serious attempt to integrate the philosophy of assessment across the range of impairments and, wherever possible, to underpin it with current scientific thinking. Many chapters contain important alterations to the evaluation process or to the interpretation of data in relation to specific impairments. As a result, assessments under individual legislation will in the future require the examiner to specify which edition of the Guides was used in the evaluation. As some Acts in Australia have specified the 4th edition, examiners will be wise retain their old edition of the Guides!

**Alex Gandora**

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