So you Want to be a Brain Surgeon? A Medical Careers Guide (2nd edition)
Editors: Chris Ward, Simon Eccles

The feisty title should not mislead—this is by no means niche marketing but a panorama of medical career opportunities which could do much to avert professional disillusionment in future. Humour leavens an accessible and intensely informative review of every possible medical career option available in the UK. The training pathways, necessary qualifications and nature of work are outlined comprehensively; relevant statistics are quoted for each specialty, including numbers of posts and proportion of women currently employed. In the tradition of the best consumer guidebooks, symbols are awarded—here to summarize fundamental issues which will concern all likely recruits. Frowning faces represent stress levels on a scale of one to five, and a disconcertingly large number of specialties, including general practice and obstetrics and gynaecology, score highly. A five-dagger score represents seriously competitive careers such as cardiothoracic surgery: few specialties, notably care of the elderly, earn only one. No doubt some practitioners could challenge these rather subjective assessments but they illustrate vividly some highly relevant considerations.

The text is replete with useful information (including salary prospects and contact addresses), and much of the commentary resembles the personal advice of wise and thoughtful mentors. No myth remains unchallenged—paediatricians are not ‘big kids swinging stethoscopes and wearing Disney ties’. Aspiring paediatricians may be cheered by reading that the best aspects of their chosen specialty are its variety, the ‘high cure rate in most areas’ and the availability of flexible training. But they are warned of emotional stress (four frowning faces).

The format is consistent for each specialty, making comparison easy. Perhaps you are looking for an interesting low-stress career which is not overtly competitive? Consider nuclear medicine, but note that there are only 40 posts in the UK. Radiology, where 24% of posts are held by women, is also claimed to be a low-stress specialty, but readers may not entirely believe the author when he claims that the worst thing to happen could be ‘getting barium—or worse—on your suede shoes and dealing with colleagues who know everything’. What about family planning (now known as community gynaecology)? With only 66 posts, 60 of them held by women, this is a rapidly expanding and much needed specialty; surprisingly, both competitiveness and stress score highly. However, many people might find this work more appealing than obstetrics and gynaecology, where the worst aspects of the specialty are said to be nightwork, heavy routine workload and fierce competition for posts. A highly competitive doctor looking for a really fascinating job might actually want to be a brain surgeon. Most people will know that the difference between God and a neurosurgeon is that God does not think he is a neurosurgeon—although the author suggests that many neurosurgeons would ‘see that as one of God’s failings’.

The editors are right in commenting that ‘there would be less regret and disillusion in medicine if doctors had chosen the right career in the first place’. The range of medical career opportunities is probably greater than many graduates appreciate. Medical students and recently qualified doctors are entitled to top-quality career advice, and this book is just that. A canny consumer’s guide to the profession, it should be widely read and consulted by all who are still uncommitted in their medical careers and by those who advise them.

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Contraception in Practice
Editor: Stephen Killick
London: Martin Dunitz, 2000

The approach of Contraception in Practice is refreshingly different from that of existing texts. Instead of covering the methods one-by-one, it selects medical conditions and patient groups and looks at their contraceptive needs and the interaction between disease and method. The book highlights the many benefits of contraceptives, often badly neglected in textbooks. The topics seem to have been chosen somewhat at random, but they are all situations encountered quite often and are therefore relevant to many clinicians. Medical conditions range from cancers to subfertility. Patient groups include those at risk of sexually transmitted infections and couples whom nothing seems to suit. The editor has chosen five chapters of gynaecological orientation, reflecting his own interest. Equally he could have examined physical disability, autoimmune disorders, diabetes, inflammatory bowel disease, haematological disorders, psychiatric disorders or epilepsy—all of which present complex management issues. Anyway, the contributors have been picked because they are leading authorities and the approach is very practical—what you do with the patient in front of you.

Throughout, the diagrams are exceptionally clear and the references are comprehensive. Each chapter ends with two case histories which are well presented and give a sense
of how the guidance can be used in the sometimes confusing world of clinical practice where there seem to be limitless numbers of situations to be faced. Detracting from this is inconsistent editing, with IUICD being used as an abbreviation in some chapters instead of the internationally approved IUD for intrauterine device, and sexually transmitted diseases in some chapters instead of the more up-to-date sexually transmitted infections.

The chapter on arterial disease (chapter 4) seems to me the least satisfactory, and its deficiencies are aggravated by the use of crossheads which I suspect were not proof-read by the editor. Some of these, I think, summarize the publisher’s interpretation of what the authors mean, but in fact have a rather different sense.

The authors of chapter 4 do not quote the MICA study which shows no difference in risk of myocardial infarction for combined oral contraceptive (COC) users taking gestodene or desogestrel pills compared with levonorgestrel formulations. This is not because the book was written before this paper was published since it is cited in the previous chapter. The crosshead announces that ‘COCs containing third generation progestogens may have a lower rate of myocardial infarction’. On stroke, the crosshead states ‘modern low dose COCs do not increase the risk of any kind of stroke in healthy non-smokers’. The consensus summarized by a World Health Organization (WHO) Scientific Group is that the risk of ischaemic stroke is increased 1.5-fold in those without risk factors and more in those with risk factors.

Next, the authors of chapter 4 quote from the WHO publication on medical eligibility criteria for contraceptive methods, reassuring readers that it is safe to prescribe the combined oral contraceptive pill to well-controlled hypertensives. In my view this should be qualified a bit more to read something like ‘young women with uncomplicated mild essential hypertension whose blood pressure is well-controlled by therapy may on occasions be given low-dose combined oral contraception under close specialist supervision’.

Later these authors, who are based in the USA, claim that obesity is not a contraindication to oral contraception. This conflicts with advice in the UK which generally regards a body mass index of 40 and above as an absolute contraindication to the combined pill because obesity is a risk factor for both arterial disease and venous thromboembolism. Finally, it is said that the antidiabetic troglitazone (not available in the UK) increases the metabolism of contraceptive steroids, implying that this agent might cause breakthrough pregnancies. In fact, thiazolidinediones and other antidiabetics have their hypoglycaemic effect antagonized by oral contraceptives but there is no clinically important effect on steroid levels.

Elsewhere the book is well written and informative. Overall I enjoyed it and would recommend in particular the elegant chapter on migraine and the sensibly written chapters on teenagers and those with learning disability.

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