waves of invention' there are 'at least eight frontiers on which we are poised to make further huge advances', suggesting in an 'agenda for practical action' that '10 radical levers can make the vital difference between balance and bankruptcy' requiring family doctors to have 'three kinds of capability at their fingertips'. Of these inventions, advances, levers, and capabilities, those that seem to me to show promise are bioscience, information technology, nano-technology, and keeping patients out of hospital. Others are unpersuasive. More prevention (other than immunisation, which is effective) means more iatrogenesis. Changes to research and development to replace the randomised controlled trial with a supposedly Bayesian model called 'learn and confirm' and an 'information infrastructure' that will enable a 'learning system, constantly collecting and sharing information on what works best', will lead us to overestimate the predictive value of biomarkers³ and therefore the effectiveness of interventions. And a 'middle way' for health care between the US market system and the NHS-managed system will make private healthcare providers like financial institutions; profitable for a few and too big to fail.

Le Fanu has two predictions about the future of technology, neither convincing. First, he suggests that many conditions will be found to have infective causes. Secondly, he regards biomedicine as unpromising. Genome Wide Association Studies put everyone in the top 5% of risk for at least one disease and nearly half of all people in the top 1%.⁴ Alleles account for less than 10% of the population variation in risk factors for diabetes and vascular disease.⁵ And the top 1% of the UK population in terms of loci associated with type 2 diabetes have only four times the population risk of developing diabetes.⁴ we can identify people with a 2–6 times the population risk of developing diabetes simply by eliciting a positive family history.⁶ So genetics hasn't led to substantial benefits yet, but it has potential and there's little reason to think it's reached an impasse.

In the present financial crisis I've been exhorted to 'do more with less'. I was pleased to find two examples of this, one from each author. Barker argues that a high turnover of patients increases expertise and lowers unit costs leading to better outcomes for less money. And Le Fanu writes that financial straits in post-war Britain limited the use of streptomycin to the famous randomised controlled trial that showed not only the sensitivity of the

ADDRESS FOR CORRESPONDENCE

Wilfrid Treasure

Whalsay Health Centre, Symbister, Whalsay, Shetland, ZE2 9AE, UK.

E-mail: wilfrid.treasure@nhs.net

tubercle bacillus but more importantly, the organism's subsequent resistance.

At the start of this review I contrasted Le Fanu's doctor with Barker's. I came across one of these two books in a catalogue of new publications, went to a bookshop and bought it for cash. I chanced across the other after taking advantage of Amazon's offer of free Kindle software, clicked on the title and a few seconds later began reading on-screen. I held the paperback in my hand, underlined words and scribbled notes; I sat the e-book on my lap, highlighted text and typed comments. The physical book was '2030' and the e-book was *The Rise and Fall of Modern Medicine*.

Good doctors — like good books — combine the best of the old with the best of the new.

Wilfrid Treasure,

Single-handed salaried GP, Whalsay, Shetland, and Founder of the organisation Against Iatrogenesis. Wilfrid Treasure has written *Diagnosis and Risk Management in Primary Care: words that count, numbers that speak*, foreword by Roger Jones, and a series of articles called 'First Do No Harm' to be published in the *BGJP* in 2012.

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AN HONOURABLE MAN GILLIAN SLOVO

Virago Press, 2012

HB, 352 pp, £9.74, 1844088140

There are three reasons that, for doctors, this is a fascinating book. It provides graphic descriptions of 19th century military medicine, it charts the ease of descent into drug addiction when drugs were readily available, and it demonstrates the power of trusting human relationships even in the most dire of circumstances.

John is a doctor in Victorian London who, in 1884 volunteers to join General Wolseley's expedition to the Sudan to rescue General Gordon. Mary, John's wife, left behind in London, is bored and vulnerable. She has access to his dispensary and gradually succumbs to laudanum addiction. When they meet again, they have both had a brush with death, and discovered new strengths.

The drastic effect of Gordon's unbending belief in heroism, Empire, and Englishness is set against a tender evocation of his relationship with Tom, a servant waif. A recent *BMJ* editorial described 'the unholy mess' created by Lansley's bill: '... the resulting upheaval has been unnecessary, poorly conceived, badly communicated ...'.¹ Slovo's novel highlights political ineptitude in a different age and graphically describes the effects of another poorly conceived and badly communicated campaign. The comparison may be tenuous but it is fascinating.

Lesley Morrison,
GP, Hawick, Scotland.

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ADDRESS FOR CORRESPONDENCE

Lesley Morrison

Teviot Medical Practice, Hawick, TD9 9DT, UK.

E-mail: lesley@ljmorrison.fsnet.co.uk

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