Bernard Knight, 341 pages, Edinburgh, £9.95, Churchill Livingstone, 1987

Medical students traditionally enjoy lectures on forensic medicine but experience shows they retain very little of the content. This is a book on clinical forensic medicine, not on forensic pathology, and it is thoroughly interesting even when dealing with set pieces such as the coroner system and asphyxia.

It deals with the law and the court system in Scotland and Ireland in a separate chapter; others should emulate this simplification.

The first third of the book covers ethical and legal duties - indeed the first few chapters are devoted to ethics (consent highlighted by the Gillick case) and negligence.

There is extended coverage of the Warnock Report in excellent chapters sterilisation and artificial insemination, organ transplantation and embryo research.

The forensic medicine content is sensibly problem-based and covers all the classical 'bloodthirsty' areas under situation headings, viz examination of motor vehicle injuries, sudden natural death, wounding (including firearm injuries). Police surgeons should heed the warnings about death in custody, and the confused area of intoxication and head injury. There are useful asides on solvent abuse, the sexual asphyxias and the distinction between sudden infant death and cot death. There is repeated emphasis throughout the text on express informed consent, but perhaps the attitude towards life insurance reports provided by private medical attendants is not critical enough. Most people who sign the company's blanket consent form have no idea of the material the doctor may be going to reveal.

The book was produced before the GMC/BMA tangle about blood-testing for HIV antibodies, indeed HIV and hepatitis B do not appear in the index. The advent of DNA fingerprinting is likely to revolutionise identification disputes, paternity-testing cases and the production of trace evidence in sexual offences.

Inevitably the chapter on the battered child will need radical revision, post Butler-Schloss. Tabulation where appropriate, is excellent and linedrawings helpful: the rabbinical androgynous picture on page 127 reminded me powerfully of the Turin shroud.

An excellent book targeted at senior

students, junior doctors and general practitioners, inviting them to think about behaviour itself, not just behaviour calculated to avoid official

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Healing and Suffering - The Christian **Paradox**

Paul Feider, 96 pages, London, £2.95, Darton, Longman & Todd, 1988

Fr Paul Feider's book is a most welcome addition to the debate on Christianity and suffering. Although this work appears in Great Britain after first being published in America eight years ago, the topic is an ever-present and seeming contradition; something which is agonised over daily.

The book is subtitled 'The Christian Paradox' and so it must seem to those Christians who regularly minister to the sick. 'Why does God allow this to happen?' is a question we can face daily. Paul Feider here does us all a service by taking us back to the setting of the historical Jesus and the roots of Christian healing. Yet whilst keen on history he is not afraid to promote biblical textual criticism in a most acceptable way. He points out that Iesus is the master psychologist and psychotherapist in that He saw the need to liberate, to set free those who came presenting a physical illness, which then as now, so often had a spiritual need at its root. Jesus saw that healing was needed at the deep level of cause. He did not just deal with the effect.

Fr Feider is similarly most positive when dealing with the personality of Jesus and in this too he displays an intelligent use of biblical texts. He goes on to range over the value of suffering even the value of a personal weakness in keeping us humble before God (one can easily think of St. Paul's 'thorn in the flesh'). The idea of 'faith relationship' is introduced and I find this a most valuable concept, dealing as it does with the expression of Christ's Love made manifest in the sufferer or in the minister or both, to bring about healing. The best place for this faith relationship, Fr Paul tells us, is in a healing community where love and peace create the atmosphere for healing.

I'm sure this is well understood and T applied in the hospice situation, bu how many of us involved in busy major National Health Service (NHS) hospitals would feel that we were in \vec{a} ? healing atmosphere? Would it were sor On this same point, the author speaks of the spiritual minister as being part of the 'healing team' – how constructive in would be if this too were so! Maybe this is a feature of healing institutions in America, but I wonder how many hospital chaplains really feel part of such a team, alongside their medical colleagues?

There is much of importance in this easily read book especially so in the latter pages where Fr Feider tackles the question of non-healing. How often web have to explain carefully that 'being' healed' is not always to be equated withou better' as the 'getting understands this. Even the encounter with Jesus, we are reminded, does not and never has resulted in the removal of all suffering, but promotes liberation freedom from a guilt-ridden past and thereby allows true healing to take place.

At the end of the book is can autobiographical testimony in which the author speaks frankly of the healing power of God's Love in his own He This together with the chapter≤ summaries and the question and discussion points suggested make the book the ideal vehicle for a parishon hospital or fellowship study course. My church bookstall will certainly be this worthwhile∃ stocking verv intelligent and reasonably priced volume.

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The Law Relating to the Health Care **Professions**

PFC Bayliss, 207 pages, Kent, £19.50 soft cover, £24.50 hard cover, 8 Ravenswood Publications, 1987

The myriad statutes and bills relating to the health professions are understood \wp at least in general terms, by those in active practice of their chosen branch Doctors are aware of the existence of the Medical Act and its many up-dating and also of the role and constitution of the General Medical Council. Nurses who have the inclination, and the time and energy, to learn the historical process by which their profession emerged from the Sairey Gamp era into the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, via the Nurses Registration Act of 1919 and the recognition of the General Nursing Council in the Nurses Act of 1957, may feel that it is sufficient to be assured that some central administration exists.

Similarly, other health professionals carrying out their daily duties, may wish to know only that a properly organised system of registration defines their status. For others, particularly patients, and those who represent them in fields such as social work, this excellent book provides essential help, not only because it provides an invaluable list of statutes, bills and their enabling statutory instruments, in chronological order, but because it also gives a detailed account of the many governing councils set up to administer registration and define duties and responsibilities.

The information in the pages devoted to this factual data is preceded by a review of legal, historical and social aspects which is concise, scholarly and entertaining enough to encourage the non-legal-minded reader to explore the remainder of the book.

Issues which have puzzled many people when expounded by cases reported and headlined in the popular press are made so clear by Dr Bayliss that even this reader can now comprehend why a fake doctor, successfully performing operations, can only be convicted of the offence of falsely claiming the title of a registered medical practitioner. As his patients presumably gave permission for him to carve up assorted portions of their bodies, he was not therefore guilty of assault, and in assuming the title of 'doctor', without asserting that he was medically qualified, he broke no law. The assumption that a person, believed to be a 'doctor', in the medical sense, is bound by a superior code, is so universally held that abuse of this relationship is justly abhorred.

The protection for the patient by a strict control of the standards of knowledge and skill to ensure proper performance rests with the registering bodies and the additional requirement of 'acceptable professional conduct' is a duty laid upon the judgement of fellow practitioners. The public must rely upon these bodies to cary out their functions, designed not to protect their members, but the patients who depend upon their skill and integrity.

There will be at any given time a deep, if unvoiced, tide of public opinion on matters which vitally affect the health professions. Opinions on issues such as euthanasia, abortion, communicable disease control, genetic engineering and the donation of organs are formed first in the whole body politic, the law only follows opinions when they are refined and articulated. The complexity of modern medical technology, the daily interventions in the natural process of death, which postpone death by prolonging a state of living - not always the same by any means as an active life - has resulted in great confusion in society as a whole upon ethical matters which hitherto appeared clear-cut.

Today it is not clear exactly where the law stands or will stand on the delicate line between the officious striving for life and the acceptance of its termination, nor between the abiding human curiosity which fuels all scientific advancement and the application of that knowledge by individual practitioners. The law will constantly strive to decide acceptable and enforceable regulations, which themselves will be constantly subject to amendment.

Dr Bayliss provides a clear guide to the process by which public issues become law, the machinery which enables the law to function and the safeguards which allow each profession to perceive flaws in existing legislation affected by new conditions and to prepare for the challenge of new and evolving dilemmas.

This record is a vital tool for practitioners and should be read by all wish to have better а understanding of contemporary health legislation.

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