

Critically needed are BCG and vaccines against measles, polio, and diphtheria/pertussis/tetanus along with injection equipment to ensure the safety of immunisation. A short-list of life-saving necessities would include oral rehydration solution for diarrhoea, broad spectrum antibiotics, and antituberculosis agents. Syringes, needles, sutures, gloves, gauze, and anaesthetic agents are required even for simple surgery. Carefully selected and targeted nutritional supplements of fortified skim milk to lactating mothers and strong support to breastfeeding will be important to prevent worsening of infant health. Provision of modern contraception in response to demands will do much to reduce the high rate of induced abortions.

Most urgent and effective will be the actions taken by the health authorities themselves. Immediate rationing of existing drug supplies and an effort to reduce polypharmacy will both save money and improve the quality of care. Many people were receptive to our suggestion that the WHO standard essential drug list should be adopted in place of existing lists containing several thousand pharmaceutical preparations. Adherence to WHO recommended guidelines for the treatment of the most common ailments—diarrhoea, acute respiratory infections, tuberculosis—will save limited resources and improve outcome. Revision of standard procedures could transform maternity services to become “baby friendly” in a very brief time,<sup>5</sup> thereby securing improved lactation with the attendant benefits to mothers and their infants. Widespread availability of television, said to be in nearly 90% of homes, provides the opportunity for extensive health education and mobilisation of the public to improve personal hygiene, prepare cheap but nutritious diets, and even encourage home food production through kitchen gardening. The potential for extensive self-help is great indeed.

The transformation to self reliance will be vastly facilitated and accelerated by technical collaboration. Human resources are a strong asset in these newly independent nations and many of those we met expressed eagerness to obtain access to new ideas, to learn the most up-to-date approaches, and to use the new atmosphere of honest and open inquiry to replace old dogmatic procedures. While the provision of some essential drugs and commodities will be welcomed warmly, by far the strongest requests are for access to the modern world of ideas and new developments in public health, medical education, and clinical care. The immediate need for imported drugs should rapidly give way to assistance in packaging and eventual production of essential pharmaceuticals. Immediate action is desired to provide salt iodation and to improve the availability of clean potable water through low-cost technologies such as mark II handpumps and modern water seal latrines. We were asked to arrange for visits by experts on essential drugs, clinical epidemiology, lactation management, health financing, and health insurance systems. There is a desire to formulate population policies and to establish effective clinical services for family planning. Environmental toxicologists, radiation specialists, and epidemiologists capable of tracing the net of causation behind the rising incidence of congenital disease and occupational illness, and the perceived increase in cancer, would be welcome collaborators. It is a time for sharing, a time for the very best of international collaboration.

This is a moment of opportunity. With the immediate support of the international community, these republics can overcome short-term transitional difficulties and gain breathing space to implement long-term political,

economic, and social reform. Our team estimates that the urgent health assistance needed from the international community is only US\$ 100 million over 1992–93, or about \$2 per head. Immediate assistance with commodities and collaborative partnerships in health will pay rich dividends not only in humanitarian benefits today, but also in the constructive role these newly independent Central Asian nations will surely play in the world in the decade ahead.

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## BOOKSHELF

### The Lop-Sided Ape: Evolution of the Generative Mind

Michael C. Corballis. Oxford: Oxford University Press. 1991. Pp 366. £18.95. ISBN 0-195066758.

### The Left-Hander Syndrome: the Causes and Consequences of Left-Handedness

Stanley Coren. London: John Murray. 1992. Pp 308. £16.95. ISBN 0-719551129.

That humans differ from other animals seems indisputable; and since, to use Keats' phrase, we are all “twixt ape and Plato”, the nature of the difference is inevitably controversial. As Corballis says, the problem is whether it is merely a matter of degree, with a somewhat larger brain and somewhat more intelligence, or whether there is a “special discontinuity”. In another book on the same theme, Coren considers this issue in a chapter called “The lop-sided animal”, and the authors agree on the evolutionary importance of the uniqueness of *Homo*'s asymmetrical brain and predominant right-handedness. From there, though, the two books diverge: as it were, Corballis to the right and Coren to the left.

Corballis carefully reviews the evolution of human cognition and the brain in which it is instantiated. His major theoretical insight emphasises the left hemisphere's uniquely human computational mode of generativity, best seen in language. True languages are infinitely generative despite a small number of symbols; they “make infinite use of finite means”, to quote von Humboldt. Tokens combined in different orders can convey an infinite number of novel messages—and so, this review should be comprehensible despite containing a particular combination of words that none of its readers has ever previously encountered. Corballis suggests that functions normally ascribed to the right hemisphere, such as object recognition, also have a generative left-hemisphere component for creating and analysing topographically novel spatial objects, which subsequently become used as tools. Finally, Corballis sees

consciousness and self-awareness, perhaps also peculiarly human, arising from generativity's self-recursion, "knowing that one knows". This book will interest anyone whose interest in neurology extends above the thalamus.

Coren's main interest concerns the intriguing question of why one person in ten is left-handed. His analysis starts with the observation that left-handedness is less common in the elderly. By too readily rejecting secular change as an explanation, and by denying any possibility of genetic variation, Coren proposes that everyone is naturally right-handed, with left-handedness indicating brain damage, perhaps from birth complications. There was widespread coverage in the popular press when he claimed that an increased accident rate, coupled with vulnerability to an extensive list of diseases, results in a life expectancy for left-handers eight to ten years less than in right-handers. The evidence for all these contentious claims is poor, relying either on selective literature citation or on empirical studies with demonstrably inadequate methodology. Coren's seeming determination to write a controversial book is sad for, in parts, his writing is excellent, especially when discussing the anthropology and symbolism of laterality, the wildly simplistic speculations of "psycho-neuro-astronomy", or designers' wilful neglect of left-handers' ergonomic needs. What could have been a much-needed, popular account of left handedness is instead best described as "mad, bad, and dangerous to know."

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### Care of the Critically Ill Patient

2nd edition—Edited by Jack Tinker and Warren M. Zapol. Berlin: Springer-Verlag. 1991. Pp 1468. £132/DM1396. ISBN 3-54019617X.

This second edition of a book first published 9 years ago has 133 contributors from all over the UK and the USA, with one Canadian, a smattering of Australians, and representatives from most European countries. It attempts to cover most areas of intensive care medicine and does so with fair success. The approach is very physiological; indeed, the first section of 183 pages is devoted to applied physiology, with discussions of cardiovascular and respiratory physiology, oxygen transport and oxygen consumption, fluid, electrolyte, and acid-base balance, haemostasis, cerebral bloodflow and metabolism, immunology, body temperature, and physiology of the newborn. It then seems to repeat the exercise with sections on disease and failure of the cardiovascular and respiratory systems, renal and metabolic, haematological, and endocrine disorders, trauma, neurology, temperature regulation, infection and sepsis, and paediatrics. Perhaps it is not surprising for a book so European in its origins to leave the chapters on invasive methods of monitoring and investigation to near the end.

The tone of the book is reflective and thoughtful and, in most instances, it is very well written. The editors seem to set out to provide reviews of disordered physiology rather than a cookbook on how to combat various pathological conditions, and I rather doubt whether it is the book to consult when faced with an urgent problem in the middle of the night. At just under 1500 pages and somewhat over £100, *Care of the Critically Ill Patient* is also more

expensive than other recent, all-embracing textbooks of intensive care and it is not especially well referenced. Nevertheless, it is a book that repays being read in detail, and trainees and specialists in intensive care medicine alike will find much of interest.

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### Pregnancy, Diabetes, and Birth

Dorothy R. Hollingsworth. Baltimore: Williams and Wilkins. 1992. Pp 288. £54. ISBN 0-683041037.

This second edition of a text first published in 1984 is a management guide to diabetic pregnancy written mainly for American doctors who work in private offices or in hospitals. Hollingsworth not only covers the difficulties that may be encountered by diabetic pregnant women but also provides much background information about diabetes and pregnancy. This approach helps to put the management of the diabetic pregnancy into context, but at times the background information becomes overwhelming. For instance, a description of the treatment of ketoacidosis is inappropriate and the pros and cons of contraception are discussed unnecessarily. There is a well-referenced account of the risk of carcinoma of the breast in women taking the combined oral contraceptive pill, but the incidence of breast cancer in diabetic women is not mentioned; this is especially relevant for patients with poorly controlled diabetes who are in most need of the easiest form of contraception.

Hollingsworth is at her best when she draws from her own experience. She is scrupulous in her presentation of data about current practice; when there is controversy she discusses conflicting data clearly. Aspects less directly related to practical management—for example, her chapter on metabolism in pregnancy—are patchy and superficial.

Fashion can intrude. In the first edition, continuous subcutaneous insulin injection was popular. Now it is the turn of exercise to occupy a whole chapter. By contrast, anaesthesia, a subject relevant to the 50% of women who will undergo a caesarean section, gets no mention at all. There are several silly errors. The conversions to SI units are sometimes way out (a plasma glucose of 200 mg/dl is not equivalent to 100 mmol/l).

American medicine tends towards damage limitation and underplays prevention. To her credit, Hollingsworth repeatedly emphasises the importance of prevention and expresses concern about how few women receive pre-pregnancy education and counselling. She draws attention to both the best and the worst aspects of American medicine, and provides a perspective from which the reader can examine his or her own practice. I enjoyed her book.

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### Selected Books: Infectious Diseases

*Antibiotic Guidelines*—7th edn. Antibiotic Guidelines Sub-Committee, Victorian Drug Usage Advisory Committee. North Melbourne, Australia: Victorian Medical Postgraduate Foundation. 1992. Pp 207. \$14 (Aus). ISSN 0729218X.

*Microbes and Man*—3rd edn. John Postgate. Cambridge: Cambridge University Press. 1992. Pp 297. £7.95/\$15.95. ISBN 0-521423554.

*Laboratory Diagnosis of Viral Infections*—2nd edn. Edited by Edwin H. Lennette. New York: Marcel Dekker. 1992. Pp 783. \$195 (North America)/\$224.95 (elsewhere). ISBN 0-824785851.