answer each type of question. Readers are introduced to some of the important concepts for EBP, such as chance, bias and confounding, statistical and clinical significance. Chapter three is an excellent resource for people who find searching for the evidence a challenging exercise. After describing the basics of searching, readers are guided through the search process, starting with the top layer of the Evidence Pyramid described by Haynes (the higher up the pyramid, the more reliable the information) and working down. For each 'layer', a comprehensive list of sources of evidence is supplied. For locating individual studies (bottom layer) the common databases are explained and more detailed instruction is given on how to undertake an effective search, including how to used the 'Clinical Queries' function in PubMed and Medline. Worked examples are provided for searches focussed around clinical questions.

Chapters 4–11 deal with the core material of the book. Two chapters are devoted to each type of evidence (intervention, diagnosis, prognosis and client's experiences and concerns). Using a clinical scenario for each, the initial chapter works through the five steps of EBP, explaining key concepts. Of particular value are the explanations of the meaning of the results, which often present a barrier when appraising evidence. The second chapter provides worked examples for each of the major professional groups.

Systematic reviews and meta-analyses are dealt with in Chapter 12, and guidelines in Chapter 13. Chapter 14 focuses on how to communicate evidence to patients and includes an eloquent discussion on the complex issue of shared decision-making. Several simple ways of communicating statistical information to patients are presented, and a tool 'Discern' is provided to help practitioners evaluate any written information patients may have located on the Internet. The chapter on clinical reasoning provides an interesting insight into the complexities of professional practice—a topic not often covered in many EBP texts. The inherent difficulties of integrating the many sources of 'evidence', while at the same time fulfilling role expectations and delivering a service, are acknowledged. The final chapter covers the last and probably the most challenging step in the EBP process—closing the evidence–practice gap. A number of methods are described, along with the barriers and enablers. The importance of using a theoretical framework to address factors that influence getting evidence into practice is emphasised.

In summary, this book is an excellent resource for all health practitioners. The way it has been structured and written will encourage readers to 'dip into' the book frequently as they embark on their journey of lifelong learning.

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A History of the 'Unfortunate Experiment' at National Women's Hospital—by Linda Bryder and The Cartwright Papers: Essays on the Cervical Cancer Inquiry of 1987–88—edited by Joanna Manning

Reviewed by **Jane Gunn**, Professor, Chair of Primary Care Research and Head of the Department of General Practice, University of Melbourne, Australia

More than 20 years have passed since Sandra Coney and Phillida Bunkle published an article in Auckland's *Metro* magazine titled 'An unfortunate experiment at National Women's'. The article claimed that Dr Herbert Green, an associate professor and gynaecologist, had withheld treatment from women at risk of developing cervical cancer. The response to the article was alarming and unprecedented, resulting in the now famous 'Cartwright Inquiry into Cervical Cancer' which had important and lasting ramifications on health care provision, especially for women—ramifications that spread far beyond the shores of New Zealand.

Now, two decades later, the controversy has been reignited by the publication of two books presenting opposing views. In *A History of the 'Unfortunate Experiment' at National Women's Hospital*, the medical historian Linda Bryder, from The University of Auckland, argues that Dr Herbert Green was in many ways ahead of his time—'a thinking gynaecologist'—a reflexive practitioner who questioned the level of intervention and radical treatments delivered to women with precancerous and carcinoma in situ lesions. She makes a convincing argument that Green was a scapegoat who was outwitted by a passionate and active feminist movement. If one was to read only Bryder's book one would be convinced that Green was dealt a

severe injustice. Yet, here enters Joanna Manning, an associate professor of law, also from The University of Auckland, who responded to Bryder's book with an edited series on *The Cartwright Papers*. Manning and colleagues appear to have produced their book with the main purpose of discrediting Bryder's account. It is not made clear whether Bryder and Manning (both from The University of Auckland) know each other, or have had past disputes. I would have found this declaration a useful piece of information.

For anyone interested in how one story can be portrayed in two completely opposing ways, then I recommend reading these two books as a pair. Every medical and nursing student would benefit from reading and discussing these books together—there are just so many lessons to be learned. I would start with Bryder. Here you will get to know Dr Herbert Green and see his actions in the best possible light. Moving on to the essays edited by Manning, you will find yourself questioning Bryder's view. In the end you will have to decide for yourself. Personally, I could never condone the way in which Dr Green changed previous diagnostic categories—this is just bad and unethical research. Yet, on the other hand, I agree with Bryder that in many ways he was ahead of his time and the way he thought about cervical dysplasia was potentially groundbreaking. The outcome could have been so different if only he could have had better research training and maintained a more objective view. His lack of communication with colleagues and patients is, in my mind, his great undoing. Bryder's defense of Green's behaviour as being typical of the time, makes for worthy reflection. Yet in both books, Green, the somewhat intimidating gynaecologist, is a familiar character to anyone trained prior to the late eighties. There is certainly a feeling that this story could have been found in any number of institutions. The medical profession and wider health care system has changed dramatically since the days when Dr Green was a presiding power at the National Women's. Whether you remember the Cartwright Inquiry, whether you were taught or treated by Dr Herbert Green (or someone remarkably similar), these two books make excellent reading. Most of all, they make you think. The inclusion of a chapter by Clare Matheson (the patient at the centre of initial controversy) in the Manning book makes for powerful reading. The view that such a debacle could happen again somewhere in our health care system is put forward as a chilling warning—another reason to get these books and read them!

A History of the 'Unfortunate Experiment' at National Women's Hospital

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The Cartwright Papers: Essays on the Cervical Cancer Inquiry of 1987–88

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Date of publication: 2010
No. of pages: 223

LETTERS TO THE EDITOR

We should not screen for ADHD

With regards to the *Back to Back* in the last issue of the *JPHC* on population-based screening for ADHD,[1] I wish to support Ross Lawrenson's objections to Tony Hanne's proposal for population-based screening for attention deficit hyperactivity disorder (ADHD) from a non-medical perspective. The problem with viewing behaviours of concern from a medical viewpoint is that the process of diagnosis, assignment of cause and the mode of intervention are all regarded primarily from a physiological or organismic position. The contextual and ecological contributors which may generate, maintain and elaborate such behaviours thus remain ignored or, at best, poorly analysed and consequently go unresolved. Further, screening instruments are notoriously coarse-grained, often of poor validity, and are likely to provide, at best, numbers of false positives and negatives. Asking parents and teachers to make appropriate judgments in a questionnaire upon which a diagnosis is then based exposes the process to bias because both may simply be seeking a solution which does not involve either party to examine or modify their behaviour management methods, even though these may be major contributors to the behaviours of which they complain.

Letters may respond to published papers, briefly report original research or case reports, or raise matters of interest relevant to primary health care. The best letters are succinct and stimulating. Letters of no more than 400 words may be emailed to: **editor@rnzcgp.org.nz**. All letters are subject to editing and may be shortened.