FICTION BOOK REVIEW


This three-book thriller series first hit the headlines because its Swedish author died shortly after completing it and before publication. Nevertheless, its fame is based on more than tabloid puff but on the strength of its intricate plot, memorable characters and challenging themes. All three are engrossing books that have been widely acclaimed and that both these reviewers feel fully deserve the praise received.

Given the Journal’s space limits, a summary of the entire three books just isn’t possible. Suffice to say that they follow magazine editor and investigative journalist, Mikael Blomkvist, as he resolves several crimes with the help of genius computer hacker and security analyst, Lisbeth Salander, – the “Girl” mentioned in the book titles.

Parallel to the solving of these crimes, we learn more and more about Salander, whose abusive past at the hands of both relatives and the professionals in whose care she was originally placed has left her with an innate distrust of and burning desire for revenge against both individuals and the system. The last of the crimes addressed is that of her own abuse following her arrest for murder and its subsequent investigation. The books also explore the unusual and changing relationship between Lisbeth and Mikael as she learns that she may at last be able to put some small amount of trust in another human being.

Do these books carry messages for the health professional? The clearest message is offered in the stark and moving descriptions not only of physical, mental and sexual abuse but also of the impact on the abused. Salander is deeply damaged and her personality irrevocably altered by what she has to do to survive, to the point where she finds it impossible to relate to others or fit into society.

But particularly in the last of the three books, the author successfully challenges our presuppositions about Salander. She may be pierced and tattooed but she is also a genius when it comes to IT. She may be socially incompetent but she both gives and gets fierce loyalty from others in her disparate worldwide group of hacker ‘friends’. She may be suspected of murder – and in fact have killed – but her actions stem not from any inner evil but from the way others have abused her and a need to protect herself and the unusual life she has created in order to survive.

The trilogy also encourages us to face the fact that while abuse is now more publicly acknowledged; it still exists and must still be challenged. And we should not plead innocence; several of the villains of the piece are health professionals.

Any criticisms? One reviewer felt that the final conclusion was a little too easy, with loose ends tied up and resolution gained too speedily. But both of us also felt that this was not just a book to read for the excitement of its thriller plot, but also because of the honest portrayal it makes of the true cost of institutionalised abuse.

A final piece of advice for those drawn to read the trilogy. One can, quite literally, lose the plot if one is disturbed for more than a few hours halfway through any one book. If in doubt, just keep reading!

Reviewed by Shelley Mehigan, RGN Nurse Specialist in Contraception, Berkshire, UK and Susan Quilliam, BA, MNLP Relationship Psychologist, Cambridge, UK

We hope that journal readers enjoyed reading the Stieg Larsson trilogy, and also discovering whether their opinion of these books matched that of our guest reviewers. In the July 2010 issue, the fiction book under scrutiny we will be The Immigrant by Manju Kapur (332 pages, Faber & Faber, 2009, ISBN-13: 978-0-571-24472-7, £7.99).

To remind journal readers that if they would like to offer to review an appropriate fiction title of their own choosing then they should contact the Journal Editorial Office by e-mail (journal@fsrh.org) in the first instance with details of their nominated title.

BOOK REVIEW


Ultrasound is now integrated into gynaecological training, and this book has been produced to provide a reference for trainees and all those who use ultrasound in gynaecological practice. The editors arranged the annual RCOG course, which ran for 7 years and was always very popular. Many of the authors spoke at this course, which explains why a book with several chapters written by different authors is consistent, without overlap or conflicting opinion, and is easy to read.

There are 17 chapters; pelvic anatomy, ultrasound theory and technique are discussed but not in as much detail as found in other texts. The book is clinically orientated and discusses the role of ultrasound in a clinical setting in a manner that helps with management. The chapters on postmenopausal bleeding and HRT, contraceptives and tamoxifen were particularly helpful and well referenced.

Readers of this Journal may well be interested or trained for the Faculty Special Skills Module (SSM) in ultrasound. Whilst this book is excellent, there are some chapters which would not be relevant to our trainees (uterovaginal prolapse and anal sphincter injuries) and there are four chapters on the management of early pregnancy complications, which perhaps is a greater emphasis than required in our specialty. The important omission is a chapter on contraception, the placement of IUDs and Implanon location.

I thoroughly enjoyed reading this book and recommend it to all gynaecology trainees. It will be very useful to those working for the Faculty: SSM but, in common with most other ultrasound texts, it does not cover some of the items in our syllabus.

Reviewed by Gillian Robinson, FRCOG, FFSRH Associate Specialist, Southwark Primary Care Trust, Department of Sexual Health, Artesian Centre, London, UK

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