

about an obviously one-sided and biased book on homoeopathy. Surely I cannot be the only Christian doctor who has used homoeopathy widely in general practice and found it invaluable where conventional medicine has nothing to offer?

The assertion that 'for financial gain he kept selling this remedy and refused to divulge its secrets', as though this were in some way reprehensible, is patently absurd. How many modern pharmaceutical companies give their newest drug away free and send details of its synthesis to their rivals? Belladonna in dilution is far from a 'useless substance' as I have proved to my satisfaction over many years and it is a delight to hear patients request homoeopathic treatment again because 'it worked so well last time'.

I wonder how many modern physicians take total responsibility if a patient dies despite their ministrations, and how many begin to presume the patient to be neurotic if they do not improve? Sarcastic condemnation about 'crackpot theories . . . theoretically absurd . . . intrinsic nonsense' which nevertheless seems to be 'sweeping all before it' seems rather contradictory. Just because we cannot show how something works doesn't negate its power.

Can Dr May show me a well constructed trial to prove the present existence of God, the efficacy of prayer, the power of faith? As Christians we take these things on trust - as I took homoeopathy before I started to use it and was astonished at its efficacy.

I am afraid the scathing arrogance of opinion must be off-putting for many readers - not least non-Christians whom we may hope to attract. As I read the journal I am reminded more and more of a 'holy huddle' who condemn without knowledge and appear to consider themselves better than others who do not share their opinions absolutely. Very dispiriting.

For a more balanced overview of homoeopathy see the British Medical Journal series ABC of Complementary Medicine (23rd October 1999 page 115ff) - the writers are unbiased. If Dr May lasts long enough he may live to see homoeopathy - like aseptic techniques - eventually proven!

The Editor welcomes original letters for consideration for publication. They should have both Christian and healthcare content, should not normally exceed 400 words, and if accepted may have to be edited for length.

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reviews:

The Thorn in the Flesh

R T Kendall. Hodder & Stoughton, London. 1999. 228pp. £6.99 Pb. ISBN 0 340 74546 0

Every Christian working in healthcare would find this book a valuable resource. Dr Kendall has taken the sermons he preached at Westminster Chapel in 1998 on 2 Corinthians 12:7 and focused on eleven problems facing contemporary society. As individuals and in family and public life we are challenged to make sense of difficult personal relationships and events which appear out of our control. At the centre of how we cope is our worldview, and the author presents the Christian biblical viewpoint expressed so well by Paul in his letter:

'To keep me from becoming conceited because of these surpassingly great revelations, there was given me a thorn in my flesh, a messenger of Satan, to torment me' (NIV).

This book considers the question 'Why me?' Secular society has devised educational and psychological techniques to cope with adversity and it is not surprising to realise that many of these are based on biblical principles, even if these are unrecognised, for 'all good things come from above' (James 1: 17).

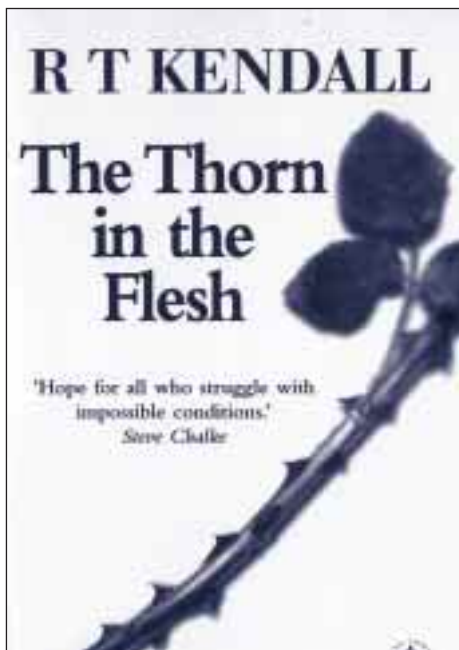
In introducing the subject Dr Kendall refers to his previous book *The Anointing: Yesterday, Today, Tomorrow* (Hodder and Stoughton 1998) in which he showed that every person has an anointing. 'God may

want to increase our anointing . . . he may choose to do this by way of a "thorn in the flesh". This will get our attention and is designed to keep us humble' (p1). So the reader is invited to share the assurance that God has not finished with us yet and he is refining us for a greater anointing for his glory.

To qualify for this special form of chastening we need to have a conviction of sin which often comes through the Holy Spirit applying the preached word. Then we will have our reward at the Judgment Seat of God which Paul himself so sought after (1 Corinthians 9:24-27). The paradox of the 'thorn in the flesh' is that Satan is involved in bringing our affliction (Job and Judas Iscariot) but God takes the full responsibility for its outreach. We must

not try and remove it ourselves - it is for our good - the next best thing that happens to us after our conversion and anointing.

To the reader who is searching for insight into life's meaning, each chapter brings greater understanding. The relevance of the chapter is made clearer as Dr Kendall develops the application for many scenarios, and no one need feel left out. Jesus, who was himself the loneliest person when on the cross, may call the one who feels so lonely to be an intercessor. Unhappy employment may be a means God uses to make us more dependent on him and to crush our pride. We learn when we have an enemy how to forgive, how not to grieve the Holy Spirit and how to refuse to vindicate ourselves. A handicap or disability or any trial may lead us to self pity, but God uses these 'thorns' to drive us closer to himself.



In making a choice where we live we may 'pitch our tent near Sodom' as Lot did, and land up in unhappy living conditions. But like Moses we get our compensation in 'the joy of the Lord', remembering that the Kingdom of God is within. For someone with a sexual problem there may be temptation but when the weakness is confessed '[God] is faithful and just and will forgive us our sins' (1 John 1:9). Also with an unhappy marriage God is jealous and wants our attention. We forfeit our

reward if we harbour bitterness. We need to stop pointing the finger and one day we may realise the thorn is part of a rose, beautiful and fragrant.

A chronic illness may be present to manifest God's glory in healing or in some plan God has to advance his kingdom. In submission we develop spirituality without self-righteousness. A personality problem is often the root of theological controversy. Even Paul and Barnabas fell out, and James points to the underlying problem - the tongue. We grieve the Holy Spirit when we are a thorn in the flesh to another by being overly righteous, overly scrupulous or overly submissive.

In the chapter on money matters the biblical injunction to tithe is made the basis of having our needs met, and when work is not available it is all the more important to thank God for the essential things we do have. In conclusion Dr Kendall quotes the saying of a ninety year old lady: 'I can hardly tell the difference between a blessing and a trial'.

The pastoral style of writing encourages the reader. The author gets alongside, empathising with the feeling, be it loneliness, a chronic disability or illness, or a personality problem. The reason for the 'thorn' is developed throughout the book with repetition of God's primary aim that we become intimate with him, but no facet of the meaning is left unexplored. The author shares his own walk with God and his personal experiences and the whole book is firmly based on scripture. The Bible is frequently quoted in full so that the meaning is not lost, and the book can be read anywhere. There are useful notes on Chapters 9 (chronic illness) and 11 (money matters) at the end of the book, but the book lacks an index. However, students will find much material for further study and are encouraged to think for themselves.

This review has attempted to distil some of the wisdom and comfort which is shared in the pages of this book, but the personal touch can only be fully appreciated when it is read. It could save many a Christian from falling into unnecessary

trials and it encourages our praying that we be not led into temptation. The messages contained in these pages can be used in everyday clinical practice by the healthcare professional, lightening the burden for Christian and non-Christian alike. There might even be some who will come to a saving knowledge of Jesus Christ, for God can use many means to bring his chosen ones into the Kingdom of Heaven.

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(Physician, London)

Use and Misuse - a Christian Perspective on Drugs

Ollie Batchelor. Inter-Varsity Press, Leicester. 1999. 175pp. £5.99 Pb. ISBN 0 85111 599 3

'Drug use is everybody's problem.' So begins the introduction, and in the remainder of the book Ollie Batchelor proceeds to demonstrate that 'everybody' includes Christians - and the church.



He builds his case carefully, beginning with a broad historical overview of drug use and legislation, showing how attitudes towards specific drugs have changed over time. Included in his definition of 'drugs' are the legally available and socially

acceptable alcohol and tobacco. Part of his groundwork includes the clarification of drug terminology and the dispelling of certain misconceptions about drug use, as well as a description of various commonly used psychoactive drugs and their legal classification.

He helps the Christian reader to understand the various reasons why people use drugs because this is vital to any effort to contribute positively to the drugs issue. Although he acknowledges that pleasure is probably the greatest single reason why people use drugs, for many there is also a spiritual dimension, a hunger for 'something more'.

Having laid this foundation, the author proceeds to build a framework of biblical principles which he believes should inform the Christian's own use of drugs, devoting a whole chapter to the sometimes controversial issue of alcohol. He manages to avoid being either legalistic or licentious and emphasises personal responsibility when making choices.

Ollie Batchelor then turns his attention to the church, beginning with a summary of past church involvement in drugs issues (mainly alcohol) and paying tribute to present achievements in the field. The remainder of the book points the way forward for the church, both in principle and in practice.

This is a truly excellent book - easy to read and very informative. It issues a challenge to the church, and then helps the church to meet that challenge.

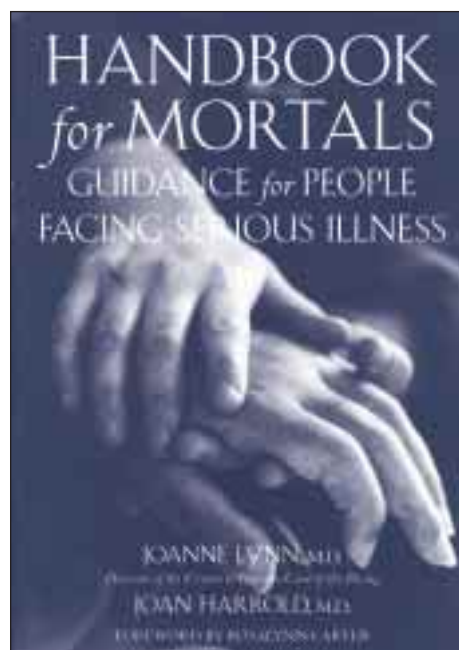
Marolin Watson
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Handbook for Mortals - Guidance for People Facing Serious Illness

Joanne Lynn and Joan Harrold. Oxford University Press, New York and Oxford. 1999. 240pp. £14.99 Hb. ISBN 0 19 511662 3

In this book there are many helpful comments and suggestions to help people facing serious illness. This perhaps is its greatest strength. I cannot think of many books for the patient but legion are the titles written for the healthcare professional.

The opening chapter is entitled 'Living with serious illness'. So often individuals feel that life has come to an end once the diagnosis of a serious illness is made and all they can do is sit around focusing on their own problems awaiting the inevitable. Somehow the message needs to be got across that there is still a great deal of living to do. You can live an active life albeit within the limitations of disease and enjoy a great deal of satisfaction. I remember a patient who upon discharge from the hospice boarded a plane bound for Spain and enjoyed four weeks' holiday in the sun. Others have achieved important personal milestones.



There are also useful sections on setting realistic goals, the importance of looking after yourself, finding support by asking questions and not being a passive patient, talking with others, and family dynamics. There is a useful chapter on controlling pain, which avoids the use of technical language and may be helpful for people facing the prospect of taking drugs they cannot pronounce and worried about side effects.

A chapter about planning ahead will help people realise they still have choices regarding treatment. We are becoming more patient-centred in treatment plans but many feel intimidated by the highly technical world of the large modern hospital. I can think of some of our patients who would benefit from the chapter on 'managing other symptoms'. This section looks at breathlessness, nausea and vomiting, bedsores, and depression. There is simple advice which will help individuals find relief.

The most important feature of this book is the help it provides in planning for the future and remaining in control of treatment and life. There are many books on the topic of dying, some autobiographical, others medically orientated, but few offering help and advice to the person affected by serious illness. The size of the book may be somewhat daunting to a frail individual.

My negativity about the book has two parts. The first is size, over 200 pages. I do not know of many seriously ill patients who could cope with something this large. Secondly, and here lies my major concern about this book, it is written for a North American audience. Many references are not applicable to the UK. For example, in this country hospice care is free to the patient and may last a year or two. In North America health insurance policies seem to provide for six months' care (p53). Local authority structures are also very different. People will lose interest if the book fails to address their need. Several photographs should be removed from a second edition as they are simply awful (pp 80, 87, 111, 123, 192 especially). Unless you want to locate a Website address the 20 pages of organisations will be of little use. Changes need to be made for this book to benefit those living on this side of the pond!

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