Manual of Haematology. Annabelle S.J. Baughan, Andrew S.B. Hughes, Keith G. Patterson and Louise Stirling. Pp. ix + 274, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £8.95.

In the preface, the authors state that this manual is meant as a guide to the practical management of patients with haematological disorders, and I think that they have succeeded admirably in their aim. That they are practising clinical haematologists comes over clearly, and there were many interesting practical points made. The best parts of the book were those where these practical experiences came through most clearly – for instance, in the chapters on cytotoxic therapy, in terminal care in haematological malignancy, and in the description of practical procedures.

With the restraints of the format, it is always difficult not to end up with lists of diseases, or causes, or symptoms, and this makes the earlier part of the book more artificial, although no less full of useful pieces of information than the last part. The style also means that equal stress is given to rarity (such as neuroblastoma cells mimicking acute lymphoblastic leukaemia, as one example of a leukaemoid reaction), as to the very common.

The style also presents much advice on what can reasonably be undertaken by a relative beginner in clinical haematology, and what should be left to the expert. For instance, I would be unhappy if a patient with thrombocytosis were started on a large dose of hydroxurea (2–5 g/day) without close haematological supervision. Also, there are a few minor errors – the use of mCi for ^{32}P is out-of-date, and a few cross-references have been left blank.

However, I think this is an excellent little book, well-produced, clear and interesting, and I will be delighted to see it sticking out of the pockets of the junior haematological staff.

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Medical Care of the Elderly, Second edition. M.R.P. Hall, W.J. MacLennan and M.D.W. Lye. Pp. viii + 192, illustrated. John Wiley, Chichester, New York, Brisbane, Toronto, Singapore, 1986. £9.95.

This is the second edition of a small, attractively produced book written for the multi-disciplinary team. It is intended as an introduction to the specialty and as a 'handbook' of information about the medical management of old people in hospital and at home.

The book starts with nine case histories. These are frequently referred to in the first six chapters, which discuss the organization of geriatric services and the reasons for adopting a special approach to older patients. Following this there are sections dedicated to separate systems of the body. Finally, the problems of brain failure and incontinence are covered, with a concluding chapter on terminal care.

On the whole, the book is comprehensive and packed with vital information on the medicine of old age, although I expected more mention of iatrogenic disease, septicæmia

and enteral feeding. In some sections there is unnecessary emphasis on investigation and drug therapy, which may deter the non-medical reader. This kind of information also dates easily (there is a reference to guinea-pig culture in the section on tuberculosis). A problem-orientated approach in the central section of the book could have strengthened its appeal. However, in its original intentions it still succeeds admirably and I would warmly recommend it to anyone requiring an introduction to the specialty.

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Mental Handicap – a Handbook of Care. Edited by Eamon Shanley. Pp. ix + 336, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £13.95.

This book is written for those who have the day-to-day management of both children and adults with a mental handicap, especially for those who are in training in nursing and residential care. New works are required to respond to the latest RNMH syllabus and this is one of the first. The contributors are from nursing, social work and various therapies and almost all are from Scotland. The emphasis throughout the book is on ways to improve the quality of life through practical and personal assistance with sufficient theory to enable this to happen with skill and sensitivity.

There are certain aspects which will no doubt be improved in a subsequent edition, the line drawings of Down's syndrome and Hurler's syndrome, for example, are unhelpful and stigmatising and the origin of Makaton is inaccurate (page 83). The issue of what is informed consent and who can give such consent could also with benefit be included when the book is revised.

The layout is particularly pleasing with summaries punctuating the text and with a clear exposition of the contents of each chapter. This is a useful book for those in professions supplementary to medicine and will help to increase the knowledge and skills of those in the multidisciplinary team.

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Patient-controlled Analgesia. Proceedings of the First International Workshop on Patient-controlled Analgesia, held at Leeds Castle, Kent, United Kingdom, in June 1984. Edited by M. Harmer, M. Rosen and M.D. Vickers. Pp. xv + 199, illustrated. Blackwell Scientific Publications, Oxford, London, Edinburgh, Boston, Palo Alto, Melbourne, 1985. £18.00.

This is a fascinating book for those concerned about better postoperative pain relief, and for those interested in the medicinal use of strong opioid analgesics. It is easy to read and the information provided is readily assimilated. In practice, the term patient-controlled analgesia (PCA) still

refers principally to intravenous systems of opioid administration that are patient controlled within pre-determined limits. Epidural PCA represents an alternative approach, and linguistically it is hard to exclude the postoperative use of sublingual preparations provided tablets are left by the bedside, for the patient to use when he wishes. Given that such a widening of the term is acceptable, it is possible that sublingual buprenorphine will become the preferred form of PCA in many instances.

It is estimated that at least 20% of surgical patients are suitable for intravenous PCA. The cost is said to vary from £3–£12 per patient per day. This is similar to an epidural infusion of local anaesthetic, though the initial outlay on hardware has to be met. PCA results in greater comfort and presumably reduces the demands on the nursing staff. However, this is unlikely to be reflected in reduced staff costs. On the other hand, some patients prefer the intermittent presence of a nurse to the constant presence of a machine – despite better pain control.

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The Physiological Basis of Diuretic Therapy in Clinical Medicine. Edited by Garabed Eknayan and Manuel Martinez-Maldonado. Pp. xvii + 406, illustrated. Grune & Stratton, Orlando, New York, San Diego, Boston, London, San Francisco, Tokyo, Sydney, Toronto, 1986. \$69.50.

This multi-author American book on diuretics contains a wealth of information; it really is a magnum opus. Its title is somewhat misleading, for as well as dealing with the physiological basis of diuretic therapy, it covers, in its 406 pages, the current state of diuretics in clinical medicine. In such a book there are bound to be repetitions of certain topics, e.g. adverse reactions, but this is not a serious criticism since few will read the volume through, but rather use it as a reference. The 1800 odd references contain most of the relevant up to date literature as well as the important texts from the past.

The book starts with a consideration of the physiology, biochemistry and pharmacology of diuretics. An extremely good section on fluid and electrolyte balance follows. The final seven chapters deal with diuretic therapy in clinical medicine – their role in heart disease, hypertension, renal disorders, liver disease and pregnancy receive full attention.

The main value of this book is that it represents a single source of information not previously available within one set of covers. As a multidisciplinary volume it deserves wide attention and at the price represents a good buy for libraries and interested workers.

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A Practical Approach to Infectious Diseases. Edited by Richard E. Reese and R. Gordon Douglas. Pp. xvi + 798, illustrated. Little, Brown, Boston, Toronto, First edition 1983, second printing 1986. £30.65.

R. Gordon Douglas is Douglas of Mandell, Douglas and Bennett's *Principles and Practice of Infectious Diseases* which is generally regarded as the gold standard of infectious disease text books. In this smaller but no less authoritative book he and co-editor Richard Reese have assembled an excellent text which is of value to any practising infectious disease physician and more importantly should be readily available to any microbiologist or general physician who has to deal with problems of clinical infection.

The book is exactly what it claims to be in title and preface – 'a practical approach'. After introductory sections on fever, the role of the laboratory and the use of antibiotics, each chapter then deals with infections involving a particular system of the body. It concentrates on how each condition is diagnosed and treated in practical terms including recommendations on choice of antibiotic, dose, route of administration and duration of therapy. Despite its firm guidelines the text is not entirely dogmatic. If there is a case for an alternative strategy then this is discussed and both sides of the argument supported by comprehensive references (some of which are even annotated as a guide to further reading).

The chapter on the use of antibiotics is particularly valuable. Each drug is discussed in detail including comments on pharmacokinetics, cost and alternative therapies. There are specific recommendations for dose modification in renal impairment and in patients undergoing peritoneal dialysis or haemodialysis. (This latter information is often not readily available from other sources and is extremely useful.)

The only adverse criticism of this book relates to its being American and not being entirely up to date. Although it was recently reprinted it clearly did not undergo major revision at this time. For example AIDS merits less than a page in the chapter on respiratory infection and is said to be of unknown aetiology. The section on metronidazole is very short reflecting the American reluctance to accept this drug. British surgeons would be amazed to note no mention of metronidazole in the chapter on peritonitis! Similarly there is no mention of either azlocillin or cefuroxime.

Minor criticism notwithstanding, this remains a first class book for reference and despite its lecture note format it is actually very easy to read. It is also good value for money: if you are going to buy one text book of infectious disease and cannot afford Douglas's big one, buy this one.

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