Book Reviews

Antibiotic Minicomputer 'IDEA'. Designed by P.D. Welsby (from whom copies are available), The City Hospital, Edinburgh EH10 5SP.

This is not a minicomputer in the currently accepted sense. It is a sliding card indicator with two faces, each of which has a window in which infected conditions or syndromes can be made to appear by moving the middle card of the sandwich. Some of the syndromes are relatively precise (bacterial meningitis in children) while others are less so (septicaemic syndromes). The outer face in which these 19 different syndromes can be made to appear consists of a table familiar to microbiologists in which organisms listed alphabetically on the left produce a matrix with 16 antibiotics listed in columns above; it is possible to read off the antibiotics which are 'most reliable', 'moderately reliable' or 'not usually used' against the organisms in the rows. The sliding card picks out the organisms most commonly associated with the clinical infected syndromes and there, in colour, in the columns, are the antibiotics which may be useful.

The reverse face contains details of dosage, administration and availability of the antibiotics and a code for selecting combination therapy as well as the clinical condition which one has selected for; there is a reminder of the need for culture results to guide therapy, grading of the second choice antibiotics and those which are valuable in neonatal conditions.

This then is neither a book nor a minicomputer but an easily used *aide-memoire* for initial best guess antibiotic therapy of the conditions listed; a list of antibiotics which may not coincide with local policies (and includes clindamycin) may be thought somewhat inflexible but with three cephalosporins, ciprofloxacin, amoxycillin, and clavulanic acid and an ureido-penicillin it offers a wide ranging prompt for the 19 conditions most of which are acute (but strangely includes subacute endocarditis) and the infected organisms causing them. Overall this is a very useful aid for the white coat pocket.

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Baillière's 'Clinical Immunology & Allergy', edited by D. Doniach & G.F. Bottazzo. Pp x + 250. illustrated. Baillière Tindall, London, Philadelphia, Toronto, Sydney, Tokyo, 1987. £17.50.

It is 30 years since Doniach and Roitt's observations on thyroid autoimmunity. The field has developed rapidly with major contributions in our understanding of human autoimmune disease continuing to come from the Middlesex Hospital group. The editors of this book have collected together a number of groups eminent in the

field, many of whom have worked directly under the editors in the past, or been influenced by them. The twelve chapters of the book provide an update on the relevance of autoimmunity to the endocrine diseases, and diabetes particularly, and highlight the contribution which immunofluorescence has made to the demonstration of a wide spectrum of autoantibodies.

Modern concepts such as the inappropriate expression of HLA Class II antigens on the target cells of endocrine tissue are reviewed and the contributions which animal models, immunogenetics, monoclonal antibody production and T-cell cloning have made to the field are highlighted. The concept of patients producing a spectrum of autoantibodies which have the capacity both to stimulate and block function and growth is elegantly presented and the extension of these original observations to other endocrine diseases elegantly described. The remaining 5 chapters concentrate on specific disease states and highlight the contribution which autoimmunity may make to their development.

The book is succinct, but well written and up to date. Little is made of the developments of our understanding in autoimmunity which have emanated from characterization of the relevant autoantigens, or of the contribution of molecular biology to our understanding of the T-cell receptor and the relevance of the T-cell receptor to autoimmunity. A book of this size, however, cannot hope to cover everything and certainly within the confines of the material covered, the book provides an excellent State of the Art analysis on endocrine autoimmunity. It is essential reading for anyone working in the field and would certainly provide an excellent introduction for those wishing to enter it.

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Essentials of Endocrinology. Second edition, edited by J.L.H. O'Riordan, P.G. Malan & R.P. Gould. Pp xii + 276, illustrated. Blackwell Scientific Publications, Oxford, London, Edinburgh, Boston, Palo Alto, Melbourne, 1988. £11.95.

The first edition of this excellent book was published in 1982, and was re-printed twice. A second edition is now necessary after six years, because of major advances in endocrinology. These have been made in molecular biology and chapter one is a clear and concise summary of the endocrine system and the molecular basis of hormone action. There are clear accounts of the ways in which genes are expressed, and the molecular biology of recombinant DNA technology. The revised chapter on reproductive endocrinology includes an account of inhibin and activin, and artificial induction of ovulation. Other

chapters deal with hypothalamus and pituitary, adrenal gland, thyroid gland, calcium regulating hormones and pancreatic and gastro-intestinal hormones. The book is specially to be recommended to those who require a strongly biochemical approach to endocrinology. The authors are a distinguished team, mainly from University College and the Middlesex Hospitals in London. The book is aimed for those beginning to study endocrinology and can be recommended to medical students, graduates training in endocrinology and diabetes and it is a useful addition to departmental libraries.

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A Handbook for Trainee Psychiatrists, edited by Keith J.B. Rix. Pp 301 + xiii. Baillière Tindall, London, Philadelphia, Toronto, Sydney, Tokyo, 1987. £8.50.

Twenty psychiatric teachers, mainly from the universities of Leeds and Manchester, have contributed to this pocket-sized compendium. Arranged in three sections (Working as a Junior Psychiatrist, Aspects of Treatment and Special Topics) their advice ranges widely on practical issues confronting the would-be or committed trainee psychiatrist, from choice of a training scheme to preparing for postgraduate examinations. In addition to guidelines on clinical duties and the essentials of assessment and management, including physical investigations, drugs, ECT and psychotherapy, there are chapters on dealing with patients from other cultures, on mental health law and writing reports. Professor Goldberg succinctly advises on how to start the research project now essential for career advancement. There is a glossary of terms and a brief list of ICD categories. A final chapter by Glancy provides a North American perspective, quoting a Toronto questionnaire study which found 25% of psychiatric trainees to be moderately to severely depressed. Will the book help keep the UK figure below this? In a disarming preface, Bewley, then President of the Royal College of Psychiatrists, says that books of this type are usually slated by reviewers as sordid and unduly practical. More obviously inviting criticism here, however, is the fact that it is written entirely by psychiatrists and could be accused of being geared more to the needs of the hospital-based consultant for a compliant junior who will readily fall in with traditional routines and the personal idiosyncracies of his or her senior, than of the trainee in an evolving specialty facing many demands to reach out beyond the confines of the hospital and the supposedly disease-ridden medical perspective. But it would be easy to ask too much of a book which aims to help initiate the doctor entering psychiatry as a career and this one certainly offers many useful tips on what may be expected.

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Logic in Medicine, edited by Calbert Phillips. Pp xi + 104, illustrated. British Medical Journal, London, 1988. £5.95.

This modest publication of 6 articles, republishes, in edited form, a series of papers from *The British Medical Journal* in 1987. The editor in his introduction, states that the major aim of the series was to present and discuss a coherent system of diagnostic logic. This is the subject of the paper by Professor Fergus MacCartney in which he challenges the need for complete precision in diagnosis when this does not critically modify management options. The value of the hypothetico-deductive approach and the importance of Bayes's theorem are discussed.

There is a remarkable similarity between the economy (or 'parsimony') of the use of resources, not least of professional time, that a logical approach to diagnosis offers, with the arguments of Professor Alan Maynard in his discussion of the role of economic logic in the use of health resources. The ethics of misuse of these resources in terms of cost and benefit relate naturally to the particularly interesting paper by Dr Ian Thompson on the ethical principles of health care.

There are two articles by professional philosophers. Dr Larry Briskman puts the argument for the primacy of ideas, and that doctors, as practical men, should not be immune from intellectual influences, but often think they are. Inevitably, in this day and age, after a discussion of Francis Bacon's inductivist view of what distinguishes genuine empirical science from witchcraft and Hume's criticisms of it, we come to Karl Popper. Dr John Slaney's article on formal logic is somewhat harder going, being of less obvious relevance to clinical medicine. We are introduced to unorthodox logic – which has nothing to do with unorthodox medicine. The observations and descriptions of clinical medicine have an imprecision, and truths are so often, only matters of degree, that 'fuzzy logic' may prove more appropriate in applications of expert systems.

The remaining chapter by R.P. Knill-Jones extends that by MacCartney, showing the application of principles of diagnostic logic, by the use of weighted scores of symptoms, to provide computer aided advice on management. Although the example comes from the author's particular field of interest in dyspeptic symptoms, the approach is relevant to other fields without such a well established data base.

Knill-Jones and MacCartney as well as Maynard, speak of the need to introduce concepts of diagnostic logic into undergraduate teaching to make information gathering more targeted and less of a blunderbuss operation. For those who did not read the *BMJ* originals, these thoughtful and thought provoking articles are warmly recommended. If no other, please do read MacCartney's article, which I would make compulsory reading for deans of medical schools and those concerned with devising introductory courses for clinical medical students.

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