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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