

controls can be introduced using traditional case control methodology.

The book has no final chapter which attempts to identify areas where potential problems might exist and is too diplomatic to emphasize those areas, countries and districts which are at the top or bottom of the league table. The maps are allowed to speak for themselves. The following list gives the worst 10 areas based on the summary score of avoidable deaths. It represents the sum of the number of standard deviations ($\times 10$) by which each indicator exceeds the expected (i.e. 100) for each indicator. It is a composite score based on 15 diseases and has excluded maternal and perinatal mortality.

'Worst' 10 Areas:-

1	Napoli	Italy	944
2	Caserta	Italy	550
3	Torino	Italy	535
4	Berlin (West)	FRG	509
5	Catania	Italy	509
6	Bayern	FRG	483
7	Brescia	Italy	455
8	Milano	Italy	405
9	Nord	France	389
10	Greater Glasgow	Scotland	384

Italy with 6 of the 10 worst areas and the Federal Republic with 2 need to respond to these warning signs. Although the findings are indeed dramatic they appear so because of the nature of the presentation. Although described as a method of alerting us to warning signals of the inadequacy of health services, it does carry the danger that some will start to draw inferences without acknowledging the other warnings signals of the limitations of the method. I would have preferred a more extended introduction or discussion which could have placed this attempt at 'quality assessment' in its wider context. Had Donabedian been on the European panel I think he would have insisted on it.

The strength of the book is that it represents the successful collection of comparable data from many different countries and the clear presentations of the data in map form. The production is European both in concept and in language with the first four chapters being in English, French and German.

Nevertheless, the researchers are to be congratulated on their collaborative effort. J'espère que cet ouvrage encouragera des recherches ultérieures sur le financement et l'organisation des services de santé dans la CEE et den Weg für eine zukünftige Zusammenarbeit der Forscher innerhalb der Gemeinschaft auf diesem Gebiet ebenen wird—or 'Vorsprung durch Technik' as they say

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2. Charlton, J.R.H., Hartley, R.M., Silver, R. and Holland, W.W. Geographical variation in mortality from conditions amenable to medical intervention in England and Wales. *Lancet* 1983, **i**: 691-696.
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4. Buck, N., Devlin, H.B. & Lunn, J.N. *The report of a confidential enquiry into peri-operative deaths.* London: Nuffield Provincial Hospitals Trust, King's Fund, 1988.

Hypersensitivity Pneumonitis: a clinical approach, O.P. Sharma. Pp. x + 186, 43 figure, 27 tables. S. Karger, Basel, 1989. £72.50.

Dr Herzog of Basel is editor of a series of monographs on Progress in Respiration Research. Volume 23 is written by an author who is a helpful contributor to the *Postgraduate Medical Journal* including a recent Review of Respiratory Diseases. He now gives us a modern account of hypersensitivity pneumonitis or what is commonly termed extrinsic allergic alveolitis in Europe. There is a scholarly account of the immunopathogenesis, clinical features, radiology, pulmonary function tests, and the value of serum precipitins, skin tests and bronchoalveolar lavage. The differential diagnosis is exhaustive, providing well-balanced accounts of its differences from sarcoidosis, fibrosing alveolitis, connective tissue disorders, occupational lung disease, pulmonary vasculitis and granulomatous infections. This means that the reader is offered more than a profile of one group of disorders; he will receive an excellent compact digest of pulmonary diseases with up-to-date references and a good index.

Enjoy charming little accounts of such pulmonary oddities as spaetlese lung, potato riddlers' lung, goose feather disease, suberosis, alginate hypersensitivity, seaweed sensitivity, and blue cheese disease.

This monograph is a joy to read and an excellent reference source.

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Oxford Handbook of Clinical Medicine. Second edition. R.A. Hope, J.M. Longmore, P.A.H. Moss and A.N. Warrens. Pp. xii + 796, illustrated Oxford University Press, Oxford, New York, Tokyo. 1989. £10.95.

This is the second edition of a very popular 'pocket' handbook for House Officers and Medical Students, in which each subject occupies one page, with a blank page opposite for readers' comments and additions. The first edition, published in 1985, succeeded in combining a wealth of useful information for the House Officer with a practical approach to problems which he or she would meet on the ward. The second edition has been updated and expanded to incorporate comments made by readers. It also includes references to the Oxford Textbook of Medicine.

The initial section includes some excellent and humane advice about the approach to the patient and his disease. A welcome addition is the 'Dictionary of Symptoms and

Signs' and other new topics include 'How to Insert an intravenous Cannula (and what to do if you fail)'.

The majority of the book is devoted to a brief description of different diseases and practical guidelines on how to cope with medical conditions and emergencies. Most topics are covered clearly and concisely, with a sensible approach to management.

There are some inevitable errors and omissions and the authors recognize this by including a readers' comment card. Mine will point out that pruritus is spelled pruritis throughout, that tactile vocal fremitus is mentioned more than once but not explained, and that abdominal paracentesis is not mentioned at all.

Scattered through the book are some admirable aphorisms—'work for your patients, not your consultant', 'have a high index of suspicion and a low reading thermometer (for hypothermia)', 'always assess your patient's inhaler technique. Omitting to do so may be as effective as forgetting to write the prescription'.

I recommend this edition to all final year medical students and house officers. It fits neatly into the pocket of a white coat and has a cover which is easily wiped clean!

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Clinical Epidemiology and Biostatistics, Michael S. Kramer. Pp. xii + 286 Springer-Verlag, Berlin Heidelberg, New York, London, Paris, Tokyo, 1989. DM 76.

Michael Kramer asks in his preface why a further book on Clinical Epidemiology and Biostatistics is needed when there is already a vast number on the market. This is a very readable book with easy to see paper and print but there are a number of problems with it.

In these days of computers it is surprising that no

reference is made to any suitable computers or programmes. Perhaps the author thinks this is best left to the 'expert' but many doctors wish to work on their own statistics and some advice would be useful. The author sets the same sort of problems as many other statisticians have in other books—with the same resulting confusion. It can be confusing for the reader to spend some time on normal distributions and the importance of normalising a distribution when there is no advice on how to demonstrate whether a distribution is normal or at least normal enough to use.

The place of epidemiology in clinical medicine is this book's particular emphasis—not just to inform on possibilities of aetiology, but to judge which is the optimum treatment for an individual. The author seems to imagine that the results of a clinical trial could be used for the management of an individual patient if probability theorem is applied. This is unlikely because of the nature of recruitment for such trials. For instance the MRC Trial on Hypertension chose patients from general practitioners who had an accurate age/sex register. The population studied was not diabetic and had no previous history of myocardial ischaemia, and also tended to be from a higher social class. The results, therefore, need very careful handling if they are to be extrapolated to other patient groups.

Personally I disliked the alternate use of 'he' and 'she'. I know this is to conform to publishers wishes but I found myself 'stumbling' on the text, in order to refer back to see if it was a particular 'he' or 'she' that was being talked about.

Finally the cost of the book seems excessive when there are others available which are cheaper.

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Books Received

The Biological Basis of Disease—Selected papers by P.R.J. Burch. Edited by M.S. Chesters & J.E. Burch. Pp. 280, illustrated. Leeds University Press, Leeds, 1990. £14.95, \$25 paperback.

Cardiology (Mainstream Medicine), R.G. Charles and A.J. Marshall. Pp. ix + 449, illustrated. Heinemann Medical Books, Oxford, 1990. £20.00 paperback.

Cellular Variation and Adaptation in Cancer. Biological Basis and Therapeutic Consequences, Michael Woodruff. Pp. ii + 135, illustrated. Oxford University Press, Oxford, New York, Tokyo, 1990. £15.00 Hardback.

Churchill's Illustrated Medical Dictionary, Pp. 2120, illustrated. Cased. Churchill Livingstone, Edinburgh, London, 1989. £19.95.

Human Growth After Birth. Fifth edition, David Sinclair, illustrated. Pp. ix + 259, Oxford University Press, Oxford, New York, Tokyo, 1990. Paperback £12.50.

Illustrated Guide to the Central Nervous System, K. Sugiura, G.A. Robinson and D.G. Stuart. Pp. 160, illustrated. Ishiyaku EuroAmerica, Inc, St Louis, Tokyo, 1989. £19.25 softbound.

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