Book Reviews

A Consumer's Guide to Prescription Medicines. Barrington Cooper and Laurence Gerlis. Pp 719. Hamlyn, London, 1990. £12.95 hardback, £6.99 paperback.

A Consumer's Guide to Prescription Medicines is presented as a lay person's formulary. It is an attempt, so the authors say, to 'educate' the public and 'reinforce advice' given by the prescribing doctor. The volume is set out in directory form with medicines listed and described alphabetically. Generic and brand names are used with plenty of cross references, but there is no index. All injectable preparations are excluded. An account of each medicine is given including a brief description of the tablet size, colour, shape and recommended indications for use. The usual dose is stated. Its availability across the counter or by prescription (NHS or Private) is listed. There are then four headings: 'side-effects', 'caution', 'not to be used for' and 'not to be used with'. These cover standard side effects, contraindications and drug interactions. The entry for each drug is completed with 'contains', i.e. the chemical ingredients, and 'other preparations' → other forms of the same medicine from a different manufacturer.

In general terms this is a brave effort, and the result is good and clear. There is an obsession today with the side effects of drugs and although the authors claim to educate, there is no mention of a value of the drugs → just their unwanted side effects. There is a summary page (p 179) of drug interactions which is too confusing to be of value.

No mention is given of the price of the medicines. With the present prescription item charge of £3.05, some indication should be given to the consumer whether it is cheaper to purchase the preparation with a private prescription. The cross referencing is sometimes confusing and incomplete and terms such as 'steroids' should be defined. 'ACE-inhibitors' and 'beta-blockers' are defined and a separate list of such terms would be a useful addition.

The real question is to whom is this publication of value? Does the average patient taking one (or more) medicines need it, or will it just be bought by the more neurotic who now have an outdated BNF or MIMS? It will be useful in doctors' and pharmacy waiting rooms for reference by patients, and in public libraries, but is postgraduate education at such a level, as the authors claim, 'a valuable aid to doctors who are prescribing the medicines listed'? The disclaiming comment in the preface that the authors cannot be held responsible 'for any consequences of using it' is a sign of the times.

However, at the reasonable price of less than 3 prescription items, it will probably turn out to be a popular buy for lay readers, especially those with an inquisitive mind, and they may discover what appears to be alarming interaction in their own medicines. The effect of this on the prescribing practices of their doctors might be considerable.

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Ethnic Minorities Health. A Current Awareness Bulletin, Summer 1989 and January 1990. Bradford Health Authority, published quarterly. Subscription £25.00 annually.

Given the lack of information on all aspects of the health of ethnic minority groups, the development of a new cross-disciplinary database is greatly to be welcomed. The *Ethnic Minorities Health Bulletin* published quarterly in Bradford aims 'to index information relating to all aspects of the health of minority groups – mental, physical, psychological and social'. Most information relates to British practice but appropriate references from worldwide sources will be included.

Books, theses and conference proceedings as well as journals provide material and are organized into broad categories according to their subject content. These are comprehensive but the abstracts provided are irregular and inadequate. Given the ready accessibility of computerized databases, improved abstracts are necessary to attract subscriptions. One notable omission from the list of journals scanned is *Social Science and Medicine*. Otherwise the Bulletin provides a valuable resource for anyone interested in ethnic minority health issues. Planners and providers in districts serving substantial minority populations should have access to it.

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How to Use a Medical Library. Seventh edition, Leslie T. Morton and Derek J. Wright. Pp v + 88. Clive Bingley, London, 1990. £12.50.

'There are more books upon books than upon any other subject', wrote Montaigne four hundred years ago, and here is another to prove the point. Our Postgraduate Centre librarian grudgingly concedes that we should have a copy, but it is not far from the truth to say that so long as she is around the building it is an expensive luxury as she knows it all. And expensive it is, at 14p per page.

Nevertheless it is a classic, as the fact that this is the seventh edition since its inception in 1934 testifies. Everything necessary is included, from library classifications through indices to audiovisual aids and CD ROMs. There is a good list of major reference books and historical sources, together with a brief summary of the size and scope of the major medical libraries in the UK.

Anyone and everyone will find something useful here and it is a book that every scientifically inclined undergraduate, let alone every doctor, should have on their shelf next to Roget, Fowler, Chambers, Swinscow, Asher and Miller (send SAE for my full list of Books that Rich Uncles Should Buy You When You Qualify). My reservation is simply the cost, half as much again for 88 pages as my edition of Roget (admittedly a 'mass audience' book) with 1247 pages. A cheap paperback edition would be most welcome. The question is: do I keep this review copy in my own library or, filled with altruism, donate it to our

library to replace the fourth edition we have? Ah, swift decisions are not sure (Sophocles this time). I will sleep on it.

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Myocardial Medley. Medical Anecdotes and Humour, edited by Ian Gray. Pp ix + 121, illustrated. Radcliffe Medical Press, Oxford, 1990. £5.95 paperback.

This splendid little book kept me consistently amused and was a source of some reassurance. The numerous anecdotes include several which were really too close for comfort. The description of the terror of being the first at a cardiac arrest and of the horror of trying to resuscitate a member of the public in a shopping precinct all reminded me of similar experiences which I can now recall with the greatest sense of humour. The book is ideal for cardiologists in that it can be read in an irregularly irregular fashion – a page here, a small section there – and is therefore appropriate for last thing before sleep or the odd 5 minutes over a sandwich.

The average cardiologist on the top of a Bradford omnibus would find the wisdom, humanity and common sense of many of the contributions sobering as well as amusing. I am sure that general physicians and general practitioners would be equally entertained but I suspect that it is the cardiologist who will derive the greatest pleasure.

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Occupational Skin Disease. 2nd Edition, edited by R.M. Adams. Pp xvii + 700, illustrated. W.B. Saunders, Philadelphia, 1990, £78.50, hardback.

Those familiar with the splendid 1st (1983) edition of *Occupational Skin Disease* will recall that it was almost entirely the work of Dr Robert M. Adams; other contributors were involved in only 3 of its 20 chapters. It was with some trepidation that I read the 2nd edition which Dr Adams points out is a complete overhaul by 40 contributors and himself, contains 32 chapters and has expanded to 706 pages. Dr Adams remains the principal author and happily his wide experience and physicianly wisdom have retained their influence on the book as a whole.

In a multi-author book there is bound to be overlap of subject matter amongst the chapters and this is dealt with to some extent by cross references, but it is essential to refer to the index. For example, the section on cutting oils (chapter 29) is excellent, but the list of brand name products and their biocide content is valuable information and occurs in the section 'job descriptions with their irritants and allergens'. The scope of this book is most

comprehensive and amongst new additions are chapters on systemic toxicity from percutaneous absorption, connective tissue disorders, the use of computers in the workplace, cosmetics, and the electronic and semi-conductor industries.

This is a superb book covering all aspects of occupational skin disease and has a wealth of references and a distinguished panel of authors. It is an essential reference book for dermatologists, occupational physicians, toxicologists and all workers concerned with the recognition and prevention of occupational skin disease.

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Pharmaceutical Chemicals in Perspective. Bryan G. Reuben and Harold A. Wittcoff. Pp xviii + 518, illustrated. John Wiley & Sons, New York, Chichester, Brisbane, Toronto, Singapore, 1990, £54.64, \$82.45, hardback.

Any book which straddles the worlds of commerce, public health and molecular pharmacology is unusual. This book, written by two chemists, attempts such a feat and in part succeeds.

The first section 'A Background to Pharmaceuticals' explores the pharmaceutical industry, patterns of disease prescribing, and the basis of drug action. It offers a readable introduction to all these areas giving an honest view of the strengths and weaknesses of both the industry and patterns of health care delivery.

The second and third sections 'The Top 100 Drugs' and 'Drug Groups outside the Top 100' are less successful. They review systematically the most commonly used drugs within each of the major therapeutic classes. Considerable information is provided about their chemistry and synthesis, much less about their pharmacology, and an often naïve account of their therapeutic efficacy and safety. The final chapter offers a futuristic gaze at the prospects for the pharmaceutical industry and new drug discovery.

It is unclear for whom this book has been written. Undergraduate and postgraduate doctors, pharmacists and pharmacologists would find it too heavy on chemistry and too light on biology. Students of organic chemistry, especially those with an interest in medicinal chemistry, may find it useful but it is unfortunate that it contained so little on biotechnology. In the next few years some of the really novel therapeutic agents are likely to come from this direction, and the longer term objective must be to devise simpler organic chemicals which can replace them. The sooner we breed a younger generation of medicinal chemists, able to traverse the chasm separating them from biotechnology, the sooner will long-term become short-term.

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