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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