Book Reviews

Attempted Suicide: a Practical Guide to its Nature and Management, Second edition, Keith Hawton and Jose Catalan. Pp. xi + 211. Oxford University Press, Oxford, New York, Tokyo, 1987. £12.50.

As pressures on beds increase, the need for quick and efficient assessment of attempted suicides is all the more obvious. This short paperback attempts to guide the houseman, psychiatric registrar or nurse through the process, including chapters on treatment and prevention. This book is a thoroughly sensible guide although hopefully a third edition may fill the omissions. This includes the lack of any information on the comparative toxicity of psychotropic drugs in overdose, the use of lay groups in the support of the victims, (e.g. Cruse, Gingerbread, the church etc.) and the use of contracts and challenge, to prevent recurrence. It is also surprisingly sketchy on those groups who are most at risk of subsequent successful suicide, the elderly, the physically ill and those in pain.

On the positive side it is well referenced, containing over 300 such references and the text quotes extensively from epidemiological research. The emphasis is firmly on attempted suicide and the general practitioner who wishes to identify the potential suicide before any attempt will find little to help him.

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The Cambridge Diet: a Manual for Practitioners, John Marks and Alan Howard. Pp. viii + 112, illustrated. MRP Press, Lancaster, Boston, The Hague, Dordrecht, 1986. £12.50 (hardback).

This book in paper covers has been distributed gratis to general practitioners, so clearly it is not an ordinary book, but it is not ordinary advertising literature either. Its objective is to create at least a favourable opinion about Cambridge Diet among practitioners, and it suggests that the practitioner (or spouse, or practice nurse) may become a Counsellor, and thus have direct access to the Diet. The Cambridge Diet is a semisynthetic diet which is intended to be taken as sole source of nutrition by people who want to lose weight. Three sachets provide 33 g protein, 42 g carbohydrate and 3 g fat which supplies 330 kcal (equivalent to 1 litre skimmed milk) plus added vitamins and minerals to meet the recommended dietary allowance of these nutrients. The Diet as purchased from Counsellors is relatively expensive (a point on which the book is silent) but is it worth it?

There is no doubt that an obese person on the Cambridge Diet will lose weight more rapidly than on a conventional (800–1200 kcal) diet. The crucial questions are:— does anyone need to restrict to 330 kcal/day to lose weight? and, is the composition of weight lost on the Cambridge Diet

appropriate? The evidence in the book does not reassure me on either point. In a preface Professor Ivor Mills says “. . . among obese patients there is the group of ‘efficient metabolisers’ who can maintain their excess weight with a calorie intake as low as 600 kcal per day, . . .” and in the text (p. 17) it says ‘Even a traditional reducing diet of say 1000 kcal may lead to an increase in weight in this unfortunate group of people.’ I do not believe these statements: after 16 years looking for such people I have failed to find one, and I know of no published evidence for the existence of this hypothetical group of obese people. I therefore believe that very-low calorie diets (VLCD) are unnecessary.

But isn't the more rapid weight loss a bonus? Not if the extra weight lost is largely lean tissue rather than fat. The authors correctly identify this as ‘one of the main objections made against any very low calorie diet . . .’ (p. 70) but assure us that on the Cambridge Diet ‘the proportion of the body as lean body mass remains unchanged’, and give a reference which unfortunately turns out to be an unpublished personal communication. The next cited reference is said (incorrectly) to review errors in the nitrogen balance technique ‘which may tend to suggest a negative balance when none exists.’ In fact the errors tend to suggest a positive balance when none exists. Anyway, the objective in treating obesity is to get the proportion of body weight which is lean body mass to increase.

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Clinical Dermatology: an Illustrated Textbook. Second edition, Rona M. MacKie. Pp. x + 328, illustrated. Oxford University Press, Oxford, New York, Tokyo, 1986. £12.50.

The first edition of Professor MacKie's elementary book was an immediate success because it combined a large number of excellent clinical photographs with an attractive well laid out text and an up-to-date commentary which included attention to the pathogenesis of skin disease.

The second edition maintains and improves the standards set by its predecessor. More detailed than the enormously popular *Essentials of Dermatology* by J.C. Burton, it contains enough therapeutic advice to be valuable for the houseman and non-dermatological registrar whilst still being eminently suitable for the keen undergraduate student.

Minor criticism could be made but any blemishes can be attributed to the weight of other commitments of the distinguished author. Crease lines, not Lange's lines, should determine the direction of the surgeon's knife. Generic and brand names are occasionally confused (as with ‘fucidin’ and ‘aureomycin’ on p. 104).

Useful features are the detail set out in the ‘contents’ and