Emergency Plastic Surgery, edited by Richard J. Greco. Pp. 450, illustrated. Churchill Livingstone, Edinburgh, London, 1991. Spiralbound £40.00.

Emergency Plastic Surgery, edited by Dr R.J. Greco, is a multi-author book in the American style. It purports to be a concise and practical guide giving fast access to information that might be needed for emergency plastic surgery care in the first 24 hours. It claims to be aimed at not only plastic surgeons and residents but also emergency medical physicians.

It is a soft-covered spiral bound book, which is not to my personal liking since they always seem to become 'dog-eared'. It is divided into chapters on skin and soft tissue, the hand and upper extremity, maxillo-facial trauma, lower extremity trauma and finally a chapter on general information covering topics such as haemostasis and anaesthesia. The basic layout of the book and reference to specific subjects is easy to follow.

I thought that the section on the acute care of burn management was too short and contained too little detail to cover an important topic of emergency plastic surgery care adequately. Only 14 pages of the book are devoted to burns care management as opposed to 223 pages on the upper limb. Accepting that upper limb trauma accounts for a high proportion of plastic surgical emergencies. I nevertheless thought the book heavily biased towards limb trauma. This was however well detailed and a useful and practical guide to management of upper limb injuries.

Lower limb trauma is dealt with in less detail. In my particular area of interest, the fasciocutaneous flap is hardly mentioned which in my opinion is an important omission.

Most of the illustrations in the book have been taken from other publications with permission but, where the illustrations were not taken from elsewhere, I thought that the quality was noticeably poorer, particularly in the hand section with some of the anatomical drawings being less than accurate.

As with all specialist books one has to weigh up the benefits of this book against some of the more standard plastic surgical texts in which emergency plastic surgery is covered. On balance, I thought that this was a useful book and one which would provide an easy reference guide to those working in accident departments and particularly those with an interest in plastic surgery. It should not, however, be regarded as a 'do it yourself' manual for the uninitiated plastic surgeon but rather as a book to help those with a basic plastic surgical knowledge. It is reasonably priced at £40.00.

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Examining Doctors – Medicine in the 1990s, Donald Gould. Pp. x + 148. 1991. Faber and Faber, London, Boston, 1991. Hardback £12.99.

This is a disturbing book as no doubt the author intended that it should be. Dr Gould believes that there is a general impression that doctors are still engaged in a conspiracy against the laity. He therefore tried to examine the role of

doctors in society by talking individually with medical students, junior hospital doctors, consultants, general practitioners, the president of the Royal College of Surgeons of England, the president of the General Medical Council, the chairman of the Patients' Association and lay administrators. He asked their views on the training of doctors, the regulation of the medical profession and its relationship with patients and with its monopoly employer – the National Health Service.

In the light of their response, Dr Gould laments the undue emphasis on high academic attainment in the selection of medical students and believes that the undergraduate curriculum is inappropriate in most medical schools with the exception of the newer schools at Leicester, Nottingham and Southampton, where innovative curricula have been introduced.

He is concerned about the large proportion of resources being spent on high-tech medicine, with more emphasis on curing than caring, and finds that many patients still complain that their doctors are poor communicators. He found support for the view that patients should be regarded as customers or clients in recognition of an autonomous rather than subservient status.

He refers to the unsatisfactory hospital career structure with fully trained doctors waiting too long for consultant posts and quotes a report suggesting that nearly half of all medical graduates of five years standing wished they had not gone into medicine.

He believes that most applicants for medical school are inspired by the wish to help people and hopes that if the undergraduate curriculum can be modified to produce not just competent technicians, but informed and understanding members of society, fewer may become disillusioned.

All medical schools are in fact striving to achieve this aim, but whatever the merits of the holistic approach to medicine may be, all of us are likely to be glad of the benefits of modern medical science even though we may ultimately seek only tender loving care.

Dr Gould has certainly addressed some important questions, many of which defy an easy answer.

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The Medical Interview: The Three-Function Approach, Steven A. Cohen-Cole. Pp. xvii + 197. Mosby Year Book, St Louis, Wolfe Publishing, London, 1991. Paperback £15.00.

Within this compact volume is a complete guide on how to interview patients. Although primarily intended for medical students it is an invaluable aid for anyone teaching clinical skills, and a reminder about our own interviewing techniques.

Everything is included, from the feelings of students around their first encounters with patients to specific strategies for dealing with 'difficult' patients.

There is a detailed breakdown of how to conduct the 'perfect' interview. The book is well set out with a helpful

contents page. The text is a pleasure to read, being both comprehensive and concise. At £15.00 it is first class value and should be mandatory reading for medical students and anyone involved with teaching them (indeed anyone who has dealings with patients would find something of value in this book).

Very highly recommended!

Susan E. Mitchley
The Windmill Medical Practice,
65 Shoot-up Hill,
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General Pathology, Ian A.R. More and Ian L. Brown. Pp. 129, illustrated. Churchill Livingstone, Edinburgh, Melbourne, New York, Tokyo, 1991. Softback £7.95.

This small volume comprises an attractive collection of macroscopic illustrations and photomicrographs chosen to illustrate the basic principles of general pathology. A selection of diagrams is also included but these are less successful. While I personally enjoyed flipping through the illustrations, I did not find the text, what there was of it, nearly as rewarding, and the one-line figure legends were not helpful in this respect. Given that this book is offered as an aide memoire, even in these days of contracted pathology curricula, it is questionable whether the principles of pathology can be condensed into 33 16 × 8 cm pages of text, many of which are less than half filled. I found the book reminding me of a well-known radio panel game wherein the participants are asked to summarize novels of the order of *War and Peace* in 15 seconds. There is simply not enough here for medical students and medical postgraduates, while students in fields related to medicine, for whom the book is also recommended, will not be able to make head nor tail of it.

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Pathogenesis of Diabetes Mellitus – An Hypothetical Approach, H.S. Raju. Pp. 82. Dr H.S. Raju, Gulbarga, India, 1990. Paperback Rs 35/-.

The author's personal publication contains many hypotheses, roughly outlined below:

- the basic metabolic disturbance of diabetes is reduced glucose tolerance.
- the purpose of glucose intolerance is to spare glucose.
- under basal conditions, tissues preferentially use free fatty acids for energy needs and spare glucose.
- glucose is an essential raw material for synthesis of fatty acids, ketogenic and glucogenic aminoacids and can be used for pyrimidine and purine synthesis, i.e. obligatory needs, not simple energy supply.
- in addition to hormonal factors, hypothalamic centres precisely control blood sugar levels by influence through peripheral nerves. Substances liberated at nerve endings result in a 'barrier' controlling permeability of the cell. Increased barrier activity results in insulin resistance, a reduction allows the blood sugar to fall.

- under conditions of high barrier activity, restricted nutrition, tissues may be qualitatively and functionally abnormal.
- healthy growth is controlled by a hypothalamic centre. 'Juvenile' diabetes is a derangement of this control and an imbalance of energy need and availability, i.e. a glucose excess becomes manifest.
- maturity onset diabetes is divided to obese, lethargic and senile types, each characterized by a catabolic gluconeogenic state.
- many complications of diabetes are explained as malfunctions of smooth muscle cells and neuropathy by the barrier effect *reducing* glucose flow into neurones and consequent damage to enveloping Schwann cells.
- the changes in the infant of a diabetic mother are described as acquired congenital hypothyroidism.

If these proposals intrigue readers, they will not find any scientific substance in the full text but only spuriously applied observations. You will have to judge from the synopsis above.

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Progress in Obesity Research 1990, edited by Y. Oomura, S. Tarue, S. Inoue, T. Shimazu. Pp. 704, illustrated. John Libbey, London, 1991. Hardback £45.00.

My first impression of this 688 page book was unfortunate, as the covers were back to front. This belies a readable comprehensive compilation of the papers given at the VIth International Congress of Obesity in Kobe, Japan. Any person seeking an authoritative review of most aspects of obesity by international experts will be likely to find help in this volume. What appealed to me was the tight control the Japanese editors exercised on academic verbosity, and they have done a fine job in encouraging brevity without losing readability. Key references are included after each text. Since the first International Congress of Obesity 16 years ago there have not been major technological or therapeutic advances as in other specialist areas such as cardiology. However the complex nature of obesity, and its existence as a chronic disorder requiring long-term management is recognized by many authors. Obesity and cardiovascular disease, the effects of exercise on obesity, dietary treatment of childhood obesity, and Very Low Calorie Diets, are just some of the titles of the papers.

Every reader will find something new here. The regulation of the sympathetic nervous system in obese subjects was termed the MONA LISA hypothesis by one author (Most Obesities kNowN Are Low In Sympathetic Activity), a new 'almost mnemonic'. I found a few minor editorial faults, such as one author suggested 12,000 kcalories daily was an adequate maintenance slimming diet, whereas 1200 kcalories was clearly intended. This does not detract from an excellent and readable reference text suitable for physicians, dieticians or scientists interested in obesity. It would not appeal to the primary care physician unless interested in obesity. The price of £45 is reasonable for the size of hardback volume.

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