Book reviews

Gastroenterology

Clinical problems in gastroenterology, JM Rhodes, HH Tsai. pp xi+307, illustrated. Mosby Wolfe, London, 1995. £29.95, paperback

This book is an attractively presented review of gastroenterology for the 1990s. The layout is clear, illustrations are copious and many of them are in colour (which are interestingly of better quality than the black and white pictures). Many references are included, mostly from the 1990s, to give an up-to-date field to the text.

The authors are eminent in their field and drawn from both University and District General Hospitals. Diseases are covered by symptom presentation rather than by organ system, an approach that is only partially successful as it makes the book difficult to use for reference purposes. It is probably best regarded as a light medical read.

Who will be interested in this book? Certainly medical students, candidates for higher examinations and general practitioners would find it useful as a thumb-nail sketch of the specialty. Clinicians practising in the field of gastroenterology will not learn much, but will appreciate the pictorial content.

A criticism which applies to many other gastroenterology texts is excessive attention to gastrinoma. In addition the use of algorithms does not clarify management; the one on management policies for duodenal ulcers is hopelessly out of date and frankly misleading.

At 26 × 19 × 1.5 cm this is a desk top rather than pocket book. Doctors would undoubtedly like to be given it, but if asked to pay for it themselves might well return it to the shelves after perusal, much in the way readers treat magazines on the top rack of newsagents.

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Healthcare

Priorities in health care. Ethics, economy, implementation, J Einhorn, ed. Swedish Parliamentary Priorities Commission, Stockholm, Sweden, 1995. Paperback

This document does nothing to dispel the clichés about Swedish society - logical, reflective, articulate, consensus seeking, pragmatic, concerned about equity, and improving care for the disadvantaged. It can make depressing reading for anyone working in an environment where poverty is a dirty word and inequalities are misnamed 'variations'. It is even written in English just to rub salt into the mono-lingual wound.

The report represents several years work by a multiparty parliamentary commission and seeks to provide a framework for priority setting. Sweden, like all developed countries, faces spiralling health costs and an ageing population. The commission provides guidelines for prioritisation which, interestingly, are divided into political/administrative and clinical as they operate in different contexts. The report also sets out an 'ethical platform' for

prioritisation which has three main principles: human dignity (all human beings have equal dignity and the same rights), need and solidarity (resources should go where needs are greater and special attention is paid to those who have less chance of making their voices heard), and cost efficiency (a reasonable relation between cost and effect is expected when choosing between different activities).

The commission examined other priority-setting exercises in New Zealand, Norway, The Netherlands and Oregon, USA, borrowing from them, but putting a Swedish twist on the ideas. The reports says little that is new. Those familiar with the priority setting debate may find it breaks no new ground. What is astonishing is the fact that it is the work of a Government Commission that has put a lot of effort into seeking views and developing a consensus.

There is only a sketchy section on implementation, which could be seen as a weakness, though this may reflect the much more decentralised style of government in Sweden, where local authorities who are responsible for health services have real power and responsibilities. Starting to feel depressed again? I wonder if there are any jobs going in Sweden . . .

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Infectious diseases

Differential diagnosis of infectious diseases, D Schlossberg, JA Shulman, eds. pp 339. Williams and Wilkins, Philadelphia, 1996, ISBN NO-683-07659-0.

This is an easy-to-read update of infectious diseases which is highly recommended for both undergraduates and postgraduates: easy-to-read because of its helpful charts and elegant colour photographs. It is a multi-system manual which covers infections of lung, brain, gastrointestinal tract, kidney, hepatosplenomegaly, lymphadenopathy, the compromised host, and haematology. The clinical background is complemented by a review of important technological advances, particularly molecular biology, which gives an exciting new view of the causes of infections. The aetiology of various granulomatous disorders such as Whipple's disease and cat scratch disease provide an incentive for further techniques to uncover the causes of granulomatous diseases.

The charts provide useful practical information for the classroom and for examinations. The clinical approach to differential diagnosis and treatment are of value both in the outpatient clinic and in the ward.

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Logic

Logic in medicine, 2nd edn, CI Phillips, ed. pp x+219, illustrated. BMJ, London, 1995. £14.95, paperback

Logic and logical philosophy must be regarded as the framework used to approach decision making. Diagnostic skills follow a logical pathway within ethical and philosophical constraints and the clinician needs ways of understanding the reasons for his actions. This book, now in its second edition, offers insight into the fields of logic, diagnosis, and the acquisition of medical and scientific knowledge against a background of philosophy, ethics and professionalism. There has always been a lack of discussion by health workers about the logic of diagnosis. Physicians are seen as failing to note philosophical principles, preferring to leave them to historians. Aristotle was the first to describe medical practice as that of a master craftsman and logic had an important influence on Plato, Galen and Hippocrates. The logic of diagnosis is as old as medicine itself but not many medical professionals probably know this. Thus, the syntax and terminology of logic are examined within the context of diagnostic processes, knowledge representation, legal reasoning and ethical and philosophical issues. Most importantly, the book discusses the role of the doctor and patient, state and market, and the power of the medical profession in the market place and how it may well be questioned today. This book is essential reading for medical students, those involved in higher training and professional development programmes and other healthcare professionals. It allows a broadening of understanding of the medical workplace in the past and today, of how doctors practice, and prepares the reader for changes in the future.

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Otoscopy

Otoscopy. A structured approach, PJ Wormald, GG Browning. pp 93, illustrated. Arnold, London, 1996. £29.50, paperback

This book approaches otoscopy by a structured method based on presenting symptoms rather than disease categories. It does this using concise text, excellently illustrated by 177 photographs taken of the external and middle ears by the improved technology of the rod endoscope. The text is structured, enabling the reader, depending on his experience, to reference variable amounts of information. A major feature is the use of decision trees which are present in most chapters. These are logical and guide the reader in making a diagnosis. The text has a limited range of references and the book is adequately indexed. The book is written for all otoscopists, but I feel will be most useful for those who regularly look at ears and who are unsure of what they see. The chapter on techniques of examination contains many useful tips for the cleaning and examination of the ears but loses some impact by being placed at the end of the book. Rather than reading this book from cover to cover, it is at its most effective when used to answer specific questions such as "what are the possible