Book Reviews

Bedside Diagnosis, Twelfth edition, Charles Seward and David Mattingly. Pp. iii + 425, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £13.95.

The twelfth edition proclaims its popularity yet I found no devotees of Dr Seward and Professor Mattingly's *Bedside Diagnosis* amongst a small sample of hospital junior staff of diverse British Medical Schools.

In 26 chapters common clinical labels are dissected largely from information available at the bedside. Early skills in history taking and examination are assumed and this approach is probably most useful between the final clinical year and Senior House Officer stage when its more practical slant complements systematic knowledge already gained. The content is largely non-controversial, well refined, updated and reads easily. Its beginning with Psychogenic Symptoms is a strength. If allowed two detailed criticisms they would be the omission of neurological cancer deaths in the table on page 319 and the unexpected statement on page 332 that maturity onset diabetes is a cause of obesity – surely most physicians would reverse this relationship.

This new edition should hold its place in a limited field.

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Gastrointestinal Radiology: Performing and Interpreting Fluoroscopic Examinations, David W. Gelfand. Pp. xi + 347, illustrated. Churchill Livingstone, New York, Edinburgh, London, Melbourne, 1984. £56.00.

Radiology has been the centre of major advances in medical diagnosis in the past decade. Non-invasive scanning techniques have burgeoned as image reconstruction and computer technology have been exploited resulting in dynamic isotope studies, computed tomography, magnetic resonance imaging and digital subtraction arteriography. In the background and relatively unnoticed except by those immediately involved, gastro-intestinal radiology has also been transformed as double contrast barium examinations have been applied to the entire length of the gastro-intestinal tract. All manner of lesions are being shown in more detail and at an earlier stage often leading the endoscopist rather than following in his footsteps. Abnormal surface patterns in the oesophagus, stomach, duodenum and colon are now readily recognised, although in many instances the aetiology remains obscure.

Oesophagitis is reliably demonstrated by thickening and irregularity of the vertical mucosal folds, herpes simplex and monilia shown at an early stage and even oesophageal carcinoma when only a surface lesion. Similarly in the stomach, mucus obscuring the normal *areae gastricae* pattern, nodular gastritis, 'spatially oriented' *areae gastricae*, small ulcer scars and 'aphthous' ulcers can be recognized and is sharply reducing the number of 'barium negative dyspepsia' examinations. In the duodenal bulb, gastric type mucosa

can be recognised and the velvety pattern of normal villi. Nodular lymphoid hyperplasia in the small bowel and colon, aphthous ulcers, polyps less than 0.5 cm and filiform polyps of healed colitis have been added to the list of radiological signs.

Many enigmas persist unanswered besides the obvious unknown cause of Crohn's disease and ulcerative colitis. The cause and clinical significance of 'nodular' or 'erosive' gastritis is a case in point. Does it really cause symptoms? Is alcohol, cigarette smoking, bile reflux or aspirin singly or in combination responsible or is this another 'non-disease' uncovered by introducing a new technique? However ulcers, tumours and inflammatory bowel disease continue as the mainstay of the radiologists day-to-day practise. A critical view of basic techniques is therefore fundamental to good practice.

David W. Gelfand, Professor and Chief of Gastro-intestinal Radiology at the Bowman Gray School of Medicine in Winston-Salem, North Carolina has acquitted himself admirably. In good style, adequately illustrated and in a relatively short text he has produced a comprehensive guide to the modern practise of gastro-intestinal radiology using fluoroscopic techniques.

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Lifetime Care of the Paraplegic Patient, edited by Sir George M. Bedbrook. Pp. xiv + 263, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £32.00.

Sir George Bedbrook set up the spinal unit of international repute at Perth. He has incorporated his experience of management of acute spinal injuries in *Care and Management of Spinal Cord Injuries* in 1981.

He has now edited a second book which concentrates on the care of the patients once the acute treatment stage is over. He has been assisted by a team of consultants and other staff mainly from Australia but with contributions from the USA.

The section by Sir George Bedbrook on the long-term (extended) care, and oedema, are excellent as are the sections on the management of the urinary tract by England and Low, the section on fractures and deformity of the spine by Griffiths, and paediatric care. There is a stimulating chapter on the respiratory system.

However, the book suffers from the disadvantage that as so many authors have written there are many accounts of the same subject, such as autonomic dysreflexia, which appear in different places.

It is difficult to know to whom this book is aimed. The doctor experienced in spinal injuries will not find a detailed statistical analysis of the problems; it is strong in generalisations and weak in evidence. For example, in the chapter on the care of children there are just general statements and no statistics are given. Similarly, in the chapter on pressure sores, while there are very nice descriptions of the aetiology of

sores, one is given no indication of the incidence, or how particular sores are tackled. The same applies to the management of spina bifida.

There are important omissions: one could not find reference to septic arthritis of the hip, amyloid disease, hypertension, ectopic calcification or life expectancy.

A person commencing in this field will find conflicting statements. On p. 25, Griffiths: '... a small group who develop problems in the upper limbs many years after complete or incomplete thoraco-lumbar lesions. The first presenting symptoms are those of loss of spinothalamic tract sensitivity with deficient temperature and pain sensation progressing to neuropathic joints in the upper limbs.'

This is repeated on p. 253 by R.J. Vaughan. In fact, the condition occurs in patients with cervical injuries, can spread below the level of the lesion and was first described in 1965.

Again Griffiths states, p. 26, that autonomic dysreflexia should be treated by beta-blocking medication such as phenoxybenzamine whereas on p. 38, Watson and Smith suggest that alpha-blocking agents are most acceptable.

Wild's statements in the respiratory section that post-traumatic syringomyelia may also cause subtle changes in respiratory function and that diminished chest wall movement leads eventually to ankylosis, are, to say the least, controversial.

Few would accept that once acute gastrointestinal haemorrhage has developed in patients, endoscopy should be performed only if six units of blood are required.

For this reason, that the experienced fail to find adequate information, and the inexperienced find conflicting information and will not know how to choose, it is difficult to recommend this book.

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Lung Cancer, edited by Joseph Aisner, Contemporary Issues in Clinical Oncology, Vol. 3. Pp. xvi + 336, illustrated. Churchill Livingstone, New York, Edinburgh, London, Melbourne, 1985. £40.00

In the preface to this volume on lung cancer in the series on Contemporary Issues in Clinical Oncology, the editor writes, 'There has been an explosion of medical literature involving all aspects of lung cancer diagnosis, staging and treatment. This myriad of literature is sometimes conflicting, often based on highly selected trials and leaves one with an inadequate account of the state of the art or realistic application of new treatment methods. This volume is an attempt to provide the reader with a balanced view.' The contributions by the many authors on all aspects of lung cancer do just that, in a clear and readable form.

The first chapter deals naturally with the pathology of lung cancer, the WHO classification and the behaviour and inter-relationships of the various cell types, and looks forward to greater clarity and understanding possibly through the new field of biomarkers. The difficulties of detection of early lung cancer, and the problems of creating successful screening programmes are fully discussed in the next chapter. Summarised in chapter Three are all the prognostic factors which

have been studied in the different cell types of lung cancer, and related to survival.

The fourth chapter deals with the problem of diagnosing lymph node involvement in the mediastinum prior to surgery by both diagnostic X-ray methods, such as CT scanning, and by exploration by mediastinoscopy and the newer techniques of transbronchial needle biopsy, and suggests a possible pre-operative staging plan.

The next three chapters are devoted to the treatment of non-small-cell lung cancer. That on the surgical treatment is very comprehensive in guidance in any given situation and is a description of the suggested operative approach, as well as indications when surgery should be combined with radiotherapy, and the indications for interstitial implantation of radioactive sources. The role of radiotherapy is described in Chapter Six, as adjuvant to surgery, as radical treatment for inoperable early lung cancer and the great value of palliation for the relief of local symptoms and the chest and bone pain. In the chapter on chemotherapy for non-small-cell lung cancer, no clear messages are forthcoming as to the best possible drugs or combination of drugs, and a plea is made for better prospective clinical trials to try to achieve a better understanding of what should be used and when.

Chapter Eight summarises the various reported works on immunotherapy in lung cancer, but concludes that the non-specific agents used in immunotherapy have no effect on lung cancer, and that more specific agents still need to be assessed.

The next four chapters are all concerned with small-cell lung cancer, starting with a good summary of the presently known and understood biomarkers, including tumour antigens and hormones. Chapter Ten deals with the natural history and metastatic spread of small-cell lung cancer, and describes the staging procedures which should be recommended, suggesting that these should be kept reasonably simple, especially as treatment is likely in nearly all cases to be principally with combination chemotherapy which is dealt with in the next chapter on the management of small-cell lung cancer. Chemotherapy with various combinations is producing long-term survivors and is the major treatment in this group of patients. The role of radiotherapy in treating the primary chest disease is still not clarified, but as described in the next chapter may have a considerable role in the treatment of central nervous system disease. It is suggested that prophylactic cranial radiation may be of value in those patients who have a complete response to their chemotherapy, but that otherwise it should be retained for relief of intracranial or intraspinal disease when symptoms appear.

In the final chapter the editor tries to point the way forward for future research in lung cancer, with a special plea for prospective studies which will improve the diagnosis, staging and treatment of lung cancer. But realistically the message comes through the whole of this work, that whilst there are certain aspects of the treatment of patients with lung cancer that can in a very small number of patients be successful that there is not at present any panacea to the whole problem, and the answers will only come with painstaking well conducted prospective trials. This is certainly a useful book on lung cancer, for all clinicians who may be involved in the care of patients with this disease.

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