

Communicating with Dying People and Their Relatives, by J. Lugton. Pp. xi-105. Austen Cornish Publishers in assoc. with The Lisa Sainsbury Foundation, London, 1987. £6.50.

It is now generally accepted and understood that meticulous titration of medication is essential for good palliative care of a patient who is dying. Equally important, is the meticulous 'titration' of communication between the professionals and the patient and his family, which can have as dramatic effect as medication.

This book is studded with many 'gems' and will help professionals in the difficult area of communication. For example, how recognizable, but perhaps not always acknowledged that 'it cannot be assumed an elderly person will more readily accept the prospect of death than someone younger'.

It is perhaps stating the obvious that each person only dies once. Therefore as professionals we only have one opportunity, perhaps over the course of weeks, to get the communication right. There is no chance for a trial run!

Many of these tricky areas are covered by this book. One chapter includes a discussion on the creation of time and space for communication, and the process of and necessity for an inter-disciplinary teamwork approach. Some other topics described include 'breaking bad news', the preparation of relatives for bereavement, making communication more effective and breaking down barriers.

Each of the nine chapters concludes with a number of questions and exercises which provide a stimulating learning tool. Although written primarily for nurses, this book would be of great value to doctors who, particularly in a hospital situation, usually bear the brunt of this often difficult area of care.

Harriet Copperman
*The North London Hospice Group,
76 Wilton Road,
London N10 1LT.*

100 Data Interpretation Questions for the MRCP, Second edition, edited by M.D. Flynn, R.F.U. Ashford & P.J.J.W. Venables. Pp. xi+220, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £6.95.

This is the second edition of a popular book first published in 1979 and now revised, with additional questions. It consists of ten papers in the format of part II of the MRCP examination. Each paper has two ECGs (well produced) and eight questions. There are no echocardiograms. The questions are posed on the odd numbered pages with answers on the reverse. The answer pages do not confine themselves to a simple statement of the correct answer but also have brief and very helpful explanatory notes. Clues in the questions can be quite subtle... 'A 47 year old female flower seller is admitted in late October with dark urine, pyrexia and an early diastolic murmur'. Normal ranges are given, but serum calciums appear not to be corrected. In reality, clinical problems are not approached in this way, but given that

success in part II of the MRCP depends upon the ability to make diagnoses on the basis of a brief history, virtually no examination details and the interpretation of laboratory data presented in a rather arbitrary way, then this small book is ideal and is thoroughly recommended.

J.J. Hamblin
*Southend Hospital,
Prittlewell Chase, Westcliffe-on-Sea
Essex SS0 0RY.*

Diagnostic Picture Tests in General Surgery, by W. Walker. Pp. 128, illustrated. Wolfe Medical Publications, London, 1987. £6.50.

Modern surgical problems focus increasingly on the statistics and methodology of treatment comparisons and the accuracy of various diagnostic tools. Even physical signs are often tenuously present, or no longer reliable. It is refreshing to see a book concerned with the particular surgical province of recognition of gross pathology and management implications. Mr Walker's collection of 200 photographs and X-rays is very well reproduced and accompanied by thoughtful questions and riders. There is no particular order, as befits the title, and the book amply fulfils the author's modest claim to 'refresh the memory of a clinician'.

The enjoyment of browsing through the surgical 'smorgasbord' is marred by the practise of presenting solitary barium films, some even after previous gastric surgery. Too often the lesion is either invisible or unconvincing. If the book is to be a serious aid to young surgeons with Fellowship examinations in mind, then it is teaching slightly reprehensible habits. Perhaps another edition might include some endoscopic appearances of the same lesions? Likewise I wonder if everyone in Dundee with visible piles gets a barium enema? The miserable tongue and mouth in the surgical ward may well yield monilia, but the primary diagnosis is perhaps Stevens Johnson type ulceration.

Many of us will nevertheless be grateful for the opportunity to see this collection which fits the pocket in both senses. It is excellent refreshment for all surgical ages, and a worthwhile addition to that little row of books in sister's office or the theatre coffee room.

A.W. Clark
*35 Mallory Road,
Hove, East Sussex.*

Melanoma and Naevi - Incidence, Interrelationships and Implications, edited by J.M. Elwood. Pp. 156, illustrated. Karger, Basle, Munich, Paris, London, New York, New Delhi, Singapore, Tokyo, Sydney, 1988. £56.90.

This slim monograph of 156 pages consists of eleven chapters, with coloured plates and black and white photographs. The authors are clinical dermatologists, epidemiologists, pathologists, geneticists and community