

## Book Reviews

**Clinical Gastroenterology**, Johannes Bircher. Pp. vii + 528. Bailliere Tindall, London, Philadelphia, Sydney, Tokyo, Toronto, 1988. £15.00.

The availability of an ever increasing number of new and potent drugs demands that the physician prescribing them has a corresponding knowledge of their possible side effects. This applies perhaps more to the gastroenterologist than to physicians of other persuasions, for the gut remains the main portal by which most drugs are administered and frequently bears the brunt of any adverse reactions as a consequence. Such reactions always need to be borne in mind in the differential diagnosis of gastrointestinal disease. Conversely, pre-existing gastrointestinal disease may enhance or indeed precipitate an adverse reaction and caution needs to be exercised when prescribing for such patients.

These, and other aspects of adverse drug reactions, as they effect the gut, are well described in this latest edition of *Clinical Gastroenterology*. It is a well referenced multi-authored review within the compass of a relatively slim volume. Nearly half the book is devoted to reactions in the liver, which is perhaps not surprising, but there are chapters on both the upper and lower gut, gastrointestinal bleeding, malabsorption and the pancreas to give balance.

In a rapidly changing field delays in publication inevitably lead to omissions of more recent research such as the effect of NSAIDs on the small intestine but, nevertheless, it is a surprisingly comprehensive volume which every gastroenterologist would find useful to have to hand. Indeed, it would be a worthwhile addition to any medical library.

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**Medicine: The Bare Essentials**, E.H.I. Friedman and R.E. Moshy. Pp. xxxi + 302. John Wiley & Sons, Chichester, New York, Brisbane, Toronto, Singapore, 1989. £7.95.

This book purports to span the entire medical syllabus and yet sells for less than £8: I approached it with scepticism. Medicine (including minor specialties), surgery, paediatrics, psychiatry and obstetrics and gynaecology are all covered in less than three hundred pages. A terse style, and the extensive use of lists and abbreviations throughout allows a phenomenal amount of information to be compressed. The format may not be to everyone's liking and the abbreviations could be difficult for a novice to comprehend, but turning to my own area of interest I found no errors of importance. Colleagues in other specialties were also impressed, given the book's obvious limitations imposed by its size. This would be a useful book for a cost conscious final year student to carry around in his/her white coat pocket and viewed in terms of information per pound it must have few equals. It will compete directly with

the excellent Oxford Textbook minibooks, but stands this comparison surprisingly well.

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**On-Call: Out-of-Hours Telephone Calls and Home Visits**. Practical Guides for General Practice 9, J.D.E. Knox. Pp. x + 66. Oxford University Press, Oxford, New York, Tokyo, 1989. £5.95.

I cannot think of a better small book to hand to a trainee in his first week in general practice. This book could well be essential reading before he receives his first out-of-hours telephone call. It takes him through the various aspects of telephone answering. Initially I thought it would be impossible to write a whole book on such a small subject but James Knox writes with clarity and sets out the general principles in a manner which is both thought-provoking and stimulating.

There are increasing pressures on general practitioners to maintain, and indeed improve on, good doctor-patient relationships. During the day the good offices of the receptionist at the surgery are vital. However, it is the doctor who is at the sharp end of the telephone during the evening and night, and this book clearly shows the difficulties encountered, and the problems to be overcome. When the trainee has read 'On-call' he will realise that there is an art to answering the out-of-hours telephone call. He will be well armed by the chapter on 'Tactics' and when he is established in practice he should be spoilt for choice after the chapter on 'Organisation and equipment'.

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**Oxford Textbook of Psychiatry**. 2nd Edition, Michael Gelder, Dennis Gath and Richard Mayou. Pp. xiv + 1079. Oxford University Press, Oxford, New York, Melbourne, 1989. £45.00 (Hardback) – £22.95 (Paperback).

There is no shortage of textbooks of psychiatry. Indeed, the range is refreshingly wide but extremely confusing for beginners. Probably the best classification is by length, which will naturally reflect the authors' different intentions. Thus, at one extreme there is the *'Handbook of Psychiatry'*, although each of the five volumes would require at least one hand. But the majority include a few short lecture notes together with a number of shorter texts. The *'Oxford Textbook'* comes in between, with about 1,000 pages. There are few others in this category and the most important is probably the *'Edinburgh'* textbook (Kendall and Zeally, *Companion to Psychiatric Studies*). The *'Oxford'*

book has the advantage of being written by only three authors. This contributes to uniformity in the style of writing and in the presentation of the text.

The 'Oxford' is easy to read and with a clinical emphasis, which the authors state to have been their intention. For comparison, the 'Edinburgh' textbook has nearly 40 contributors, which seems to result in each chapter being more self-contained and more an advanced essay on each topic. To the mind of this reviewer, the 'Edinburgh' book has perhaps a more academic style. So these two major texts are not really rivals, the choice will depend on the preferences of the reader.

In the case of the 'Oxford', there is a book list at the end of each chapter for further reading and there are also adequate references in the text which allow specific aspects to be further researched. The authors observe that references are not intended to be comprehensive but especially for statements that may be controversial or for issues of topical interest.

In general, there are some good psychiatric textbooks available and this is a very good book. It is deservedly popular and is eminently suitable for trainee psychiatrists. It would also be useful to their more senior colleagues and other doctors seeking information about psychiatric disorders as well. Medical textbooks are notoriously expensive but the paperback edition is surely rather good value.

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**Hydrocephalus Shunt Infections**, Roger Bayston, Pp ix + 160, illustrated. Chapman and Hall, London, 1989. £22.50.

The first successful ventricular shunt systems were developed in the mid 1950s. Since that time ventricular shunts and their problems have come to occupy a large part of the neurosurgical practice. Although the number of shunts carried out in children has decreased largely as a result of a less enthusiastic approach to the management of children born with severe congenital anomalies, the use of ventricular shunts in the adult has grown. The advent of the CT scan has shown that adult hydrocephalus is more common than was once thought: its affective treatment undoubtedly facilitates the management of many neurosurgical conditions from head injury to subarachnoid haemorrhage. Probably 10–15% of adult neurosurgical procedures are now shunt related.

The great bugbear of ventricular shunts is infection. Over the past 30 years a good deal of information has been accumulated on this subject and the time is certainly appropriate for a monograph. It is a pleasure to state that this volume could hardly be bettered. Indeed it is a model of what a monograph on a neurosurgical topic should be. For a start it is by a single author who knows his subject well. Dr Bayston is a bacteriologist at the National Hospital and Great Ormond Street. By virtue of this position he has gained wide experience of shunt infections and has made many original contribu-

tions to what is known about them. Naturally his book mainly deals with the bacteriology and chemotherapy of shunt infections but the more purely clinical aspects are also dealt with thoroughly. He writes clearly and emphatically; although this book contains a considerable amount of learning, its main messages come through well. This reviewer who has performed or supervised some hundreds of shunt operations was embarrassed to discover the deficiency of his knowledge on this important subject. As a result of reading this text he has learnt some salient facts which will cause him to modify his surgical practice. Amongst the key topics emphasized are the difference between inter-nal colonization of shunts by coagulase negative staphylococci and external infections by *Staphylococcus aureus*, the myth of the late shunt infection, and the immune complex complications such as nephritis and arthralgia that may result from delay in the diagnosis of atrial shunt infections. The author makes a strong case for the use of his shunt surveillance programme based on serological testing for the early detection of infection. All in all, this is an outstanding book. It can be read not only with profit but with enjoyment by all those concerned with the treatment of hydrocephalus – surgeons, paediatricians and bacteriologists.

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**Oxford Handbook of Clinical Specialities**, 2nd Edition, J.A.B. Collier and J.M. Longmore. Pp. xi + 787. Oxford University Press, Oxford, 1989. £10.95 Flexi-covers.

There is an enormous amount of solid information, wisdom and handy tips within the pages of this handbook. Clearly the work has involved an enormous effort from the editors to present so much information in an accessible and readable form. It has undergone a useful revision in this second edition. Many of the new sections contain practical information that needs to be readily available (e.g. the growth centile charts in the paediatric section) or which is hard to find easily elsewhere (e.g. guidance on the correct use and prescription of graduated support hosiery).

A new development since the first edition is the updating procedure provided through the *British Medical Journal*/OUP medical update boxes. The idea is that a copy of the update box printed in the *BMJ* should be stuck to the blank page opposite the relevant section in the handbook. If assiduously followed, this undoubtedly provides a most useful method of revising the printed text: I cannot help wondering how many readers will be that assiduous. One of the nice points about the update boxes for the book is that anyone who feels sufficiently moved can write a new box for insertion into the handbook. Their efforts will be peer reviewed and printed in the *BMJ* if found of value by the editors. It is refreshing for readers to have this opportunity to make their voices heard if something in the text provides a spur to doing things better. The enclosed card inviting readers to suggest material for