Book Reviews

Manual of Medical Therapeutics, 26th Edition, edited by W.C. Dungan & M.L. Ridner. Pp. xiii + 585, illustrated. Little, Brown Co., Boston, Massachusetts, 1989. £9.95 spiral paper bound.

How does one find something fresh to write about the 26th edition of an established text? The reviewer of the 25th edition felt that this book was unsuitable for junior doctors and medical students working in the United Kingdom because it made no allowance for transatlantic differences in therapeutics. The current edition reveals fewer contrasts than its predecessor, although a complete understanding still requires the reader to be bilingual in relation to the approved names of certain drugs. To the UK prescriber, the recommendations are, in some instances, old-fashioned (buprenorphine not included amongst analgesics; spironolactone used in essential hypertension; castor oil and cascara recommended as cathartics), and in others, *avant-garde* (diltiazem licensed as an anti-hypertensive agent; ACE inhibitors recommended as 'first-step' agents for essential hypertension; esmolol available as an ultra-short acting beta-blocker for use in dysrhythmias). The approach to systolic hypertension is more aggressive than British doctors would adopt and it is unnerving to find no mention of cost when reading about the use of tissue plasminogen activator as a thrombolytic.

Apart from a few examples of differing medical practice, however, the accuracy of the information is outstanding; the advice is unambiguous and supported, where appropriate – and never obtrusively – by selected references. All common conditions are covered and there are appendices containing laboratory normal values, infusion tables for drugs such as lignocaine, nitroglycerine and nitroprusside, advice on dose adjustment in renal failure, and immunisation schedules.

This book is a *multum in parvo* that deserves to sell and be read widely. It would not take much to adapt it for the UK market. All that divides us is a common language. Perhaps the authors would like to collaborate?

J.C. Mucklow
Department of Clinical Pharmacology,
City General Hospital,
Newcastle Road,
Stoke-on-Trent ST4 6QG.

Manual of Surgical Clearance Regarding Medical Assessment of Preoperative Patients, Abel E. Moreyra, John B. Kostis. Pp. vii + 133, illustrated. Ishiyaku EuroAmerica, USA, 1989. £16.25 softback.

The inescapable facts of an increasingly elderly population in whom there is a high incidence of coronary artery disease, pulmonary heart disease, chronic obstructive airways disease and peripheral vascular disease, increasingly poses complicated problems for pre-operative assessment and therapy to the general and specialist surgeon.

Because of the inter-relationships of the aforementioned common pathologies and their well known associations with other diseases, such as diabetes mellitus

in particular and renal dysfunction in general, the modern surgeon often finds himself in the acute situation bedevilled by the knowledge of recent myocardial infarction, chronic respiratory failure or a whole series of life threatening problems which may result if surgery is mandatory in the diabetic.

This excellent manual, of just a little over 100 pages, deals clearly and concisely with pre-operative evaluation of the patient with cardiovascular disease, cardiac rhythm and conduction disturbances, lung disease, renal disease, liver disease, diabetes mellitus and other common and uncommon endocrine dysfunctions. In addition, it deals with pre-operative haemostatic evaluation and nutritional support, and antibiotic prophylaxis.

Emanating from the USA with its different emphasis on organization of hospital medicine, it may seem easy to criticise as a council for perfection not necessarily available to a large proportion of NHS patients, the advice in the section on coronary artery disease where an algorithmic cascade ends in a recommendation for CABG. On second consideration, however, it is reasonable to suppose that since our major cardiovascular and thoracic surgical services encompass cardiopulmonary laboratories and that many investigations suggested in this manual, such as diagnostic imaging, spirometry, blood gas analysis and even radionuclide ventriculography, are now available in general hospitals, that the investigative approach is indeed applicable.

The section on Risk Assessment in Coronary Artery Disease, Congestive Heart Failure and Valvular Heart Disease, is well written and accompanied by clear algorithms which demonstrate the 'do's and don'ts' in an exemplary fashion. Throughout the manual the classical basis of diagnosis and evaluation of a well taken history and correct physical examination are emphasized.

The authors also emphasize the importance of cost containment without sacrificing the quality of care. This is well exemplified in the section on Antimicrobial Prophylaxis for Surgery in which the British and American pharmacopoeal terms are similar.

This manual is undoubtedly of value to the anaesthetist as well as to the surgeon. The practise of anaesthesia itself and, of course, surgical intensive care which in recent years has become increasingly the responsibility of anaesthetic departments in large hospitals, should provide a ready readership. In the sections on Cardiovascular and Respiratory Disease, the authors make no strictures regarding type of anaesthetic agent. In perioperative evaluation of patients with liver disease, however, the importance of hepatotoxicity of some anaesthetic agents, such as halothane, methoxyflurane and enflurane, is clearly discussed. In this section also, post-operative hepatic dysfunction under the headings, 'Increased Pigment Load', 'Post-Operative Hepatocellular Dysfunction', 'Post-Operative Cholestatic Processes', and 'Cholestatic Jaundice (Mechanical)', is clear and unexceptionable.

One of the best sections in the manual is on perioperative management of the diabetic patient at which time intrinsic risks of surgery disturbance in diabetic control and effect on pre-existing diabetic complications is clearly discussed with respect to Type I and to