Book Reviews

Spanish/English Medical Dictionary, O.H. McElroy and L.L. Crabb. Pp. xliii + 506. Little, Brown & Company, Boston, Toronto, London, 1992. Paperback £14.00.

When I first came from Spain to practice in a British hospital I found it very difficult to communicate efficiently with my patients and colleagues. Had this volume been available then, I feel my problems would have been substantially reduced.

Doctors wishing to communicate effectively with patients often find difficulty not only with the language barrier but also with inaccurate definitions provided by many dictionaries. Additionally, patients feel uncomfortable with doctors who do not speak their language.

Medicine is an ever-changing science. As new research, clinical experience, pharmacology and therapeutics expand our knowledge, therefore there is a need for up-to-date, accurate and explicit definitions in medical terminology. This dictionary contains more than 20,000 entries, including medical and technical words and translations, sections on simplified English and Spanish grammar, tips on pronunciation, appendices of weights, measures and numbers, signs and symptoms in common disorders and a useful list of phrases dealing with everyday situations.

The authors provide us with a well-written volume with clear and concise definitions. Its readily accessible, pocket-sized format will make it easy to use during daily medical practice. The clear and approachable style makes this dictionary useful to all medical and health care professionals as well as interested laymen.

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Annual Review of Medicine, edited by W.P. Creger. Pp. vii + 576. Annual Reviews, Inc., Palo Alto, California, 1992. Hardback £24.50.

This year 82 authors (including one from the UK) reviewed 40 topics of wide interest. The first is an instructive assessment of the first 9 years of heart–lung, and single and double lung transplantation listing indications and discussing choice of procedure, patient selection, timing of the lung transplant and the results. Later, there is an article on the infectious and non-infectious pulmonary complications of transplantation. The difficulties in the diagnosis and management of chronic interstitial lung disease secondary to collagen vascular diseases are discussed in a well-referenced article. An account of the solitary pulmonary nodule will be particularly useful for physicians in training but remembering that histoplasmosis and coccidioidomycosis are rare in the UK. Also, there are useful updates on histiocytosis X, a new species (strain TWAR) of chlamydia pneumoniae, and principles of ventilator use in respiratory failure.

There are accounts of anti-platelet agents and new anti-thrombins, and of promising developments in the

drug therapy for inflammatory bowel disease. Molecular biology is represented by topics such as G6PD variants, the molecular basis of colon cancer, microbial nucleic acids as diagnostic tools and haemoglobin switching in haemoglobinopathies. A chapter on the assessment of syncope stresses the value of tilt-table testing. A timely review of the management of carotid disease comparing endarterectomy with medical treatment for carotid stenosis warns of the often associated cardiovascular risk-factors with atherosclerosis of other arteries.

This is an interesting and recommendable review of the current medical scene.

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Postviral Fatigue Syndrome (*British Medical Bulletin* Vol. 47, 4), edited by P.O. Behan, D.P. Goldberg and J.F. Mowbray. Pp. 793–1009. Churchill Livingstone, London, New York, Melbourne, Tokyo, Edinburgh, 1991. Hardback £27.50.

Many patients whose basic complaint is fatigue are referred to a wide variety of specialists ranging from physicians to microbiologists and even psychoneuroimmunologists. The variety of diagnostic labels attached to the syndromes is extensive and reflects lack of medical unanimity. The editors opt for 'postviral fatigue syndrome' (historically in the United States Epstein–Barr virus was favoured whereas in the United Kingdom Coxsackie viruses were popularly blamed), although the chapter on treatment opts for 'chronic fatigue syndrome'.

There are problems with fatigue. How does one define it? (I am fatigued, you are tired, they are weak . . .) How does one differentiate between mental and physical fatigue? How does one quantify either of these two types? How does either relate to muscle weakness?

The two extreme views on the aetiology of this condition (or these conditions) are 'it is all in the brain' and 'it is all in the mind'. Needless to say the brain and the mind are inseparably integrated, and no doctor should minimize a patient's suffering no matter what the aetiology.

The editors have been very fair in including most views (although the ME Society is, probably correctly, not a contributor).

Inevitably and correctly the 15 chapters do contain some contradictions and this enhances the book. The best chapters are those that ask the right questions and do not answer them – in the current state of ignorance no one could or should attempt to give the answer, far less be dogmatic. History alone will judge which contributors will turn out to be correct and which incorrect, but in the meantime this book provides an authoritative statement of current areas of knowledge, ignorance and controversy which should stimulate all readers.

The chapter on treatment is comprehensive and concludes that there is no definitive therapy for all patients but the vast majority of patients make a full and complete recovery. Perhaps the doctor's role is to exclude classical