Churchill's Pocketbook of Medicine, P.C. Hayes and T.W. MacKay. Pp. 369. Churchill Livingstone, Edinburgh, New York, Melbourne, Tokyo, 1992. Paperback £9.95.

This book is the latest 'security blanket' on offer to final year medical students and junior doctors, designed to avoid that embarrassing silence on the ward round when the consultant asks a question or as support through those wee, small hours when unsure of what to do with a sick patient while a senior tries to get away from the other dozen who just came in through the door.

Its remit is to give useful information and guidance in a portable and easily accessed format. I will come to the quality of its content shortly, but an essential aspect of such a book is that it is physically up to the task. This one clearly is. Lighter and smaller than its major rival, it fits easily into the most cost-cutting white coat pocket: four out of five housemen who expressed a preference said it was definitely easier to carry. It should survive contact with the other contents of the pocket, owing to its washable cover.

The layout has been well planned. Topics are easily found both in the short but comprehensive index and via the table of contents printed on the cover. There is no space for writing one's own notes or updates but the text is clear, with management sections easily distinguished in coloured boxes. On the gimmick front, it lacks any ribbon markers to keep the page, but the inclusion of a page for useful telephone numbers might offset this minor disadvantage.

Inevitably in such a small book, one has quibbles about the range and relative depth of topics covered, and the appropriateness of some of the management advice proffered. My major concern about this volume involves this last aspect. The management plans are dogmatically stated but are not given in a step-wise, logical manner such as is needed by the worried houseman, nor indeed are they comprehensive enough to follow through to a predictable safe outcome. There are no quoted sources or suggestions for further reading to aid the undergraduate using the book as a simple way into any subject, nor for the junior doctor to verify or amend the recommendations. These failings limit its usefulness to the very groups at whom it is aimed.

The assumption that final year students and first year house officers have the same needs from a portable text has always baffled me, the one needing factual information and pointers to further reading, the other straightforward advice on what to do next. All attempts to serve both needs have to some extent fallen between the two stools and this book is no exception.

These reservations aside, this pocketbook is a source of much useful information, is admirably designed for day-to-day carriage and use and will no doubt sell well.

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Acid-Base and Electrolyte Disorders, edited by Horacio J. Adrogué. Pp. 240. Churchill Livingstone, New York, Edinburgh, London, Melbourne, Tokyo, 1991. Hardback £22.50.

Over the last 20 years a number of books have been published on acid-base and electrolyte disorders, most of them compact, comprehensive and from the USA. This book is no exception. It is part of a series of books on 'contemporary management in critical care' and claims to provide the reader with the basic elements in the diagnosis and treatment of the most common electrolyte and acid-base disorders.

Unfortunately, the very fact that the publication is American presents problems for the young physicians, anaesthetist or intensive care nurse in the UK. Values for blood gases and plasma, levels of calcium, glucose and urea are not given in SI units. Some preparations advocated for treatment are given their American trade name, while others, such as diphosphonates, which are currently available in Europe, are not available in the United States.

The best chapters are the last two, on disturbances of sodium and potassium balance. These give a very clear exposition of the causes, symptoms and treatment of hyponatraemic and hypernatraemic states and disorders of potassium balance.

The book starts with a chapter on lactic acidosis, followed by diabetic ketoacidosis and respiratory acidosis. Each subject receives adequate coverage, but there is some repetition and the book would be improved by an initial chapter on the pathophysiology of acid-base balance. The clinical management of diabetic ketoacidosis describes the use of continuous intravenous insulin, but the regimen is different from that used in most units in the UK.

On the positive side, the chapter on acid-base disorders in renal failure addresses the question of bicarbonate haemodialysis and discusses the use of continuous haemofiltration, but these subjects may be considered too specialized for the average reader.

The aim of the book is to keep busy physicians up to date with contemporary management of acid-base and electrolyte problems. For an American audience this has probably been achieved, but at £22.50 I would not recommend it for critical care teams in the UK.

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Renal Disease in the Aged, J.G. Porush and P.F. Faubert. Pp. ix + 399. Little, Brown & Company, Boston, Toronto, London, 1991. Hardback £46.00.

'Why write a book on renal function and renal disease in old people?' This was the opening sentence of a book published a few years ago, entitled *Renal Function and Disease in the Elderly*, by Macías Nuñez and Cameron. They were able to answer their own question by publishing an excellent book, covering all aspects of renal problems in the elderly. For this reason, I doubted whether another book on the same subject would have anything else to offer. I was wrong! *Renal Disease in the Aged* is an excellent, comprehensive review of kidney disease, including hypertension, in the elderly. The format is clear and easy to follow. The first five chapters cover anatomy and physiology of the kidney, fluid and electrolyte disturbances and acid-base disorders. Each of these