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

chapters begins with a brief review of normal physiological function, followed by ways in which mechanisms are disturbed in renal disease, with particular reference to problems in the elderly.

The remaining chapters cover glomerular disease, renal involvement in systemic disease, infections, obstruction, acute and chronic renal failure and hypertension. For each topic the authors have summarized the existing information on adults in general and expanded this to provide information that is specific to the elderly, both from the literature and from their own experience. Where there is a dispute about treatment, they are not afraid to say so, but they give clear details of their current practice and their reasons for following each course of action. Examples include the use of plasma exchange or gamma globulin therapy in thrombotic thrombocytopenic purpura, the use of ACE inhibitors in hypertension and heart failure, erythropoietin for treatment of anaemia, and the place of dialysis and transplantation in elderly patients.

I would recommend this book, not just for physicians in elderly care, but as a source of sound practical advice for nurses and medical staff on nephrology wards and renal units. It also provides excellent revision for M.R.C.P. candidates and nephrologists. It should be included on the shelves of the postgraduate library.

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ABC of Nutrition, 2nd Edition, A.S. Truswell. Pp. 106, illustrated. BMJ publication, London, 1992. Paperback £8.95.

Professor Stewart Truswell's second edition of his *ABC of Nutrition* maintains the very high standard of accuracy and readability as his first edition, based on articles on nutrition in a clinical setting in the *British Medical Journal* in 1985 which avoided discouraging biochemistry. It will appeal to a wide section of health professionals interested in nutrition, including medical students, general practitioners, or dieticians who might like to refer to subjects such as 'Reducing the Risk of Coronary Heart Disease' or 'Diet and Hypertension' in the first two chapters. It has a completely new front cover and wearing a stethoscope, has been replaced with a design containing 'healthy' foods such as rice and fish.

Professor Truswell has a gift for making some of the complex facts of nutrition appear simple, and the text is liberally sprinkled with tables figures and insets which contain a surprising amount of information in small compass. For example the question is asked 'Doctor, please take my blood for cholesterol measurement. Then what?' and is answered in a useful practical format. There are 18 chapters including obesity, vitamins, nutrition and for pregnancy for example. The section on food poisoning is helpful for doctors wishing to be updated on this common condition and the chapter on the controversial 'Food Sensitivity' is competently and fairly handled.

I rate this book highly, and it is good value for £8.95. It does not pretend to be an exhaustive treatise but all chapters contain up to 15 references and selected further reading if required for the XYZ of human nutrition.

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Deprivation and Health in Scotland, V. Carstairs and R. Morris. Pp. xiv + 334, illustrated. Aberdeen University Press (Max Perg Mac Group), 1991. Paperback £19.95.

For decades the Registrars General in the United Kingdom have used occupational social class as a social discriminator for morbidity and mortality, but with some statistics available for regions and local government districts. More recently has come the realization that large geographical areas are heterogeneous and that the character of a neighbourhood can change in a conurbation within a few yards. There has been a search for better social discriminators and measures of deprivation. Moneylenders have long recognized the importance of the home address in describing the individual. The introduction of postcodes into the National census, and into mortality and morbidity returns provides the potential for small area statistics, and therefore more homogeneity within and heterogeneity between the units concerned. This book describes the results of analyses within Scotland based on the postcode sector (Edinburgh city has 61) and results from the 1981 census, using a deprivation score obtained by adding unweighted components for overcrowding, male unemployment, lower social class and no car.

The deprivation score shows correlations with many indices of mortality and morbidity, and highlights what happens, for example, in Glasgow city, where affluent middle-class ghettos immediately adjoin impoverished areas.

This exercise is based on one census only. Results from the 1991 census will provide the opportunity to see how rapidly morbidity and mortality reflect changing circumstances within communities.

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Pain Mechanisms and Management (British Medical Bulletin, Vol. 47, no. 3), edited by J.C.N. Wells and C. Woolf. Pp. iv + 166, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, Tokyo, 1992. Hardback £35.00.

The *British Medical Bulletin* has a long and distinguished history of publishing authoritative reviews of currently important clinical topics which present basic experimental scientific data that are relevant to the clinical problem discussed fully in the same issue. This volume carries on this tradition. The last two decades have seen major advances in our understanding of the anatomy, neurophysiology and pharmacology of the central and peripheral mechanisms of pain following the proposal by Melzack and Wall of the 'gate-control' theory of pain, and the identification by Kosterlitz and Hughes of the endogenous peptide ligands for opiate receptors.

In this volume, the underlying mechanisms and clinical management of different types of pain are fully discussed,