Book Reviews

The Oxford Textbook of Clinical Nephrology, Volumes 1, 2 and 3, edited by Stewart Cameron, Alex Davison *et al.* Pp. xx + 2,348, illustrated. Oxford University Press, Oxford, New York, Tokyo, 1992. Hardback £275.00

It is a pleasure to welcome this major, largely European-authored textbook of clinical nephrology, another product of the Oxford Textbook of . . . series. Without being too chauvinistic, and fully recognizing the merits of the big American renal textbooks, there has certainly been a need for a textbook that takes a view of nephrology from this side of the Atlantic.

The editors lay stress on their intention to produce a book relevant to the clinical aspects of nephrology with renal anatomy and physiology presented with the needs of clinicians looking after the renal patient in mind. In this context much space is devoted to drugs and the kidney. The aims have been well realized to the extent of providing chapters for other specialists covering renal problems of especial relevance to other specialties such as oncology, dermatology, and gastroenterology. The problems of big multi-authored books (and this one is very big in weight and price) include obtaining consistency of style and presentation and in ensuring publication within a reasonable time of completion of each chapter. The former has been achieved with distinction, particularly bearing in mind the polyglot background of the authors. However, a large number of chapters have sometimes dated reference lists and occasionally miss a recent significance advance. The authors of the chapter on amyloidosis clearly got their manuscript in good time as it does not refer to SAP scanning in the condition.

As with other Oxford Textbooks the layout and presentation of material is attractive. The radiographs and photomicrographs are remarkably clear and informative.

The Oxford Textbook of Clinical Nephrology will prove an important addition to hospital, medical school and department library shelves. It should go some way to demystifying nephrology and making the principles and practice of the speciality more accessible to non-nephrologists. I would hope the editors in a future edition would continue the process by making the nosology of renal disease less confusing. *We* know that minimal change – disease, -glomerulopathy, -nephropathy, -glomerulonephritis and -nephrotic syndrome *are* all the same thing. Do they?

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Recent Advances in Surgery, edited by C.D. Johnson and I. Taylor. Pp. 255, illustrated. Churchill Livingstone, London, New York, Melbourne, Edinburgh, 1992. Paperback £19.95.

The first five editions of this book were published in the 31 years between 1928 and 1959. So rapid has been the

changes in surgical practice that the most recent five editions have been published in the past ten years and Number 16 is due to be published in 1993. Edited by C.D. Johnson and I. Taylor since 1990, this series aims to provide up-to-date reviews for surgical trainees, particularly those studying the generality of surgery.

In this edition, the contributors are all from hospitals and university departments in England and provide clear authoritative and up-to-date reviews. The topics discussed range from the uncommon problems of adrenal tumours and soft tissue sarcoma of the limbs to the more commonplace ones of haemorrhoids and anal fissures, the latter of which I particularly enjoyed. The important rapidly developing subject of oncogenes is reviewed by J.P. Neoptolemos and colleagues from Dudley Road Hospital, Birmingham. Unfortunately, I consider this chapter difficult to understand for anyone without knowledge of molecular biology. Other chapters concentrate on breast cancer screening (I.D. Campbell, G.T. Royle; Southampton), surgical management of ulcerative colitis (T.J. O'Kelly, N.J. McC. Mortenson; Oxford), oesophageal varices (G.P. Copeland, R. Shields; Liverpool), renal cell carcinoma (J. Cumming; Salisbury) and laparoscopic cholecystectomy (C.D. Johnson, R. Jago, R.F. Frost; Southampton). To help the busy general surgeon keep up-to-date there are reviews of recent advances in general surgery (breast cancer and gastroenterology), vascular surgery and head and neck malignancy. And to help the trainee there are chapters on fluid and electrolyte balance and blood transfusion.

This volume maintains the high standards set by previous editions and not only is it essential reading for surgical trainees but also for established consultants, particularly those general surgeons with a special interest and those who examine Fellowship candidates.

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Atlas of Suction-Assisted Lipectomy in Body Contouring, edited by Frederick M. Grazer. Pp. xi + 417, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, Tokyo, 1992. Hardback £125.00.

That Dr Grazer and his team know their subject, this book leaves no doubt. It is a beautifully printed and amply illustrated (in black and white) manual dealing with all aspects of liposuction – both as an independent entity and in combination with other operations for body contouring.

The book is divided into five sections each of which contains several chapters of text together with references and suggested reading followed by an appropriate collection of pre-, intra- and post-operative photographs. This is documented a historical survey of fat extraction operations, the basic principles of liposuction and the equipment for and the technique of performing the procedure in different areas of the body. The book now goes further than being a simple manual: it becomes a sort

of orchestrated symphony of contour-improving surgery as Dr Grazer blends the effects of liposuction with either facelifting, or breast reduction, or abdominoplasty until he reaches a stage where using excisions with lifting and suctioning, he produces a re-vamping of the entire arm, chest and breast in a 'thoroco-bronchiobreastplasty'. He also does wonders in poliomyelitis, Cushing's syndrome and Klippel-Trenaunay-Weber syndrome (which as every schoolboy knows is paediatric lipodystrophy). In all the above Dr Grazer puts down some sacred cows: thus he does not discontinue suction when a particular aspirate becomes bloodstained, he likes to use colloids in the maintenance of normovolaemia and he considers the 'Bermuda triangle' to be a myth. And I agree with him on all these points.

But I do not agree with his new acronym, SAL (for suction-assisted lipectomy). The procedure in question is the suctioning away of fat through a blunt-ended cannula – surely *liposuction* says it all.

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The Management of The Diabetic Foot, Irwin Faris. Pp. viii + 195, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, Tokyo, 1991. Paperback £17.50.

Could this be another pedestrian account of the diabetic foot? Enumeration of well-known aetiological factors leading to better known platitudes about prevention? Fortunately, it is not.

After pausing to establish a historical basis in the first chapter, the text strides confidently through vascular disease, neuropathy, infection and mechanical factors. Microvascular disease is not overlooked, indeed being cited as the cause in up to 30% of cases of failure of healing. The topic of prevention of foot problems is dealt with realistically, and is followed by a description of desirable footwear. A clear and comprehensive account of the clinical features of major lesions leads to discussion of clinical and technical means of assessment of the patient with a foot lesion. The final chapter is solely concerned with management. Clarity of thought and considerable clinical experience is evident, but one aside deserved particular attention: 'Protect the other foot at all times. It may be the only one the patient will have.'

This book stands out from others on the same topic partly because of its sound description of rational management, although the management section does contain one apparent anomaly. Written by a surgeon, the advice on conservative therapy is surprisingly weak. Surely a major point about conservative therapy is that it must be aggressive to be fully effective. This applies to bed rest and also antibiotic policy. There are few other failings of the book. Black and white photographs may be excused in the illustration of gangrene and ischaemia, but colour is surely needed to put over other messages.

Who should buy this book? Anyone concerned with the management of people with diabetes. If you do not buy it, at least read it!

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Annual Review of Public Health, edited by G.S. Omenn. Pp. x + 552, not illustrated. Annual Reviews Inc., California, 1992. Hardback £27.00.

Health gain: these two short words permeate and dominate every aspect of the practice of public health medicine in the UK. I therefore approached the annual review of the American practice of the speciality with great interest: are they as wrapped up in the issue? The short answer is 'Yes'; though individual programmes may differ, the essential thrust is the same as on this side of the Pond.

The aim of the volume is given as bridging academic and service-based public health and preventive medicine. In addressing this, it is divided into six sections: epidemiology and biostatistics; environmental and occupational health; public health practice; behavioural aspects of health; health services; and the public health of ageing.

The aim is clearly met and with success. The book opens with a clear, detailed and weighty review of HIV and AIDs in children and the approach taken sets the tone for the whole book. A central feature of annual reviews is that they must assume each reader will wish to read all topics covered but will not have an in-depth knowledge of every one. As with the rest of the book, this opening section builds up its topic clearly and methodically, starting from the general and moving into more specialist areas.

Of the remainder of the book, I particularly enjoyed three sections. First, the section on the evaluation of health promotion programmes discusses the concept of 'black boxes', arguing cogently for opening them. 'Black boxes' embody the notion that purchasers of health and health care programmes do not need to know what goes on in them, merely that the outcomes are successful and at competitive prices. This discussion is an increasingly important feature of negotiations between purchasers and providers in the NHS. I would recommend the book for this chapter alone. I also liked the section on 'public health assessment', a practical *vade mecum* on the hard indicators that can be used in each major age group and how to deal with small areas and small populations. I would strongly recommend this discussion to anyone serious about needs assessment and health gain. Finally, the chapter on 'social marketing' – the concept of bringing the principles of commercial marketing to the management of health changes in society – was fascinating for its directness and businesslike approach, arguing for health professionals to get in there with the media manipulators.

The great value of this book is that it is above all, interesting. So many annual reviews are rather dry, telling the reader perhaps more about the authors and their research programmes than the subjects covered. This review picks key areas of mainstream interest to anyone involved in public health; it then sets out the major ideas early in each section and argues them through with increasing complexity such that I suggest any reader will find the discussion valuable.

The editors preface the work by saying that this year's layout and approach is something of an experiment. The experiment was an undoubted success and should be repeated. I strongly recommend anyone working in public health to read it.

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