Certainly these books are easy to use and although not comprehensive contain a lot of useful, simple to get at knowledge. The MCQ book has only 300 questions but the answer section is quite adequate. It is a shame that there is no instruction on the 'science' of MCQ answering such as what to do if you don't know. I like the Data and Slide Questions better. The pictures on the whole are good and the answers give a reasonable overview of the various conditions.

I do not really like the idea of a 'Complete M.R.C.P.' in three thin paperbacks. I think it shows what an insignificant hurdle the M.R.C.P. is. However, training doctors will like these books, as imbibing the information easily from them will taken them a good way towards passing this hurdle.

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The ECG in Practice, second edition, J.R. Hampton. Pp. 304, illustrated. Churchill Livingstone, Edinburgh, London, Milan, New York, 1992. Paperback £8.95.

This book is a companion to the *ECG Made Easy* which has helped countless numbers of medical students and junior doctors understand the basics of the ECG.

The style of both the *ECG Made Easy* and *The ECG in Practice* has withstood the test of time and has shown itself to be easily understood.

The ECG in Practice attempts to mirror the thinking of the junior doctor in that the book will be used as reference with a particular ECG pattern in mind, and the book is indexed so that the ECG patterns may be compared with the one in question. This is a second edition, the first edition having been published in 1986. I have a particular interest in adenosine and was, therefore, pleased to find it covered in detail in the section on supra-ventricular tachycardia. However, it was not in the index which is obviously an updating problem. I personally do not care for the way in which supra-ventricular tachycardia is treated, that the terms atrio-ventricular re-entrant tachycardia and atrio-ventricular nodal re-entrant tachycardia are not used. I think these terms are now in common cardiological usage and certainly demonstrate a better understanding of the pathophysiology. Furthermore, there was no 12 lead of Wolff-Parkinson-White syndrome in tachycardia to demonstrate the inverted P waves in the inferior leads.

These criticisms are minor, however. This book is to be widely recommended to students of cardiology, medicine, nurses, cardiac technicians and indeed anyone who

wishes to further their knowledge of ECGs beyond *The ECG Made Easy*.

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The Longterm Care of the Coronary Patient, Risteard Mulcahy. Pp. 123. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1991. Paperback £24.95.

This book begins with the assertion that medical care for patients with ischaemic heart disease (IHD) is concentrated around acute coronary events and that once the patient has made the initial recovery from infarction or angina stabilized then hospital doctors and GPs alike tend to lose interest in their long-term care. The author sets out to demonstrate just how much can be achieved in terms of improving the quality of these patients' lives by individually planned long-term care. The management guidelines are based on 25 years of experience of a rehabilitation programme at St Vincent's Hospital in Dublin. I found these guidelines also very relevant to GP management of patients with IHD. The optimistic tone of the book encourages a more positive attitude towards helping these patients live with their heart disease, vigorously rejecting old ideas of encouraging patients to give up work and lead unnecessarily restricted lives. Through risk factor intervention and individually designed exercise programmes the patient is encouraged to achieve improved fitness and quality of life whilst delaying (even reversing?) the underlying coronary artery disease. There are short sections on the pathology and the epidemiology of IHD and brief outlines of hospital-based investigation techniques which I found helpful. There are separate sections on each of the known risk factors. The contributions of drugs and surgery is acknowledged and discussed, but I sensed the author feels that disproportionate attention is paid to these aspects of care compared to the need to encourage the patients to take steps to regain fitness through lifestyle changes. The message seems to be that even at the stage of symptomatic CAD it is not too late and the author succeeds in conveying this belief that such lifestyle changes really matter. I think the book would make a valuable addition to both hospital and GP practice libraries.

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