

## Book reviews

### Medical therapeutics

**Manual of medical therapeutics**, 28th edn, GA Ewald, CR McKenzie. pp 592, illustrated. Little Brown & Co, Boston, 1995. £24.50, spiral bound

This Washington manual is now over 50 years old and still going strong in this, its latest edition. It has established itself as a standard reference source for practical therapeutics, and this new edition lives up to this. The choice of drugs (unusually for an American text, it uses only generic drug names) and the use of investigations were obviously based on US practice and would sometimes seem inappropriate in the UK. In general, however, the manual's approach to therapeutics is conservative rather than heroic, and this is probably why I found the differences between US and UK practice less intrusive than I expected. Areas such as the recommendations for management of hyperlipidaemia particularly ("cholesterol levels should be obtained in all adults over the age of 20") and other prophylactic therapies seemed excessively aggressive. The pivotal 4S study seems not to have influenced the section on hyperlipidaemia, but given the aggressive approach to managing lipids, it probably seems conservative to the authors. Apart from this, the text seemed up to date and key supporting literature is referenced (but only up to 1992, as far as I could find).

This is a book to be dipped into rather than read from cover to cover, and such a book depends heavily on the quality of its indexing: this was of a very high standard and makes this manual a very user-friendly text. A mark against this is the widespread use of abbreviations which to me at least were less than clear. It is more longwinded than I would have thought necessary, but I find this a fault with many American texts. There are a few anomalies in expression: for instance the suggestion that preoperative anti-arrhythmic therapy "should be reserved for patients with a history of sudden death" made me smile.

Will I use this book? I will certainly keep it on a shelf and look into it for an opinion when I feel uncertain. Will I recommend it to my house officers? I showed it to them, but they universally preferred the existing British books (eg, *Oxford handbook of clinical medicine*); this was not because of any deficiencies of the manual, but rather because they seem better placed for the UK market, although less comprehensive. I am sure that the Washington manual will deservedly continue to be popular elsewhere.

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### Tuberculosis

**Tuberculosis. A clinical handbook**, LI Lutwick, ed. ppix+378, illustrated. Chapman & Hall Medical, London, 1994. £25.00, paperback

This slightly larger than pocket-sized book represents extremely good value. It provides a reasonably comprehensive account of tuberculosis, including chapters on all aspects

relevant to most clinicians' practice. For a book of its size it is remarkably well referenced and any student of tuberculosis would find it friendly to use and easy to get around. The use of tables summarising key points is used to good effect in several chapters.

The chapters on paediatric tuberculosis and clinical aspects of adult tuberculosis are particularly good. The book makes no attempt to deal with the more modern areas of tuberculosis research which may soon be applicable to the service fields such as the polymerase chain reaction and restriction fragment length polymorphism. It is obviously firmly stamped with its origins from the US and as such would perhaps be of only limited value in countries with poor resources. The chapter on infection control in particular, would have relatively little application outside the US. All contributors to the book are currently working in the US, which tends to limit the international applicability of the book.

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### Internal medicine

**The internal medicine casebook. Real patients, real answers**, RW Schrier. pp xi+468. Churchill Livingstone, Edinburgh, 1994. £24.00, paperback

This book contains modified actual cases provided by 89 subspecialty fellows in Denver, US, that have the real flavour of the teaching round and are of high quality. These have been edited by distinguished clinical teachers but the proceeds of the sale will support future fellows' travel to educational meetings!

The cases cover 89 topics of US internal medicine subspecialties but lack topics in general medical neurology suitable for UK house staff. Each case is succinct and packed with relevant detail. A number of questions are then raised which demand an interpretation of the findings, a reasoned explanation of the pathophysiology and opportunity to discuss the management. The answers are clear with therapy to the fore. It is easy to find topics of interest and the index is sufficient. Good recent references for further reading are given but a few are past their best. It is not a textbook but should be viewed as a valuable aid to learning and many final year medical students and junior doctors will find it stimulating. The topics are case-diagnosis based and not problem based. The initial introductory text narrows the reader to a particular diagnostic area too readily before reading the case and I believe weakens some of the educational strength of the excellent material. The introductory information could be readily built into the discussion after the case and so encourage the reader to evoke their own knowledge before working through the answers. This is a viewpoint and not a criticism of what is an excellent text.

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### Clinical statistics

**Clinical biostatistics: an introduction to evidence-based medicine**, G Dunn, B Everitt. Edward Arnold, London, 1995. £10.99, paperback

This book presents a rather different approach to medical statistics than most, in that traditional significance testing is relegated to an appendix and instead the emphasis is on the practical use most doctors would want to make of statistics: in interpreting probability, the variability of clinical measurement, clinical trials, and determination of associations. I found this enjoyable and interesting, but perhaps incomplete. Many of the current uses to which statistics are put are unsatisfactory, but what is wrong with them is perhaps difficult to understand if the student has no base in hypothesis-testing type statistics.

The book is well written. Mathematics is kept to a minimum, and where present is placed in boxes so that it does not interfere with the flow of the text. Despite the subtitle concerning evidence-based medicine, there was nothing about the importance of absolute versus relative benefits of treatment, nor about such useful measures as numbers needed to treat.

On the whole I enjoyed this book; but I doubt that it will be read by the lay person keen to learn more about the interpretation of medical data as the authors suggest, and I do not think that the material in it would alone be adequate for a medical undergraduate course, although the understanding it might generate would be a useful foundation for other parts of a course.

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**Statistics in clinical practice**, D Coggon, pp viii+115, illustrated. BMJ, London, 1995. £10.95, paperback

Statistics is one of those heartsink subjects for many doctors. Yet, as David Coggon says in his foreword, these days one cannot practise medicine well without some understanding of statistics; a doctor with no knowledge of statistics is unable to evaluate much of the scientific information that is crucial to the optimal care of patients. The trouble is that the relation between the theory and the clinical application is not very clear in many statistical texts, making them largely inaccessible to clinicians.

Coggon states that the book is aimed at doctors and students who view statistics as a necessary evil; it is not intended as a manual for those wishing to carry out their own statistical analyses but sets out to explain the principles of statistics that must be understood to read journals and practise clinical medicine competently. I think he has achieved this task admirably. The often cited publisher's remark about Stephen Hawking's best-selling *Brief history of time*, that every equation would halve sales, has clearly had an impact. This is a statistics text with no equations or Greek letters (except in one brief footnote).