Book reviews

Anaesthesia

Key topics in anaesthesia, 2nd edn, TM Kraft, PM Upton. pp xv+341. Bios Scientific Publishers, Oxford, 1996. £12.95

This is an updated edition of a book that was first published in 1992. It aims to provide a framework of information on a number of important areas in anaesthetic practice and is specially designed for anaesthetists working towards their professional examinations.

There are 110 short chapters, alphabetically arranged according to subject. Summary information is presented under clear headings with concise descriptions of each topic. The information presented is clinically relevant and priorities clearly stated. Up-to-date references are included at the end of every chapter which provide good starting points for further reading. In general, the information is expressed in 'black and white'; readers will have to look beyond this text to find the shades of grey that make a fuller picture.

This book provides a practical and problem-orientated approach to clinical management in anaesthesia. It is not a comprehensive textbook, but neither does it pretend to be. Although it is not sufficient on its own to prepare for examinations, nor to become a clinical anaesthetist, it provides a useful starting point for further study. It is clinically practical, relevant and easy to read. Those beginning a career in anaesthesia, or medical students interested in gaining more detailed knowledge of the subject would be well advised to purchase this small book.

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Iron nutrition

Iron nutrition in health and disease, Leif Hallberg, Nils-Georg Asp, eds. pp 372, illustrated. John Libbey & Co, London, 1996. £45, hardback.

This book reports the proceedings of an international symposium arranged by the Swedish Nutrition Foundation together with the Swedish Society of Medicine "to update present knowledge on iron metabolism, creating a platform for optimism in iron nutrition", according to the editors' preface. I found this an interesting choice of words which presupposed that there was depression amongst investigators interested in iron metabolism.

It is no small task to pull 35 disparate papers written by experts into a coherent account of iron metabolism. The emphasis, as one might expect, is on nutrition and iron deficiency in particular, but the book also includes a comprehensive discourse on iron metabolism. This ranges through physiologic, cellular and molecular control of iron metabolism to research methodology and epidemiology of iron deficiency and overload. It includes chapters on the relationship of iron to physical and cognitive development and function, cancer and coronary heart disease. It also includes chapters on food science in relation to prevention of iron deficiency anaemia.

Inevitably, one can find fault with a text like this. Some chapters are too brief (eg, that on iron and cancer) and some do not consider current levels of interest in the topic (eg, the chapter on iron and infection omits consideration of viruses), while others have been superseded by recent rapid progress in the field (eg, haemochromatosis and genetics). A major deficiency is that the index in the book is quite poor and often does not cross index, although it does contain reference to iron data by country, which is useful in the epidemiology of iron nutrition. General updates on iron metabolism are not common. This work is a worthy addition and will be a useful collection of data, references and state-of-the-art summaries for those working in iron-related research and service. There is a wealth of interesting data for cross-fertilisation of ideas. If you work on iron-related problems, you will want this book on your shelf.

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Healthcare

Evidence-based healthcare. How to make health policy and management decisions, JA Muir Gray. pp xvii + 270, illustrated. Churchill Livingstone, London, 1996. £16.95, paperback

The National Health Service is facing increasing pressure to deliver high quality healthcare to the population of the UK. Many of these pressures are financial and it is clear that we must be more efficient and effective in all we do. The previous administration encouraged the development of 'evidence-based healthcare' and the concept of 'clinical effectiveness' received a fair airing. However, there was never much stimulus to put these ideas into action and most clinicians would admit that many aspects of clinical care are governed by tradition and there is often little evidence of clinical efficacy. It is already apparent that the new administration will be espousing these aspects of healthcare, probably with more diligence that was seen earlier. Evidence-based healthcare is thus likely to become an everyday issue in primary and secondary care rather than the preserve of the enthusiastic academic.

It is thus timely that this book has come on the scene, written by an experienced clinical researcher from a strong 'evidence-based healthcare' background. The book is directed, not at the clinician, but at those in management who will be responsible for making decisions about the purchase of healthcare. All aspects of the subject are covered in easily assimilated form and with a good index. It is well set out and well written and any clinician who has ever been confused over the statistics of the randomised control trial or over the difference between a cohort study and a case-control study is strongly recommended to read it.

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The house officer

The practical house officer, 2nd edn, Imogen A Mitchell, Glyn R Teale. pp xx+328, illustrated. Blackwell Science, Oxford, 1997. £14.95, paperback

Starting house jobs is a stressful experience – medical school prepares you little for real life. This book passes the first real world hurdle – the size of the white coat pocket. The first chapter successfully diffuses any anxiety about the job with sections on coping with stress, pay and conditions, etc. It also guides the virgin doctor through all the various bits of novel paperwork. The next section, 'Pharmaceutical practical advice' could, I feel, be largely dispensed with, as it is always best to check the contents of this section with the British National Formulary, product datasheets, hospital protocols and senior doctors. There are, however, some useful tips.

Information on how to perform certain more interesting practical procedures (chest drains, etc) might be superfluous as the ambitious senior house officer often gets there first. That said, the method is not detailed here anyway! The book does contain sections on how to put in cannulas, take arterial blood, and so on, but as these procedures will all become second nature after a few weeks, it is probably unnecessary to carry the information around.

The chapter on 'common calls' fails to talk about some common emergencies, arrhythmia and various electrolyte disturbances being the most obvious. The 'medical laboratory' chapter will at least ensure that you put blood for whatever investigation in the right bottle.

The book could utilise smaller print and trade prose for a more information-dense style to enhance compactness, but there is already at least one book (by the same publisher) that does a leaner and meaner job.

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Gastroenterology

Patient pictures. Gastroenterology, P Neild, B Gazzard. pp 30, illustrated. Health Press, Oxford, 1997. £10.95, paperback.

Gastroenterology, more than most specialties, lends itself to line diagrams explaining where a tube is to be inserted or what organ is to be removed. Indeed, physician gastroenterologists are so used to drawing such sketches for patients that they come to think of the real internal anatomy in these terms and wonder why the surgeon encounters such technical difficulties in removing what looks so clear and obvious! There are therefore dangers in oversimplification, but such risks are more than outweighed by the clarity and utility of this small publication.

Penny Neild and Brian Gazzard have put together 30 double pages, each pair comprising some text in (reasonably) easy to understand language on the left and complementary, well labelled, line diagrams on the right. Some describe conditions and their