PostScript

BOOK REVIEWS

The reviewers have been asked to rate these books in terms of four items: readability, how up to date they are, accuracy and reliability, and value for money, using simple four point scales. From their opinions we have derived an overall "star" rating: * = poor, ** = reasonable, *** = good, **** = excellent.

Parkinson's Disease in Practice.

By Carl E Clarke. (Pp 103; £14.95.) Royal Society of Medicine Press, 2000. ISBN 1-85315-486-5. ****

This is a little gem and the author is to be congratulated on managing to deliver what he set out to do and give a review on the entire spectrum of Parkinson's disease in a concise format.

The strength of this user friendly book comes from its clear presentation, usage of flow charts, algorithms, bullet point summaries, and quality references that render it pleasurable to browse.

Despite its text being pared down to essentials, it manages to provide sufficient scientific evidence but without overwhelming the non-expert with technical jargon. Areas of controversy are also presented in a fair and largely unbiased way with reference to Cochrane reviews and the most relevant clinical trials.

The highlights include the excellent chapter on pathophysiology, the simplified functional anatomy of basal ganglia including the rationale behind various surgical interventions, the controversy surrounding selegiline, advice on management for various "neglected" areas in Parkinson's disease, and the clear message on importance of "quality of life" in future research.

My quibbles include the practical usefulness in explaining the principle behind positron emission tomography and the various tracers used, and perhaps the omission on how an up to date Parkinson's disease service should be organised.

Overall, this useful book will definitely appeal to a more general audience dealing with Parkinson's disease. Personally, I look forward to seeing more data from the on-going medical and surgical trials and hopefully these will be incorporated into its next edition.

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Surgical Critical Care.

Robert Ashford and Neal Evans. (Pp 247; £22.50.) Greenwich Medical Media, 2001. ISBN 1-84110-066-8. ***

I approached this book with interest, hoping that it would help me take on the responsibility of managing patients in a surgical high dependency unit. However, as the authors point out, this book is principally aimed as a revision guide for those undertaking the MRCS examination. It has been based on the MRCS syllabus, and covers that knowledge base. At this point I have to declare a prejudice—that I dislike books that are lists of topics or headings. These may be suitable as a "revision guide", but my personal preference is to learn from a more detailed text, and then for revision to skim through the already familiar text.

The first section deals with cardiovascular problems. This is a thoughtful and relatively detailed description of cardiac physiology, resuscitation, assessment and monitoring, and management of a number of specific cardiac problems. It contains more information than the other sections, which deal with respiratory problems, other organ failures, problems in intensive care and the principals of the intensive care unit (ICU) treatment. The final section on practical procedures suffers from a lack of detail and an absence of illustrations.

Does the book meet the targets set by the authors? It could serve as a revision guide if the reader has already studied a larger text. The headings are all relevant, and the lists and revision points are all appropriate. However this book would not serve a senior house officer or registrar working in the ICU because it lacks detail.

In my own specialist area, I note that the description of acute pancreatitis is superficial, it erroneously records duodenopancreatic reflux as the pathogenetic mechanism of gallstone pancreatitis, and fails to describe the role of prophylactic antibiotics in the management of patients with necrotising pancreatitis, and the benefits of endoscopic sphincterotomy in patients with severe gallstone pancreatitis. The section on fluid replacement describes the use of normal saline for replacing body fluid losses, with no mention of potassium replacement.

I found the sections were an appropriate division of the subject matter, but it was frustrating that the content list of each section had no page numbers to guide the reader quickly to specific topics.

The section on respiratory disorders was well structured, with clear definitions, a description of respiratory function tests, a very comprehensible discussion of acid-base balance, illustrated by different cases and an outline of the principals of respiratory support.

The authors have succeeded in providing a revision guide for those undertaking the MRCS examination, but trainees working on the ICU, or those studying for the examination before the revision period will probably look for a more detailed text.

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Emergency Cardiology.

Edited by Crispin Davies and Yaver Bashir. (Pp 390; £35.) BMJ Books, 2001. ISBN 0-7279-1484-7. ****

Intended for cardiologists and physicians dealing with critically ill patients, the overall emphasis of this well written, informative, and easy-to-read book is practical advice on common problems, incorporating clinical trial evidence where possible. Unusually for a book with multiple contributors, it is consistent in style.

Its simple layout will have a wide appeal. Line diagrams, tables, boxes and flow charts, combined with topics delineated by clear section headings, help break up the text into digestible chunks.

Topics are covered in sufficient detail to provide a theoretical basis for those unfamiliar with the specialty. The section on practical procedures covers the indications, difficulties, and potential hazards of the central venous access, temporary pacing, pulmonary catheterisation, DC cardioversion, pericardiocentesis, and balloon pumping. Drug doses are provided in the appropriate section but repeated as an appendix for quick reference.

The clinical cases demonstrate good practice and reinforce lessons learned from the text. Useful summaries provided at the end of each chapter will be of particular value to medical students cramming for finals.

The information appears as up to date as a book can be, though new cardiopulmonary resuscitation guidelines released in February 2001 place more emphasis on the use of amiodarone rather than lignocaine.

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