

# What's new in the new editions?

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Few paperbacks stay open. Many need two hands to hold them, otherwise the pages spring to like a trap. The "openability" of a book depends on several factors: the amount of glue used to bind it, the type and grain direction of the paper (the grain, as noted by folding or tearing any sheet of paper, must run up and down the page and not across it), and the page size and thickness of the book.

**Current Medical Treatment.** 5th edn. C W H Havard. (Pp 562; £19.50.) W B Saunders. 1983.

The new additions and updating correlate well with the advances in treatment since 1976. The 29 contributors include the editor, consultant physician and endocrinologist at the Royal Free Hospital, who has written three chapters. Topics covered are drug induced disease, diuretics, diseases of the blood and lymphoreticular tissues, gastroenterology, renal diseases—in fact no specialty seems to be missing. Imported fever, jaundice, and diarrhoea are subheadings in the chapter on tropical diseases. New also is "diseases of the skin," and problems specific to elderly patients are dealt with well.

It is a nicer book than the last, with a double column format and, having a hard cover with hollow back, lies flat when opened. The occasional line diagrams, the only illustrations, are clear even when describing matters such as platelet adhesion, release, and aggregation. The reader may ask "how current?" References are a useful yardstick and most refer to papers from 1980 onwards and some are dated 1983. One contributor must have surveyed the published material widely, as he refers to the *Journal of the Iowa Medical Society*; this is somewhat elusive except through the BMA or Royal Society of Medicine libraries, which exchange their journals with the American state ones.

**Nelson Textbook of Pediatrics.** 12th edn. Richard E Behrman and Victor C Vaughan, III. (Pp 1899; £49.50.) W B Saunders. 1983.

The dedication is now to Waldo and Margery Nelson, who for 40 years and eight editions brought to this textbook "their joint devotion and skills. . . ." At the start are 24 coloured pictures which are not in the 1979 edition. These are garish and hardly worth while: for example, the facial rash of dermatomyositis could not be recognised without a caption and the picture of nasal diphtheria does no more than illustrate the importance of looking up the nose. But don't blame the medical photographer in Philadelphia, as it is almost certainly a failure of colour reproduction by the printer.

New names appear among the 123 contributors and much has been revised. New chapters include primary prevention, which provides useful statistics about poisoning and other problems; fluoridated water is available to only about half of all infants and children in the United States. Other additions include shock syndrome and dysmorphology, which is the approach to structural defects of prenatal onset: the number of recognised patterns of malformation has apparently more than doubled over the past 10 years and the possible causes for this are discussed. Accidental injuries is the title of another new section and deals with the risks of the road, motorcycles, the home, school, and so on; most injuries related to bicycles occur when people are carried as

passengers and children should, the author writes, be carried on a bicycle only in a special seat equipped with leg guards to avoid the legs being caught in the wheels.

"The cause of injuries is the uncontrolled transfer of energy (usually mechanical) to a susceptible body or, occasionally, as is the case in suffocation or drowning, the inhibition of normal transfer of energy"—but to quote this piece of gobbledegook is unfair, for the rest of the book is written clearly.

**Practical Management of the Elderly.** 4th edn. Sir Ferguson Anderson and B Williams. (Pp 357; £16.50.) Blackwell Scientific Publications. 1983.

A better book to handle than the 1976 edition as pages are wider and it lies open easily. Brian Williams, senior lecturer in geriatric medicine in the University of Glasgow, has joined the author. Revision and rearrangement with references brought up to date is the case here rather than anything strikingly new. The former chapter on "work and retirement" is missing, but this important subject is covered in "the preventive approach" and in an appendix which gives details of day release courses for older employees. Another new appendix provides useful addresses. Postural hypotension is the subject of chapter 7, but this is so brief as hardly to justify another chapter. A pity perhaps that photographs showing elderly people using aids and equipment have been left out and there are now only three figures which appear in the "organisation of a geriatric service."

Chapter 1 is a masterly account of old age and should be read especially by anyone who senses its onset. Reassuringly, Sir Ferguson Anderson writes "It must be accepted, however, that the concept of when a patient is old has changed and no individual should be considered in this category until well over 80 years of age."

**A Handbook on Drug and Alcohol Abuse: the Bio-medical Aspects.** 2nd edn. (Pp 329; £20 hardback, £10 paperback.) Oxford University Press. 1983.

It looks like a reprint of the 1975 book rather than a new edition. The list of contents and the number of pages are the same. Opening the two books at random shows the text to be the same on the same pages. Yet the blurb on the back mentioned new material. One example was phencyclidine, which is sold as angel dust; the index refers to pages 21 and 152 but on each the name only is mentioned; page 169 was also indicated but it is not even mentioned on that page. The same applies to the "new material" on methaqualone, as the index refers to page 116; it is not mentioned there but there is a sentence about it on page 117. There the reader is referred to the *Pharmacological Basis of Therapeutics* by Goodman and Gilman, 1980, so you must buy that as well.

**Modern Drug Treatment in Tuberculosis.** 6th edn. J D Ross and N W Horne. (Pp 124; £3, plus 50p postage/packing (£1.20 surface mail overseas), from the publisher, Tavistock House North, Tavistock Square, London WC1H 9JE.) The Chest, Heart, and Stroke Association. 1983.

A glance at the table of contents shows that much has been rewritten. Thirteen antituberculous drugs now compared with six in 1976, though some such as viomycin and kanamycin sound useless. Chapters include generalised reactions to antituberculous drugs, drugs in special dilemmas—such as liver and renal failure and pregnancy—drug regimens, corticosteroids, general

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management, and prevention. John Crofton writes in his foreword that "whether newly introduced to the problem of managing tuberculosis or widely experienced in this field, whether working in a highly sophisticated centre in a developed country or in a remote area of a developing country, everyone treating patients with tuberculosis should have this book available to them." Relevant to this is the "cost of drugs" (page 36). The cost index for ethambutol and rifampicin is much less than for former drugs; also, the new regimens decrease the economic and social constraints previously posed by the duration of treatment on patients and on health care personnel.

**Aston's Short Textbook of Orthopaedics and Traumatology.** 3rd edn. Revised by Sean Hughes. (Pp 295; £5.45.) Hodder and Stoughton. 1983.

The name of John Aston, "a greatly respected and universally liked orthopaedic surgeon," has been added since 1976. A major revision has been done by the present author, who is professor of orthopaedic surgery in the University of Edinburgh. New chapters include abdominal and genitourinary injuries by Charles Court-Brown, amputation, and rehabilitation (too brief). The new concept of internal fixation, which has greatly altered the treatment of fractures, receives its proper place. Illustrations are excellent. The editor of this useful series of short textbooks writes about the introduction of much basic science but this aspect is not obvious. The cover shows an electronmicrograph of a bit of cardiac muscle—attractive but unrelated to the contents for this picture is the hallmark of these books.

**Replacement of Renal Function by Dialysis.** Second, revised and enlarged edition. Ed William Drukker, Frank M Parsons, and John F Maher. (Pp 945; Dfl 375.) Martinus Nijhoff. 1983.

Seventy eight instead of 64 international contributors have produced this masterly tome on a topical subject. The editors, who come from Amsterdam, Leeds, and Bethesda respectively, state correctly that not a single chapter has remained unaltered, and all have been rewritten rather than simply revised and updated. Well illustrated and referenced, it is a bigger and better book.

The 16 new chapters include angioaccess (a word which replaces vascular access), dialysate regeneration (the reuse of the fluid), peritoneal dialysis, eye complications associated with haemodialysis illustrated in colour, and pharmacological aspects of renal failure and dialysis. CAPD (continuous ambulatory peritoneal dialysis) and its problems are covered well by Charles Mion and his colleagues.

**Present State and Future Needs in General Practice.** 6th edn. John Fry. (Pp 86; £5.50.) MTP Press for the Royal College of General Practitioners. 1983.

"This sixth edition is produced in times of good morale for general practice and of serious crisis for the National Health Service," writes the author. How refreshing it is to hear the first statement. This type of book can be a bore but the author, well known for his work in this subject, has the knack of making facts interesting, especially when blended with his personal opinion. His previous one in 1979 was called *Trends in General Practice* and consisted of essays by various authors. This has the same format as earlier editions, which started as supplements to the *Journal of the Royal College of General Practitioners*. He himself has written the 15 short chapters, well illustrated (though some are superfluous), and subjects range from "content of work," "education and training" to "prescribing" and "general practitioners in hospitals." Prescribing correlates with wealth: the more affluent the country the more drugs people consume—

so the United Kingdom does not even come in the top 10 (page 54), Switzerland and West Germany running about equal as first.

How money is spent in the NHS is shown in a pie diagram. Another new chapter is about the college, its history, and so on. The average pass rate of its membership examination is 60%. Trainees do best and hospital doctors come below the average. It is a pity that the frequency of home visits has come down by 41% and all face to face consultations by 4.5%. No mention is made of the topical matter of the use of deputising services. He finishes with a stimulating chapter about the need for self inquiry and self checking, but general practitioners are not alone in needing this.

**Problem-Oriented Medical Diagnosis.** 3rd edn. Ed H Harold Friedman. (Pp 429; \$17.95.) Little, Brown, and Company. 1983.

The title is the vogue term (after Weed<sup>1</sup>) for a book based on symptoms rather than disease. It is a cram and revision book brought up to date since 1979 by "academically orientated physicians who are engaged primarily in the care of patients" in Denver, Colorado. Small but new sections have been added on the painful knee, delirium, mania, and dementia, and the section on hepatomegaly and jaundice has been rewritten.

The publishers specialise in these spiral bound books, which are ideal for bench or cookery books as they lie open perfectly. Librarians do not like them, saying that the pages fall out after a while, but this had not happened in the well worn 1979 copy and no one has done a controlled study comparing glued bindings. More important is the absence of a lettered spine so that the books are nameless on the bookshelf; it is surprising that this cannot be remedied.

**Baillière's Concise Medical Textbooks.** "Community Health, Preventive Medicine and Social Services." 5th edn. J B Meredith Davies. (Pp 485; £7.95.) Baillière Tindall. 1983.

The preface is a boon, for it provides a detailed account of what's new in this edition and it is easy to check this. Many changes, including improvements, have occurred since 1979 despite the cutbacks due to the recession, which is encouraging: the 1982 reorganisation of the National Health Service, when bureaucracy was reduced, the second national study of morbidity statistics done by general practitioners, improved training schemes for district nurses introduced in 1981, the screening for neonatal hypothyroidism, and so on. Pie diagrams (page 72), however, show that cancers, accidents, and violence are becoming relatively more common in young people. Packed with information, it is divided into three parts: community health and preventive medicine, community health and social services, and social services.

The chapter called "measurement of health" refers to the health of a nation or community, which, writes the author, can best be measured by an intelligent use of vital statistics: these include births, morbidity rates, expectation of life, and mortality rate—both the specialised death rates and SMR (standardised mortality rate). Defining the health of an individual depends more on soft data, for the World Health Organisation again states that it is "a state of complete physical, mental, and social well being, and not merely the absence of disease or infirmity"<sup>2</sup>—surely a Utopian rather than earthly achievement.

## References

- 1 Weed LL. *Medical records, medical education and patient care: the problem-orientated record as a basic tool*. Chicago: Press of Case Western Reserve University, 1969.
- 2 *The Constitution of the World Health Organisation*. Basic Documents. 33rd ed. Geneva: WHO, 1983:1.