## Two horse race

**Textbook of Medicine.** Ed R L Souhami, J Moxham. (Pp xii+1198; figs; £24.95 paperback.) Edinburgh: Churchill Livingstone, 1990. ISBN 0-443-03434-6.

Clinical Medicine: a Textbook for Medical Students and Doctors. 2nd edn. Ed P J Kumar, M L Clark. (Pp xiv+1016; figs; £19.95 paperback.) London: Baillière Tindall, 1990. Distributed by Harcourt Brace Jovanovich. ISBN 0-7020-1391-9.

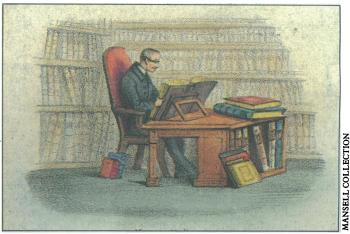
he thought occurs to me that there must have been a time, perhaps towards the end of the nineteenth century, when the exceptionally well read physician could have known all (or pretty well almost all) of what was then known about clinical medicine. Because of the pace at which medical knowledge increased this omniscient person could not have sustained such a breadth of knowledge into the present century. In the same way, the great single author textbooks of medicine have given way, successively, to multiauthor texts and then to the multieditor texts of today. Sadly, textbooks for students have over the years seemed rather dull, with a typical combination of dense prose accompanied by a paucity of illustrations.

Out of recognition that they were failing to fire the imagination, several of the traditional texts have undergone something of a facelift in recent editions. There is often a problem, however, in trying to pour new wine into old bottles, and the well established student favourites have now got really strong competition on their hands from two quite outstanding newcomers. First into the frame was Clinical Medicine edited by Kumar and Clark, which appeared three years ago and now its second edition has just reached the shelves. The first edition met with great success, but battle has well and truly been joined by the appearance of the Textbook of Medicine edited by Souhami and Moxham. Why should these two newcomers be winning the minds (and perhaps even hearts) of medical students?

### Bridging the gap

Let us first consider the newest arrival on the scene. Souhami and Moxham have assembled 29 authors from 14 teaching hospitals and other institutions around the United Kingdom. The main bulk of the book consists of chapters dealing with the major specialties of general medicine, but one of its very considerable merits lies in its first 200 pages, which provide a general framework to the specialised disciplines. So, among others, we find chapters on physical and environmental causes of disease, aging, clinical immunology, genetics, and nutrition. These are uniformly readable and go a long way towards bridging the gap between basic sciences and bedside medicine. The outstanding chapter in this initial section also happens to be the first and best chapter in the whole book. It is written by Nicholas Wald and provides the finest imaginable introduction to epidemiology.

I would cite the book's readability as a whole as one of its greatest strengths. Scrupulous editing has lent a uniform style to each chapter, aided by a layout which means that there are very few pages of text unaccompanied either by tables or by consistently clear diagrams. The illustrations are mostly relevant, but there are occasional anomalies—for example, in two different sections there are diagrams on electrolyte transport in the intestine, but in neither of these, nor indeed in the text itself, is there an explanation of how oral rehydration solution—a fantastic advance in the treatment of diarrhoea—modifies salt and water transport across the gut. The balance is occasionally curious in other topics. In the chapter on infections there are just 11 lines on *Pseudomonas aeruginosa*, in which no mention is made of urinary tract infection, but just a bit further on we find three times as much space given to meningoencephalitis caused by *Naegleria fowleri*. Infection with HIV gets a nice



The exceptionally well read physician . .

introduction, but discussion of opportunistic infections is largely restricted to individual chapters and, in one important organ system, is barely discussed at all.

#### Coherence and depth

Kumar and Clark's group of 22 authors were all teachers at St Bartholomew's Hospital at the time when the first edition of their book was in preparation, though six have subsequently migrated. The editors offer the suggestion in the preface that such centralisation provides a unified teaching approach, though I suspect that they are being unduly modest as it is much more likely that their editing, which is of a very high order, is responsible for the coherence of the 20 chapters. The range of subjects covered is wide, but an editorial decision was made not to grant epidemiology a section of its own. I was rather surprised to see that medicine in the elderly does not merit a separate chapter either. The index entry for "geriatrics" cross refers the reader to "ageing" but there is no entry between agammaglobulinaemia and alpha agonists. Several of the chapters on individual systems do mention problems specially relating to the elderly, but the health problems of old age are so often more than just the sum of diseased parts.

The subject matter has been carefully selected to meet the needs of clinical students and I could not find important omissions, which seems to reflect the advantage of this being a second edition. The book goes for depth rather than breadth—so here Naegleria fowleri is mentioned in just four words. The text is broken up by numerous hierarchies of headings and subheadings, which makes for a much easier read than the traditional texts provide. This sometimes leads to confusion, especially in the otherwise nice chapter on infection, where subheadings appear in bold upper case but the subject heading is in equally bold lower case: this takes a bit of getting used to. Illustrations are plentiful and usually both relevant and helpful, so I was intrigued to find only three chest radiographs in the chapter on chest medicine and two of these were of the normal chest. The text is strongly supported by numerous tables. I rather liked the chapter in my own specialty, but sometimes the relaxed style generates somewhat lax statements. So, for example, the lay term "piles" is listed as a cause of rectal bleeding, and a little earlier we find the statement that a single episode of diarrhoea is "usually due to dietary indiscretion." Such vagueness is very much the exception in an otherwise precise volume.

#### The best

Both publishers must take credit for excellent production. Kumar and Clark's book has a more solid casing, but this means the pages seem to flip over until the spine develops a healthy concavity.

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Souhami and Moxham's text is in rather less robust covers and has to be read on a desk. There is a price difference that might influence the buyer, but either book seems amazing value. Souhami and Moxham has more breadth of subject material (probably enough for MRCP part I), and both have ample for the final MB. These are unquestionably the best two student textbooks of medicine on the market and I shall be most interested to see which makes the number one slot.—IAN FORGACS, consultant physician, Dulwich and King's College Hospitals, London

# **Product of history**

The Politics of Health: the Australian Experience. Ed H Gardner. (Pp xiv+492; figs; £17.95 paperback.) Melbourne: Churchill Livingstone, 1989. ISBN 0-443-03970-4.



The comparative study of health care delivery systems is fascinating. This is partly because it leads to a richer appreciation of the systems in which we as individuals find ourselves working but it is also because, in times of change, features of other health services are liable to be grafted on to our own. It is prudent to be aware of the range of possible alternatives and of their advantages and disadvantages. Anyone with a clear knowledge of health maintenance organisations in the United States would have been ahead of the field in understanding the changes proposed in *Working for Patients*, for example.

The Politics of Health, with contributions mainly from La Trobe University, Melbourne, provides a long (484 pages) and detailed account not only of the Australian health system but also of Australian constitutional history. The twin stated aims of the book are, firstly, to provide information about the Australian political system and, secondly, to show how this relates to the provision of health care.

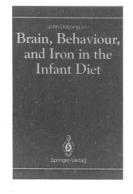
Of those objectives the first is achieved more successfully than the second. The initial section (200 pages), with chapters on such subjects as the Australian federal and voting systems, is an exhaustive description of current and past constitutional practice and political organisations. Indeed the excess of detailed information obscures the overall structure. The style tends to lurch haphazardly from an approach that is broadly chronological/narrative to one that is analytical/sociological. There are none the less many eye catching points of similarity between recent political themes in the United Kingdom and those described in the book—the perceived "problem" of big government for example and the generally closer scrutiny applied to the efficiency of public expenditure than to that of corporate private expenditure. There are also very obvious differences, not least the clause inserted in the Australian constitution in 1946 that effectively prohibits the nationalisation of medical or dental services

The book's shortcomings become more apparent in the second section, however. Here it fails to achieve a synthesis of the relevant elements of the political and health systems, which is in marked contrast to the successful approach of, for example, Rudolf Klein's similarly titled book *The Politics of the National Health Service*. The order of the chapters and their subjects suggest an insufficiently strong editorial hand. The inclusion of a fascinating but largely irrelevant description of the expulsion of British women doctors from the BMA in 1878 is symptomatic of this lack of direction. A useful piece setting the context, by David Legge, comes at the very end of the book, where it is least helpful. There are some brighter moments, however, particularly Victor Minichiello's examination of the political complexities underlying the enthusiasm for community care of the elderly.

Ultimately, however, this is a disappointing and, sadly, often dull discourse on what should be an engrossing subject. Instead of the cryptic cartoons that preface each chapter, more diagrams, tables, and general attention to coherence of style would help to impart the basic information.—IAN HARVEY, senior lecturer in public health medicine, University of Wales College of Medicine, Cardiff

## Treat or not?

Brain, Behaviour, and Iron in the Infant Diet. Ed J Dobbing. (Pp xii+195; figs; £35.) London: Springer-Verlag, 1990. ISBN 3-540-19605-6.



Iron deficiency is the commonest nutritional deficiency in the world and is a major problem in infants and children in the West. For paediatricians working in inner city areas in Britain, especially those with a large Asian population, it is so common that I suspect that many are sometimes tempted to ignore it and accept it as the norm. For many years there have been sporadic reports suggesting that iron deficiency in childhood is an important factor in the aetiology of some learning and behavioural difficulties, but apart from the work of a few paediatricians with a nutritional bias, little has been published. Nevertheless, there is a great deal of information scattered in the publications of the past 15 or 20 years, and in *Brain*, *Behaviour*, and Iron in the Infant Diet some of those particularly concerned with the effects of chronic iron deficiency present their views.

The layout of the book is interesting, in that each of the nine chapters is immediately followed by criticism and comments made by the other contributors. Accordingly, as soon as you reach the end of a chapter you are immediately faced with a criticism of the work presented. In places it is obvious that much of the work is not well controlled, and that some of the often quoted papers are not as reliable as at first thought. The difficulty is adequately to control a clinical condition that many of us do instinctively treat; and—as is highlighted by Betsy Lozoff—it is against paediatric practice to ignore severe iron deficiency.

Much of the evidence comes from rats made severely iron deficient. No human infant is likely to be as depleted as these laboratory rats, and this to some extent makes comparisons invalid. Although recognising the importance of well controlled animal work, I think that too long is spent in the book discussing it, and the first five chapters become repetitive. The chapters on the neuropharmacological and biochemical aspects are particularly so but are quite persuasive in the discussion on the role of iron at cellular level.

An important point made by Tomas Walter is that it seems to be the anaemia rather than the iron depletion on its own that is important, and the influence of environment is highlighted in the later chapters. If, as is stated, children with iron deficiency are less interested in their surroundings, they will do badly in the performance testing, and more importantly, will not be as responsive to their parents and so not receive the same amount of stimulation. It is also pointed out, however, that those children most vulnerable to iron deficiency are those who are the most disadvantaged socioeconomically to start with, and it seems that iron deficiency is yet another part of the cycle of deprivation referred to so frequently in paediatrics.

Although the book reinforced my own personal view that all children with iron deficiency should be treated, I think that many readers who do not have a large population of such children as their patients will not be as convinced.—ROGER J HARRIS, consultant paediatrician, the London Hospital (Whitechapel)

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