Drugs in the Management of Heart Disease
Pp 1 + 216. £29.50. Illustrated.
This wee book has ample figures and lots of curves, but no pictures. And it costs more than a hot dinner for two. So what does it offer a la carte? Well, there are five courses of which the hors d'oeuvre, hypertension, is the best. Attractive subheadings with short pithy paragraphs leading logically through when to treat, what's on the market, and why it is good or bad, bring one, with just the right amount of first pass metabolism and ortho-methylation, to the inevitable, but necessary, distillation of beta blocker, diuretic and vasodilator. But it is summer along the way. Comprehensive and precise.
I couldn’t touch the fish. Just me I’m afraid. I’m allergic to angina. Buccal nitrate, sublingual nitrate, oral nitrate, dermal nitrate, intravenous nitrate; if I had angina I’d just stop for a minute. Furthermore, 200 years ago the cure for angina was, paradoxically, more exercise. We seem to have forgotten that. (They, actually, not we). Oh, I know it is more complex than that, but not in the main stream.
Then we have Chow Fan. Good enough Chow Fan I may say, but quite out of place. It is a treatise on the epidemiology of cardiac pharmacology, everything from Paris to Sprint via Framlingham-on-Sea. It speaks of multivariate analysis and multiple endpoints and considers every trial from John the Baptist to Clive Ponting, complete with caveats. It is scholarly but it has its place elsewhere.
The chapter on cardiac failure was enjoyable, while not exactly breathtaking. Preload, afterload, fibre shortening velocity, they are all there, together with the new ace in the hole, captropil, and the old retainers morphine and digoxine, the latter embarrassingly overdressed. By contrast, Warfarin, that other feral from the days before they built the ring of confidence intervals, is stripped naked in the last chapter. Its use in myocardial infarction is topically in doubt, but did you know its use in established deep vein thrombosis, pulmonary embolism, atrial fibrillation and mitral stenosis has never been substantiated; that dosage requirements vary 20 fold; that standard loading schedules leave 70% uncontrolled on day 4? And, of course, it is upset by more drugs than Norman Fowler. Pshaw! Read it. It will give you the strength to withhold using it when you know in your heart it is only going to make things worse.
Well, there you have it. Is it worth £30? unquestionably yes, if you are in that bracket. Me? I think I’ll have a hamburger from Medicine International.
P L Y N C H

Complications of Surgery in General
John A R Smith
This monograph is one of the “Complications of Surgery” series edited by John Smith. This particular volume is written entirely by Mr Smith and is beautifully written, beautifully illustrated and beautifully produced. It is aimed at candidates for higher degrees and trainees in all branches of surgery but I can recommend it to every doctor who has to care for the surgical in-patient. The surgical ward sister or clinical tutor could also find instructional material for junior nurses.
In a short review one cannot expect to cover each of the 13 chapters in detail. Those on infection, haemorrhage, thrombo-embolism, and nutrition are particularly valuable. The chapter on paediatric problems merely touches upon them; they are fully covered in a companion volume. I think this short book should be available in every surgical ward in military hospitals.
R S C

Clinical Investigations
Pp 1 + 282. £4.95. Illustrated.
This book was discussed with and read by a member of the junior medical staff at the Queen Elizabeth Military Hospital Woolwich.
It is a pocket sized text book of 298 pages and provides a concise introduction into the often poorly understood world of clinical investigation. It is clearly written and easily understood and explains normal values for the various age groups, laboratory methods, common abnormalities and the clinical conditions in which these may be found.
Both invasive and non-invasive procedures are outlined in the appropriate chapters together with sampling technique, common pitfalls and the likelihood of false positive and false negative results.
It is an ideal book for revision and reference for senior students and junior doctors whether hospital or general practice orientated and should be available in most wards and laboratories for ease of reference.
C Garrety

Clinical Chemistry in Diagnosis and Treatment
Pp 17 + 539. £9.00. Illustrated.
This excellent book is now in its fourth edition, revision that, in addition to the updating that all textbooks require, now embraces the topic of therapeutic drug monitoring.
It remains a book that is relevant for both the clinician and the laboratory doctor. In the preface to its first edition the authors state that it is aimed at the undergraduate and junior clinician. This remains its laudable object, but it is also used extensively by more senior staff on both sides of the fence and this new edition will only reinforce this position.

Because it has a fairly extensive clinical orientation, especially with its summaries, and indeed the entire chapters at the end of the book, it could be beneficial, perhaps, to include sections on the use of laboratory audit – ie external quality assurance schemes and their uses (and abuses). Some comments on the way clinical chemistry could develop may also be useful – examples of this are the related subjects of reflectance meters and their now extensive repertoire of tests, and the development and control of clinical side rooms.

These suggestions may well be considered by the authors to be outside the scope of their book, which is essentially basic. However, it is, perhaps, a mark of how high the reviewer regards this excellent book that he feels such views would be pertinent.  

J G Winwick

A Short Textbook of Medicine 8th Edition  
J C Houston, C L Joiner, J R Trounce  
Hodder and Stoughton 1985. pp 1 + 768. £9.95 Illustrated.  

This well known book in the Short Textbook series has been thoroughly updated in its 8th Edition with a rewrite of the Tropical Medicine chapter by Professor A W Woodruff. The precise and rapid updating is a valuable feature of this series – its last edition being published in 1982.

It is easy to read and remains one of the best primers in Clinical Medicine for the medical student starting his clinical training and is a very useful refresher for general practitioners.  

M Brown


With the resurgence of malaria in many countries and the spread of drug-resistant Plasmodium falciparum infections, malaria chemotherapy and chemoprophylaxis have become more complex. This technical report will prove most helpful to doctors and health administrators in taking some of the difficult decisions about chemotherapy which they face. The review begins with a consideration of the mechanisms of development of drug resistance by malaria parasites and the geographical distribution of this resistance. The in vivo and in vitro methods of assessing drug sensitivity are fully described with particular emphasis on the well-developed microtest technique. Ways of combating the spread of drug resistant strains of malaria are considered and the lack of knowledge of the epidemiology of this spread and of the mechanisms of development of drug resistance highlighted. The next section of the report deals with the use of drugs for the treatment and suppression of malaria. This section will be very useful to the clinician as it will bring him up to date for instance on the value of using high dose 20 mg/kg intravenous quinine in the initial treatment of cerebral malaria in areas where parasites are less sensitive to quinine; the value of quinidine in treatment and the use of mefloquine. Doctors may be surprised to read that parenteral chloroquine is so hazardous in children that it should not be used. The report suggests that pyrimethamine/sulfadoxine combinations (Fansidar®) should be used for prophylaxis and treatment throughout pregnancy as soon as drug regulatory bodies release it for this purpose. Whilst drug prophylaxis is accepted for pregnant women the report comes out against prophylaxis for young children resident in endemic areas because of the inherent difficulties of its widespread use and the dangers of encouraging the spread of drug resistance. It concludes that making treatment readily available should be preferred. The report the describes the pharmacokinetics of each of the main antimalarial drugs and advises on the deployment and use of mefloquine emphasising the dangers of the falciparum parasites developing resistance to this drug if it is not used wisely. Other new antimalarials reviewed in less detail include Quinghaosu and its derivatives. Finally there are suggestions for future chemotherapeutic research and recommendations for drug use and the monitoring and containment of drug resistance. Everyone with an interest in malaria and its treatment will find this an essential review.  

G B Wyatt