What's new in the new editions?

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"Men who are occupied in the restoration of health to other men . . . are above all the great of the earth. They even partake of divinity, since to preserve and renew is almost as noble as to create."¹ But there must be exceptions to Voltaire's rule because librarians are faced with the fact that books are stolen from medical libraries, sometimes up to 3% or more each year. Theft can be reduced by a security system that activates an alarm, but a determined thief may regard this as a challenge to overcome rather than as a deterrent. Moreover, the cost is such that small postgraduate libraries find it cheaper to replace the books, others being defaced with stamps such as "This book belongs to (or has been stolen from) the . . . library"—a measure that may jog the memory of those who accidentally take them away. Surprising also is the vandalism of books and journals: people still tear out pages instead of using the photocopier.

An Introduction to Pharmacokinetics. 2nd edn. B Clark, D A Smith. (Pp 128; figs; £6.50 paperback.) Oxford: Blackwell Scientific, 1986. ISBN 0-632-01559-4.

Voltaire also wrote that "doctors are men who prescribe medicine of which they know little to human beings of which they know nothing."² This sounds more credible. Now the relatively new subject of pharmacokinetics, which studies the movement of a drug throughout the body and the processes affecting it, is increasing our knowledge about medicines. New since the 1981 edition are topics such as the importance of the site of administration, the binding of drugs to proteins especially albumin (only the protein free drug being active whereas most analytical methods measure both bound and free drug, giving just the total); also described are the concept of compartments and more details of the clearance of drugs.

Scanning the book may deter some readers for pharmacokineticists use words, symbols, and mathematical equations to express and predict drug behaviour, but these are fortunately contained in boxes and the text itself is easy to read—and there is now an index.

Tutorials in Surgery 2. 2nd edn. F G Smiddy. (Pp 336; figs; £14.95 paperback.) Edinburgh: Churchill Livingstone, 1986. ISBN 0-443-03603-9.

This has no index or even an expanded table of contents at the front; maybe the publishers are unaware of the existence of professional indexers whose fees are not exorbitant. Nevertheless, the book tutors well and has been largely rewritten since 1979. Apart from the text having been updated, there are new sections on intravenous nutrition, the use of ultrasonography in surgical diagnosis and of radioisotopes in surgery, and the diagnosis and treatment of ischaemic heart disease including the results of coronary artery bypass surgery: in 1979 the results were described as doubtful and controversial but now the facts are encouraging, though it has happened that an unsuccessful operation has relieved symptoms, perhaps owing to a perioperative myocardial infarction—or from a placebo effect? The book covers many subjects—from burns and scalds to Bayes's theorem, which comes in the section about computer aided diagnosis in surgical conditions.

Magnetic Resonance Imaging: Principles and Applications. D M Kean, M A Smith. (Pp 176; figs; £27.50.) London: Heinemann, 1986. ISBN 0-433-18265-2.

Physicists and engineers correctly call it MNR (magnetic nuclear resonance) whereas clinicians prefer MRI (magnetic resonance imaging) as the word nuclear causes alarm and some patients anyway suffer claustrophobia when enclosed inside the giant magnet. But it is safer because, instead of the patient being bombarded by neutrons as in conventional radiography, the magnetism coming from him or her is measured—apparently many of our nuclei are spinning like the earth and so create an individual magnetic field, making it possible to obtain morphological and biochemical data. Getting too close to the machine is hazardous, for metallic objects may become detached and be dangerous projectiles—for example, partial dentures or scissors—and medicolegal consequences could follow if clips put on intracranial aneurysms were pulled off or pacemakers inactivated.

Having read so far, I lent the book to my colleague Dr F G O Burrows, a consultant radiologist. He described it as excellent; it is written by a radiologist and physicist in Edinburgh for clinicians and radiologists who want to learn more about the theory and practice of MRI. He advised that every medical library should buy one but hesitated to suggest that every hospital should possess the equipment, for the machine and the special building needed to install it could cost about £1m apart from running costs. It does, however, seem to be a technique of the future, for it provides better differentiation of soft tissues (bone is excluded) as, for example, seeing the plaques of multiple sclerosis or an acoustic neuroma; it also shows the circulation by means of blood flow and can provide three dimensional pictures of any area. Apparently this is hardly more than the halfway stage towards its ultimate potential.

Plain X-ray Diagnosis of the Acute Abdomen. A Surgical Handbook with Notes on Clinical Presentation and Differential Diagnosis. 2nd edn. M H Gough, M W L Gear, A S Daar. (Pp 212; figs; £27.50.) Oxford: Blackwell, 1986. ISBN 0-632-01432-6.

The text is much the same as in the previous edition of 1971, but the format is better and there are many more pictures of radiographs; the halftones are now on matt and not glossy paper but just as good. There is an instructive preface, and new pictures include the following: Chilaiditi's syndrome, which readers will no doubt know refers to the presence of a loop of bowel between the liver and the diaphragm that may mimic free gas in the abdomen; hiatus hernia showing in a plain chest film; sickle cell crisis; intestinal pseudo-obstruction; a dramatic picture of caecal volvulus; "limey bile," calcification of the bladder; and others. On the page opposite each picture is a description of radiographic appearances, differential diagnosis, and clinical details.

Family Medicine. A Guidebook for Practitioners of the Art. 2nd edn. D B Shires, B K Hennen, D I Rice. (Pp 648; figs; £27.50.) New York: McGraw-Hill, 1986. ISBN 0-07-056921-5.

This is almost a new book compared with the 1980 edition, and the 25 contributors have produced a comprehensive study of general practice that is divided into several sections. "Primary care for the family," which contains nine chapters, emphasises the need to regard the family as a whole, and on page 14 is a checklist for assessing family function with questions such as: How many are

there in the family? In what phase of the family life cycle is the family? How are the major decisions made in the family and by whom? What does each member of this family do to get attention? and so on. "Common problems" covers such matters as sore throats, high risk pregnancy, sexual dysfunction, wheezing, death and dying, and fatigue; the last, it states, is generally a symptom of anxiety or depression and is associated with features of psychological origin such as irritability, reduced appetite, and so on; but some suffer from fatigue simply because they work too hard. "Facilitating health maintenance" deals with early detection of disease, "Patient management" covers doctor-patient relationships and cultural factors influencing compliance, "Team function" describes the role of the family practice nurse, "Research and teaching skills" deals with continuing medical education and possible topics for research, "Office management" describes office organisation and computers in practice, and "Complete approach" covers ethics and issues such as the whole person doctor.

In reporting this book I have received help from a practising general practitioner, Dr M J Hawkins, who had no doubt that it would be interesting and useful for general practitioners in Britain. He was amused by the different descriptions given by various doctors to "difficult" patients (p 375); these are, for example, multiple complainers, management problems, thick chart patients, turkeys, groaners. No descriptions could be found of difficult doctors, but the whole book is oriented to the best care for patients and understanding of their problems.

Extracorporeal Shock Wave Lithotripsy. 2nd, revised and enlarged edn. Ch Chaussy. (Pp 164; figs and colour plates; £32.20.) Basel: Karger, 1986. Distributed by John Wiley and Sons. ISBN 3-8055-4360-3.

The non-invasive method of disintegrating urinary stones by ultrasonic shock waves was pioneered by the author, who is professor of urology in Munich and also attached to the division of urology in Los Angeles. In the preface he states that altogether more than 100 000 successful treatments have been performed, and I understand from my colleague, Mr A D Barnes, who suggests that this book should be in all libraries with major genitourinary units, that there are now 170 lithotripsy centres in 20 countries. In Britain, approval for the development of regional lithotripsy centres has been given by the Minister of Health¹; probably one lithotripter would be enough for each region, which is fortunate as each one costs about £1m, but the advantage for patients would no doubt make it worth while.

Extracorporeal shock wave lithotripsy has apparently almost completely replaced transcutaneous or endourological procedures—the rapid progress being due partly to the excellent cooperation of urologists and physicists and partly to pressure from stone bearing patients themselves. This monograph is illustrated with coloured pictures of stones being shattered in vitro and in animals, and also with radiographs of successful treatment of opaque stones—fortunately 90% can be localised by their opacity. Both the physics and the practical details are illustrated by numerous line drawings, and other pictures and references have been brought up to date. But please could there be an index in the next edition?

Wide Awake at 3:00 am. By Choice or By Chance? R M Coleman. (Pp 206; figs; £21.95 hardback, £11.95 paperback.) New York: Freeman, 1986. ISBN hardback 0-7167-1795-6, paperback 0-7167-1796-4.

Sleep has throughout the ages caught the imagination of poets and writers but only recently has stimulated the interest of research workers. This author, who gained much experience as director of the first sleep disorders clinic at Stanford University, has published data on 8000 cases of sleep disorder treated in 11 clinics across the United States; he writes "at first glance the waiting room of a sleep clinic may easily be mistaken for a typical doctor's office. Half the patients are nervous, aimlessly picking up and quickly discarding

magazines, impatiently waiting to see the doctor. The other half, however, are dead asleep, snoring away, sprawled out on chairs and sofas. These are the hypersomniacs."

The book covers the whole subject in a readable though more academic way than is suggested by the title. A continuous encephalogram recorded brain patterns, which were amplified, recorded, and deciphered; also monitoring eye movements and muscle activity provided accurate assessment of the different states of sleep. The discovery of REM (rapid eye movement) sleep apparently led to the discovery of some important sleep disorders that can be treated successfully.

Spending one third of one's life unconscious has always seemed to me a waste of time; for it is not sleep but going to sleep and the early morning drowse that are so pleasant. For how long anyone needs to sleep is not known, but sleeping too much—such as 10 or more hours—doubles the mortality from vascular disease, and figures suggest that it is better to sleep for seven rather than eight hours or thereabouts. Research in animals shows that donkeys sleep for three hours compared with the cat's indulgence of 14.8 hours.

Jet lag (chapter 4) is caused by the direction of travel, not whether the flight is outgoing or homecoming. Volunteers found that travel in the same time zone did not produce any jet lag even in a long 12 hour flight from Peru to New York (figure, flight 1); crossing five time zones on an eight hour flight from Paris to New York (flight 2) caused moderate jet lag, most taking two or three days to adjust; but crossing 11 time zones on a 10 hour flight from Copenhagen to Alaska resulted in extreme jet lag taking up to a week to go (flight 3). The duration of jet lag seems surprising as recovery occurred in 12 hours after severe sleep deprivation, but jet lag may have more to do with the biological clock (chapters 1-3). Probably a differential diagnosis of jet lag should include neurosis as the symptoms—fatigue, decreased concentration, insomnia, reduced appetite, and muscle aches (page 66)—could be psychogenic; and perhaps the provision of free alcoholic drinks for first class passengers should be listed. But supersonic travel will eliminate jet lag as the passenger's internal clock will not be disturbed.

References

- 1 Voltaire. Dictionnaire philosophique IV. In: *Oeuvres complètes de Voltaire*. 20. Paris: Garnier Frères, 1879:57.
- 2 Voltaire. Quoted by Strauss MB, ed. *Familiar medical quotations*. London: J and A Churchill, 1968:394.
- 3 Anonymous. Lithotripsy for all regions. *Br Med J* 1986;293:570.