we can only emphasise the findings that lipid-lowering therapy was used in only a small proportion of such patients admitted to our cardiac care unit (CCU) in 1996.

The delay and discrepancy between evidence and clinical practice is not a new finding but is clearly a complex issue and not restricted to cardiovascular medicine. We did not investigate in depth the causes for this in our case. However, we suggested that incorporating the prescription of lipid-lowering therapy into the CCU protocol may help to address some of the shortfall in their use. This was based, in part, on the possibility that

the encouraging observation that cholesterol levels were checked in 89% of subjects may have been attributable to the CCU protocol, and in part, on the favourable side-effect and safety profile of statins.² In an attempt to complete the audit cycle, we have instituted changes to the CCU protocol whereby all patients with a cholesterol level greater than 4.5 mmol/l are started on a statin unless contra-indicated. Initial reports show that prescription rates for statins have improved and we aim to complete this study in the near future.

TECK K KHONG
Blood Pressure Unit, Department of Medicine,
St George's Medical School, Cranmer Terrace,
London SW17 0RE, UK

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- 1 ASPIRE Steering Group. A British Cardiac Society survey of the potential for secondary prevention of coronary disease: ASPIRE (Action on Secondary Prevention through Intervention to Reduce Events). *Heart* 1996;75:334-42.
- 2 Pedern TR, Berg K, Cook TJ, et al. Safety and tolerability of cholesterol lowering with simvastatin during 5 years in the Scandinavian Simvastatin Survival Trial. *Arch Intern Med* 1996;156:2085-92.

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

The spine and medical negligence, RW Porter, pp 200. BIOS Scientific Publishers, 1998. £19.95, paperback. ★★

It is a brave author who attempts to cover the major clinical aspects of spinal surgery and the litigation relating to it in one slim volume. It is a heroic author who tries to do this in a style that will appeal to both the doctor and the lawyer. Legal sections are to be found at the beginning and end of this book, with two excellent chapters on 'Why do patients sue their surgeons' and 'Risk management'. The middle section contains clinical chapters written in an authoritative style with helpful illustrations. Throughout the book, case histories help to illustrate management pitfalls. However, I found the analysis of the legal issues rather simplistic, and others may be left dissatisfied. Porter has a tendency to rely on the phrase 'informed consent' which is at best misleading and at worst a misnomer; valid consent is informed, informed consent is not necessarily valid. Although the author admits that the clinical information may be superficial for the specialist, I fear it may be too deep for the lawyer. As a handbook on legal medicine it lacks both depth and a target audience, but as a guide to ethical practice, or as a quick revision of spinal problems, this book is well worth the read.

J A D STEWART
Sheffington, Leicester, UK

Managing multi-disciplinary teams in the NHS, Paul Gorman, pp 171. Kogan Page, 1988. £15.99, paperback. ★★★

Fifty years ago, the medical professorial ward round of a London teaching hospital was multidisciplinary, involving nurses, dieticians, physiotherapists, pharmacists and doctors. Next door the professorial surgical round most certainly was not. Ten years later in general practice, single authority persisted, each professional working within a personal agenda, selectively transferring responsibility but not power. Over the years, both geographical and specialist boundary-crossing teams, with each professional contributing a part to the whole decision-making process, have of necessity evolved rapidly, but not painlessly.

This valuable little book has 11 chapters devoted to NHS team working, and is written by an independent specialist in professional partnerships. Multidisciplinary working in

the NHS, building teams, leadership, managing teams, communication, cultures, networks and team development are all addressed in easily understood, reasoned sections, each with an introduction to the scope of the topic, analysis, advice, guidance and conclusion. Dysfunctional teams are well analysed and 'difficult people' within teams are described with considerable feeling.

I found the book easy to read and understand, reassuringly non-didactic, and thoughtful. From the 11 languages of the various health and social service professionals involved in patient care can come forth a harmonised decision-making voice; this is more likely if all the team realises that management is rarely, if ever, about making clear-cut decisions on firm evidence.

In recommending this book to all those working in teams within the NHS (and all postgraduate centre librarians) and without detracting from its usefulness, I must add that I found several of the quotation/examples banal and for me, with the possible exception of 5.1, none of the figures added anything to the text except space between words. Perhaps this was intentional.

MICHAEL NICHOLLS
Chichester, Sussex, UK

Understanding health economics, Paul R McCrone, pp 136. Kogan Page, 1998. £15.99, paperback. ★★★★★

This book provides an introduction to and overview of health economics that will be of interest to medical, nursing and managerial staff. The first chapter defines economics and its relevance to the National Health Service as well as what is meant by cost to different groups. The subsequent chapters explain basic general economic terms and principles, how health outcomes can be monitored and the models for evaluating the costs of health-care. Topics included in these sections are QALYs, cost-effectiveness models and cost-utility analysis. Later chapters deal with evidence-based medicine and randomised controlled trials and the concept of prioritising. The final section gives a stepwise guide to the practicalities of assessing evidence and how to conduct an economic evaluation.

This book is well written, easy to follow and enjoyable to read. It will be ideal for health and managerial professionals who have no or little previous experience of health eco-

nomics. Its strengths are that it concentrates on basic principles and defines all relevant new terms. The understanding of new concepts is facilitated by the text containing many clinical examples and case studies. Other advantages include a comprehensive bibliography and list of abbreviations. I would strongly recommend this text to those wishing to seek an introduction and overview of health economics.

ANDREW HART
Norfolk and Norwich Hospital,
Norwich NR1 3SR, UK

Radiology for MRCP, Sarah Howling, Paul Jenkins, pp xxii + 210. PASTEST, Cheshire, 1998. £13.75, paperback. ★★★★★

I welcome any book on radiology that aims to help candidates preparing for MRCP examination, and the authors of the above book have really worked hard to achieve this goal. The first section is devoted to guiding people through different imaging modalities, eg, magnetic resonance imaging (MRI), barium examinations, etc. The normal films are fully explained before the pathological ones are dealt with, which is a very sensible approach, especially when you are trying to interpret MRI and computed tomography scans.

The figures are of high quality, and the cases discussed cover almost all medical specialties. The explanations are well written and are followed by wide differential diagnoses. Many sections of medicine are well illustrated, but my favourite section is rheumatology. The X-rays of bones and joints are of the right penetration and the text is very detailed. I have always found barium X-rays rather difficult to interpret, but the films here are of high quality and leave little room for ambiguity.

This book is the work of both a radiologist and a clinician and thus enjoys the best of both worlds. Even those with membership will thoroughly enjoy it, and it will help them to update their knowledge of radiology. I strongly recommend this book for anybody sitting for or contemplating the MRCP exam. It is also a pleasant surprise that it is priced at only £13.75. Pastest has done a great service for postgraduate education yet again.

N VIJAYAKUMAR
Department of Medicine for the Elderly, Leicester
General Hospital, Leicester LE5 4PW, UK