

**Get through FRCA Primary: 710 MCQs**

RLA Jayaweera and R Jayaweera  
RSM Press 2005  
Price £19.99. Pp 347  
ISBN 1853156663

Preparing for the primary FRCA exam is a daunting prospect. Although I consider myself a veteran of Royal College exams, this particular one seems to me like the coming of Armageddon. *Get through FRCA Primary: 710 MCQs* by RLA Jayaweera and R Jayaweera is aimed at all anaesthetists attempting this particular exam. Whether they think they know it all and

want to test themselves or they know very little and would like to find out about the scope and the depth of MCQs they may encounter, they will find something in it for themselves.

The book has arisen as a result of many years of teaching aspiring masters of anaesthetic arts and is by no means 'just another' MCQ book. Written with passion, 710 MCQ stems, each containing five separate statements, add up to 3550 facts concerning physiology, pharmacology, clinical chemis-



try and physics. This translates into many busy evenings of studying. The questions are testing, tricky and although occasionally unconventional they constitute a fantastic teaching aid especially at a mere £19.99.

A useful addition would have been a CD-ROM with somewhat expanded answers and perhaps appendices with some of the relevant physical properties and physiological data, but this is a must-have.

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**Oxford Handbook of Clinical Medicine for the PDA (6th edn)**

J Murray Longmore, Ian Wilkinson  
Oxford University Press 2005  
Price £18.68 plus VAT  
ISBN 0 19 856784 7

Since it was published in 1985, this book has become an indispensable guide for medical students, junior doctors and GPs. The printed version of the *Oxford Handbook of Clinical Medicine* is now in its sixth edition. This latest offering has taken things a step further and has embraced the emerging wave of digital handheld computing technology.

What does this personal digital assistant (PDA) version offer that the good old 'pocket-sized' book does not? Its main advantage is the ease with which the index can be searched. Clickable links throughout and the ability to insert annotations and bookmarks allows quick cross-referencing between topics. With an Internet connection, references can be accessed and free updates can be downloaded. Featuring additional common acute presentations and clinical skills techniques, this edition is even more practically orientated with extra sections on drug dosing, example electrocardiograms and colour photographs.

These features combine to make a permanently up-to-date piece of software that is ideal for use on the move. Whether you need to look up the management of a condition while walking to a ward, or want to update yourself on the clinical features of a disease during a consultation, this makes the task quick and easy. For the new doctor, it can provide a professional alternative to hiding beneath the nearest nursing station to glance at a bulky textbook.

Are there any downsides? Other than requiring the ability to master use of your PDA, there do not seem to be many. One complaint is that viewing something on-screen is often not as easy as reading it in print. This particularly applies to digital images, some of which can be difficult to appreciate on a small screen. The publishers have tried to address this by the careful use of colour and the division of topics into straightforward sub-sections. Minor drawbacks aside, this software is highly recommended. The PDA version is not only as good as the printed version, it is probably better. The end of the printed book may not be upon us quite yet, but the age of its digital counterpart has definitely arrived.

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**Gynaecological Urology for the MRCOG and beyond**

Simon Jackson, Meghana Pandit,  
Alexandra Blackwell  
RCOG Press 2005  
Price £ 26.00. Pp 101  
ISBN 1900364883

This is an important clinical area and subject for the MRCOG and beyond. The book is succinct, clear and well illustrated, although some illustrations need labelling.

It would have been better to have used the term urogynaecology as this is how the subject and speciality are known in the UK and abroad. The pelvic floor is now considered as one physiological unit rather than dividing it into urology in the front and colorectal behind. Most urogynaecologists collaborate with colorectal surgeons for the management of posterior compartmental disorder, which should have been included.

There are some specific issues: Bladder over-distension does not result in autonomic neuropathy. The latter is one of the cause of bladder over-distension. The colposuspension is no longer the first choice for continence surgery nowadays – this falls to mid-urethral tapes. By the same token, the Marshall-Marchetti-Krantz, anterior colporrhaphy and needle suspension procedures are rarely performed for urodynamic stress incontinence and shouldn't merit more than a line for all of them. Prolonged cysto-distension for the treatment of an overactive bladder is rarely performed nowadays.

Concerning the management of haematuria, it would be wrong to proceed to cystoscopy and biopsy a patient with haematuria before excluding malignancy. If there is any doubt about malignancy then a biopsy should be carried out by a urologist. In the management of urinary tract infection, cranberry juice contains many substances, however, proanthocyanidin inhibits the adherence of *Escherichia coli*, and not fructose. It is usual to take 150–200 ml of cranberry juice twice a day, because its action only lasts 10 hours.

There are many good points about this book – there is an excellent review of the anatomy and continence mechanism and clinical and investigatory assessment of a patient with incontinence. The chapters on specific problems such as recurrent urinary infection, pregnancy and urinary symptoms in elderly women have been carefully chosen. It is hoped that the next edition will have a wider horizon and incorporate the posterior compartment and deal with colorectal problems.

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