

Liaison Psychiatry: Planning Services for Specialist Settings

Edited by Robert Peveler, Eleanor Feldman, Trevor Friedman
Gaskell 2000

Price £30.00. Pp 216
ISBN 1 901242 47 1

The editors of this slim (and somewhat pricey) volume argue that the purchaser-provider split, along with the emphasis on community-based mental health services, has hampered the development of consultation-liaison psychiatry.

The authors set out to establish a 'case of need' in a wide (but not comprehensive) range of medical and surgical settings, alongside accounts of the psychiatric morbidity encountered in patients with human immunodeficiency virus/acquired immunodeficiency syndrome, those undergoing palliative care, or attending pain clinics. Specific management issues addressed include rapid tranquillisation, deliberate self-harm, and implementation of the Mental Health Act. Models of joint working with physicians and surgeons are described.

Even the most developed of liaison services (the authors include four professors in the specialty) cannot hope to respond to the full range of potential demand, but the issue of prioritisation is not addressed. A designated consultant-led deliberate self-harm team is an obvious priority but is often lacking. It is difficult to decide whether limited additional resources would be best deployed in the maternity unit, supporting intensive care staff, or identifying trauma patients at risk of developing post-traumatic stress disorder, just a few of the possibilities identified. Margaret Oates suggests that 3–5 sessions of consultant time are needed for a perinatal psychiatry service alone.

Nevertheless, this is a useful and well-written guide to the value of psychiatric and psychological interventions, citing research evidence where available. Many promising areas of further investigation are identified, along with a strategy for developing a business case.

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Acute Medical Emergencies: The Practical Approach

Edited by Advanced Life Support Group

BMJ Publishing Group 2001
Price £40.00. Pp 454
ISBN 0 7279 1464 2

The aim is to provide a focused and structured approach to the treatment of the acutely ill medical patient. The first two chapters provide a good introduction to the problems and management of such patients. They emphasize the need for a rapid assessment of the patient to identify immediately life-threatening problems, to treat and stabilize those problems as they are recognized and only then to concentrate on definitive diagnosis.

The book emphasizes a symptom-based approach to the patient and the first few chapters go into some detail regarding assessment of airway, breathing, circulation and disability.

It then moves on through common presenting symptoms such as breathlessness, chest pain and the patient with altered conscious level. In all, 11 subjects are tackled from the point of view of presenting complaint.

Overall this book is very good in its statement of overall aims in managing ill patients. The systematic approach is also well laid out and sufficiently comprehensive. The pathophysiology is very detailed and leads on to a good discussion of the symptomatology of various conditions and differential diagnosis of conditions presenting with similar symptoms. However, while some of the management sections are excellent, overall the book is let down by lacking comprehensive and practical guidelines on managing many common medical conditions, in particular left ventricular failure, cardiogenic shock and problems with managing overdoses.

Because of these I would have reservations in recommending the book wholeheartedly. Although it may be a useful addition to the initial assessment and diagnosis of patients, it is not comprehensive enough to stand alone as a manual for the overall management of such problems.

AM Armstrong, University Hospital Aintree

Rational Diagnosis and Treatment: Evidence-based Clinical Decision-Making (3rd edn)

Henrik R Wulff, Peter C Göttsche
Blackwell Science 2000

Price £39.50. Pp 221
ISBN 0 632 031 972

The sleeve of this book promises a broad discussion of the basis of clinical decision making, arguing for a logic-based approach, derived from first principles and informed by available evidence.

The book divides into two broad areas. The first focuses on clinical decision making, starting with the foundation of decisions, underpinning this with discussions on the utility of clinical data, disease classifications and the diagnostic process itself. Its second part concentrates on how the evidence underpinning clinical practice is arrived at. This uses a historical thread, starting with the history of experimental medicine and how we moved from 'uncontrolled experience' to the need for a more scientific approach, focusing particularly on randomized controlled trials and critical appraisal skills.

I enjoyed the book. All the discussions are continually interesting, and it is, as the sleeve note claims, beautifully written.

I do retain some anxieties, however, at whether it achieves two stated intentions — as a primary text on evidence-based practice, or in reaching the right readership. On the first point, I think the book may be trying to hit too broad a mark in relation to the length of the text. I also felt that while the tenor of the book may have changed in translation from Danish, I felt it assumed a depth of knowledge and experience that undergraduates may find unhelpful.

These are not major criticisms, and emphatically should not stop anyone interested in this area from buying and reading the book. While it may not become a standard undergraduate text in the UK, I believe it is a worthwhile investment for anyone interested in delving a little more deeply into the way our profession underpins its practice.

Alastair Scotland, Chelsea and Westminster Healthcare NHS Trust

Difficult Diabetes

Edited by Geoff Gill, John Pickup,
Gareth Williams
Blackwell Science 2000
Price £59.50. Pp 308
ISBN 0 632 05324 0

The prospect of yet another book on diabetes does initially make one's heart sink. Most of us spend all our time practicing diabetes and have little time to indulge in this rapidly expanding library. However, *Difficult Diabetes* offers something a little different. The book is divided into four sections and a total of 17 chapters. The first section covers diagnosis, impaired glucose tolerance, pregnancy and microalbuminuria. The three management sections cover a broad spectrum of topics including obesity, brittle diabetes, adolescent diabetes, pharmaceutical interventions and regimens, pump therapy, foot ulcers, erectile dysfunction, transplantation and driving issues. The editors have chosen difficult and controversial aspects of diabetes care.

The chapters vary significantly in their content. While several offer succinct thought-provoking opinions about difficult areas, others do little more than regurgitate information readily available in the other 'me toos'. Some chapters are wordy, lack punctuating figures and seem to have lost the editors' objective of offering forthright opinion on difficult areas. There are also some important contemporary issues missed out: it is frustrating to have a chapter on pancreas transplantation which only has seven lines on islet cell transplant, inhaled insulins receive cursory mention and the role of blood glucose monitoring, particularly non-invasive monitoring, is not mentioned.

Overall I found this book informative, useful and actually compelling. It has its high points and lows, but the former certainly outweigh the latter. For diabetologists this book is one to add to the sagging shelf.

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Management of Persons with Chronic Neurologic Illness

Mark N Ozer
Butterworth Heinemann 2000
Price £45.00. Pp 315
ISBN 0 7506 7005 3

This book provides a North American perspective on the continuing care and management of patients with a variety of common neurological disorders. Traditional neurological practice has concerned itself principally with diagnosis. The advent of new treatments for epilepsy, multiple sclerosis, Parkinson's disease and stroke has moved neurologists towards a greater involvement in the chronic management of patients with these and other conditions. This book provides an excellent introduction to these aspects of care. Early chapters introduce the World Health Organization concepts of impairment, disability and handicap. The difficult problem of measuring effectiveness is discussed.

Planning, assessment and coordination of the different professionals involved in the rehabilitation process are usefully emphasized by the authors of this book.

Disease-related chapters deal with vascular disease, spinal cord injury and the difficult problem of patients with moderate to severe brain injury. To some extent the choice of neurological subjects is arbitrary, but common conditions are addressed. The chapter on chronic pain gives an up-to-date overview of the physical and pharmacological remedies available. The management of epilepsy, Parkinson's disease and neuromuscular disorders is generally covered in more detail in the standard textbooks of clinical neurological practice.

Overall this book provides an excellent introduction to the rehabilitation and management of patients with a variety of common chronic neurological disorders and would be of interest to those caring for these patients on the neurology ward.

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Concise Oxford Textbook Of Medicine

JGG Ledingham, DA Warrell
Oxford University Press 2000
Price £75.00. Pp 2007
ISBN 0 1926 2870 4

In my younger, impressionable days I bought the first edition of the *Oxford Textbook of Medicine*. It has sat on my bookshelf since but, far from most of the other volumes beside it, it has never gathered dust. It has been an invaluable reference tool throughout my years as a consultant physician.

One of the two volumes of this book has come off the shelf for a variety of reasons, as diverse as case presentations, defending my position in the face of challenge from juniors and for medicolegal opinions. The original has now grown to three volumes and the current 'concise' version has sprung from this. Before rushing out to buy a copy, at what is a remarkably competitive price, do reflect for a moment on concise — particularly if one realises that it runs to about 2000 pages. It is still very much a reference book and not an aide memoire for revision.

One of the failures with the Oxford 'school' of medicine is that the list of contributors has not changed enormously since the Oxford textbook days. Most have grown old, many retired and quite a few even died. While between them is clearly a wealth of clinical experience, this ignores the young turks out there who would surely sharpen things up a little. For these reasons this volume should be cherished because, without a radical revamp, it will probably otherwise be the last in this series.

Nevertheless, this is a book for every physician to have while they continue to practice clinical medicine. It needs to be on their bookshelves if there is space among all the guidelines — if there is not, I would suggest getting rid of the guidelines. This book is what clinical medicine is about.

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