Book Reviews

Clinical Pharmacology—Basic Principles in Therapeutics. Edited by K. L. Melmon and H. F. Morrelli. Macmillan, 718 pages. Price Paperback: £5.40; Hardback: £7.25.

This book by some 22 authors, and weighing 1.36 kg, is a significant phenomenon by many standards. The problem is to guess to whom it will prove useful or informative. Because the problem cannot be solved by three random glances, this reviewer decided to write his review after using the book in six actual clinical problems, realising well that it was in fact largely written for medical undergraduates.

The book's interest can only be seen against some historical background. Good research in clinical pharmacology has been going on for a very long time, in departments of medicine and pharmacology, but the subject has only recently begun to crystallise explicitly as an applied science between these disciplines. The conditions needed for its incorporation seem to have been a transcendence of the opportunities of affluence over traditional departmental structures. Wherever this has happened, particularly in the USA, or Scandinavia, a self-aware, vocal identified group has appeared. This is now occurring in Britain. When this happens, the self-awareness usually finds expression in a text-book, part of the role identification of the newly organised group. This book looks like that phenomenon; despite its site of origin it therefore has direct relevance to this country now.

The explicit objective is to take relevant research findings and show them to be the substrate of therapy. Aristotle is invoked at the start, encouraging the team of authors to go beyond the mere description of remedies to the far more difficult area of good clinical practice with drugs. So the material is not classified by drugs, but by clinical or pathological disorders and body systems.

Here the book is caught in cross currents as it tries to enter an enormous area of knowledge. A compromise must be reached between becoming a comprehensive reference work (compilation half-life, say, 6 years and weight say 4 kg, hardcovers) or an up-to-date disposable and revisable handbook for students (compilation half-life say 1 year, weight 0.5 kg, paper). Because the subject is at its present stage of development, the book lands plumb in the middle, despite valiant efforts to spell things out in terms of principles, which are sprinkled in bold type over the text. True, the American student is older and may have more time to assimilate this sort of material than his British
equivalent. Even so, the objective of relating scientific work to therapy in a
comprehensible way, and that of instructing undergraduates in a com-pre-
hensive way, are incompatible to some extent.

An attempt to relate theory to practice in a mature, developed subject can
be a smoothly rounded and satisfying product. This book's coverage is varie-
gated; it is important to see that this is not due to poor authorship so much as
to the present state of clinical pharmacology. Theory can be firmly related to
practice in some areas, but not all. The newer discoveries (e.g., the basis of
drug action in cardiac dysrhythmias) may be deeply complex—that is why
they have only just been discovered—and their relation, while affording a
secure substrate for practice to the specialist, will throw an ordinary medical
student into confusion and despair. He needs some simple rules of thumb,
however theoretically unsatisfying they may be, simply because he may not
have the time or the brains to follow or retain anything else. A work committed
to relating up-to-the-moment research to therapy must at this time be patchy.

So the overall impression resembles a fledgling, (American) owl that has just
partly ingested a large rodent—youthfully enthusiastic, satisfied but uncom-
fortable, strong wing primaries projecting from ill-assorted fluff.

Are there compensations for these inevitable defects? There are indeed.
Where detailed information is lacking a full (for most students, overfull)
references list shows where to find it. The diagrams are clear and helpful, with
few labelling errors. The cartoons appeal only to one kind of humour, distinctly
American, though this can be funny in ways the author did not intend.

A clinical problem about cardiac dysrhythmia could not be solved quickly
by reference to Section 5III. The answers were there, but an hour or two should
be set aside for leisurely reading of the involved argument. It was directed to
primary study, not reference. Next, help was needed on an antibiotic regime.
Some help was quickly gained, but the text was insufficiently detailed.
Reference had to go to a larger work, even though the problem was common-
place. The reason seemed to be that the relevant section was about infectious
diseases in general. Though excellently written and informative for students,
it seemed to be too much involved with certain aspects (pharmacokinetics)
and too little with antibacterial warfare to help in some common clinical
situations. The section on pharmacokinetics is similarly occupied with explana-
tions to students, not with a compendium of fact, which is fine if that is the
objective of the whole book. The cancer chemotherapy section seemed a
splendidly informative assay for a postgraduate seeking rapidly available
advice on choice of drugs and regimes. Similarly, the sections on pheochro-
me tumour and shock reflect by their superb detail the intense American
pre-occupation with these important but minority groups. They were invaluable
in preparing for a postgraduate teaching session, and for an argument with experts in the field. Frankly, because the book is set as a shop window for applied pharmacology, it cannot help detailing it at all possible times, whether or not it aids undergraduate comprehension.

It is trite to talk about patchy textbooks by multiple authors without asking further questions about the cause. Here it seems to be the current state of a subject. This book is informative, brave and unconventional, valuable as an historic statement about a developing applied science and useful to different people in its different parts. British undergraduates will find some sections to be just what they need, but most of it too detailed by half. Clinical pharmacologists and practising physicians will probably find the section on minority disorders very helpful, the rest tantalisingly short of their needs.

Probably the only people who should study and think about all of it are students of clinical pharmacology.

D.W.V.

_Gastroenterology, an Integrated Course._ Edited by I. E. Gillespie and T. J. Thomson. Churchill Livingstone, 270 pages. Price £1.50.

‘An integrated course’ raises the hope that the whole array of specialists who work together on gastro-intestinal disease will be contributing. However, this book is really an integration of surgeons and physicians only and is entirely concerned with the clinical approach. The authors are all present or past members of the Glasgow teaching staff, which is the current Mecca of gastroenterology. Few other centres could collect such a distinguished team and they all contribute first-rate chapters that range from diseases of the mouth to diseases of the anus and also include pancreatic, biliary and liver disease. Some of these are outstanding as balanced statements of a combined medical and surgical approach, as in peptic ulcer. The new clinical student will find this book invaluable as an introduction to the subject, though the final year student may be looking for something more.

The volume has clearly had to be kept to a small size and is a handy paperback. Yet the lack of physiology and basic mechanisms is a genuine drawback. Today, students are avid for biochemical and immunological knowledge, and this is just the approach that has made the gut so fascinating over the past few years. There is nothing of this here, the word micelle is not mentioned and bile salts get short shrift. Autoimmunity is hardly discussed in relation