Oxford Textbook of Pathology

Article *in* Postgraduate Medical Journal · January 1994

DOI: 10.1136/pgmj.70.819.58-a · Source: PubMed Central

1 author:

Jonathan Richard Salisbury
King's College Hospital NHS Foundation Trust
227 PUBLICATIONS **4,654** CITATIONS

SEE PROFILE

the physician or even general neurologist but is a mine of information about a specialized and developing field.

G. Venables
Central Sheffield University Hospitals Trust,
Royal Hallamshire Hospital,
Glossop Road,
Sheffield S10 2JF.

Psychology in Medicine, I.C. McManus. Pp. 125, not illustrated. Butterworth-Heinemann, Oxford, 1992. Paperback £14.95.

Many doctors remain sceptical of the nature and purpose of psychology and, in particular, of its role within medicine. Nonetheless, in recent years systematic education in psychology and behavioural science has become *de rigeur*. This book provides an introduction to the basic processes of psychology and their general and specific applications to medicine.

On doctor–patient communication Dr McManus makes the point that whereas the majority of doctors think that they are good communicators, a majority of patients are dissatisfied with the outcome of consultations. Answer: communication skills can be improved by effective teaching.

On diagnosis, he informs us that diagnosis rarely uses deductive logic but, instead, uses inductive logic to make diagnosis from imprecise, uncertain, probabilistic data. Answer: Bayes' Theorem can be used by computer programs to calculate the probability of particular diseases given that particular symptoms are present, and computers can be more accurate at diagnosis than physicians.

On drugs, he tells us that drugs do not only have actions because of their pharmacological effects, but also because of their symbolic actions and the expectancies associated with them. The prescription of a drug is not based only upon strictly medical criteria but is also a response to a social situation.

The specific applications of Psychology in Medicine are concerned largely with behavioural problems such as smoking and alcohol addiction, eating and obesity, and psychiatric disorders. There is little on general practice, heart disease, cancer or neurological disorder.

Overall, the material is long on theory and short on application, but it is a workman-like effort and compares with its competitors in the undergraduate market.

D.G. Wilkinson
North Wales Hospital,
Denbigh,
Clwyd LL16 5SS.

Oxford Textbook of Pathology, Volume 1, edited by James McGee, Peter G. Isaacson and Nicholas Wright. Pp. 792, illustrated. Oxford University Press, 1992. Paperback £45.00.

This book forms the first part of a two volume set and examines the principles of pathology. As the editors state in their preface, definining the science of pathology is not easy and they have taken a broad view of what should be included. The ordering of the subject matter is fairly traditional – cell + subcellular structure, inflammation, infection, neoplasia, vascular pathology, etc. – but the editors have assembled a formidable list of contributors so that most sections are written by recognized experts in their field.

Each section is concise, yet sufficiently detailed to encompass the important facts of each subject. Where facts are few, or unclear, the authors make this clear. Photomicrographs, electron micrographs and line drawings are numerous – most are very good indeed. The sections are ended by a list of further reading that would provide a good introduction to further study of the subject.

The book is not small and the index which covers both volumes runs to a further 103 pages. It is a very good index and its compiler(s) deserve praise.

The preface suggests that the book is aimed at trainee and established pathologists. I think the editors may be selling themselves short and that this volume would be of considerable interest to many biomedical scientists, medically qualified or not.

J.R. Salisbury
King's College School of Medicine and Dentistry,
Denmark Hill,
London SE5 8RX.

Critical Care Toxicology, edited by R.S. Hoffmann and L.R. Goldfrank. Pp. 256, not illustrated. Churchill Livingstone, New York, Edinburgh, London, Melbourne, Tokyo, 1991. Hardback £22.50.

Volumes in the series Contemporary Management in Critical Care are published quarterly and aim to provide concise surveys of topics of current interest in critical care medicine. This volume deals with critical care toxicology and succeeds admirably not only in this aim but also in its specific objective, that is, to allow intensivists to approach the problems of management of poisoned patients through the eyes of experienced clinical toxicologists.

There is a predominance of authors from New York (11 of 19), not surprisingly because this is the provenance of the volume editors. The topics dealt with are well chosen. Early chapters focus on general principles: utilization of the intensive care unit, toxicokinetics, use of activated charcoal, extracorporeal drug removal, the role of sodium bicarbonate, and immunotoxicology. Later chapters deal with difficult issues of management: the approach to the agitated delirious patient, the management of the haemodynamically compromised poisoned patient, smoke inhalation, and corrosive substance ingestion.

The first chapter on rational use of the intensive care unit is a useful though wordy account. The chapter on toxicokinetics is excellent, particularly since hard data are still sparse (this is sometimes reflected in rather circumspect drafting, for example, 'may be predicted to be'), and contains many interesting ideas though sometimes the concepts are described rather simplistically, for example, methaemoglobin is said simply to 'draw cyanide off' cytochrome oxidase in the context of cyanide poisoning.

The chapter on activated charcoal is a little uncritical with an apparently unwavering acceptance throughout