

strong family history of Alzheimer's disease or are particularly worried about developing the condition, that there would be no harm in reducing aluminium exposure until the evidence is clarified. The difficulty is, of course, how to reduce aluminium intake. Tea has a very high concentration of aluminium and has been suggested to be a risk factor; cooking acidic foods in aluminium utensils such as stewing rhubarb, might also be singled out and citrate will also increase aluminium absorption. It is of interest that in the discussion at least two of the participants admitted that they had significantly altered their dietary habits to avoid excessive aluminium, yet tea was offered and drunk during this stimulating meeting.

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**Clinical tuberculosis.** By Sir John Crofton, Norman Horne and Fred Miller. Macmillan Education Ltd, Basingstoke, 1992. 210pp. £14.99.

Although the incidence of tuberculosis in Western Europe is still declining it would be foolish to feel complacent because it has started to increase again in the United States of America, almost certainly due to the advent of the HIV epidemic; worse still there has been a catastrophic explosion of tuberculosis in many of the developing countries particularly in Africa, again largely due to HIV infection.

This is a good book and a timely publication. The book is written by three experts with wide experience both in Western Europe and in the developing countries. Written in a straightforward style, it is comprehensive and deals with all aspects of tuberculosis, not only pulmonary disease. Its practical orientation commends it. Not only will it be of use to anyone concerned with the management of tuberculosis anywhere but particularly valuable to those in developing countries. To this end there is a softback, low-cost edition for export to the developing countries helped by Teaching Aids at Low Cost (TALC) and the International Union Against Tuberculosis and Lung Disease (IUATLD). It has the imprimatur of both of these organisations and is supported by the World Health Organisation. There are to be French, Spanish, Portuguese, Chinese, Thai and Vietnamese editions in due course.

The main thesis of the book is that almost all patients with tuberculosis in any shape or form can be cured if properly treated and that good treatment is the most important form of prevention. It deals in detail with the clinical management of tuberculosis in adults and in children, particularly in countries with limited facilities and resources. There are full notes on various suitable drug regimens, and the problem of co-existent tuberculosis and HIV infection and AIDS is carefully explained. Prevention is described in relation to control programmes and there is much sensible

advice about BCG vaccination given. The authors stress the paramount importance of sputum examination for direct smear positive cases, who are the principal source of infection, rather than the use of X-rays which require many resources and may be misleading.

There is a reference section for doctors for whom the book is primarily written, but with all health professionals in mind there is a comprehensive glossary and index, together with references for further reading.

There is no recent publication on tuberculosis as comprehensive and practical as this one. It should be made available to all who are concerned with a disease which is curable but has yet to be defeated.

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**Practical clinical medicine.** By John Davies. Butterworth Heinemann Ltd, Oxford, 1992. 378pp. £25.00.

This book has been written for candidates preparing for the MRCP examinations. Doctors at this stage in their training are expected to have some knowledge of the full spectrum of medicine but may only have had first-hand experience in a few of the specialties. Merely reading the larger textbooks of medicine does not confer the kind of practical familiarity that permits candidates to approach the MRCP Part II with confidence. This 378 page book aims to provide a succinct and up-to-date synopsis of each of the medical specialties, emphasising important points and growth areas. Undoubtedly there is a demand for a textbook of this sort but, as is often the case in MRCP, the author's performance is patchy and success in some parts is marred by failure in others.

The book is divided into four sections dealing with clinical method, emergency and special settings, clinical specialties and special clinical sub-specialties. The chapters in each section have been written by different authors and vary in approach and quality. In the first section Dr Davies deals with the 'approach to the patient'. The wisdom of including this chapter must be questioned. Some of the suggested phraseology sounds awkward and archaic and should be avoided by medical students. MRCP candidates should be fully conversant with the basics of history-taking and examination, and this highly personalised chapter may seem rather inappropriate for their needs. A more erudite discussion of communication skills would be preferable.

The second section deals with emergencies and 'special settings'. The 'special settings' refers to a chapter by Dr Anthony Pinching dealing with patients suspected of having AIDS. This is clear and well written and I am sure it will be of value to students and doctors who have had little experience of the practical management of patients with AIDS. The chapter on emergencies and acute poisoning is poorly organised and poorly laid out. There are a number of short