

Drugs of abuse

'Drug notes' (1) *Heroin*, (2) *LSD & magic mushrooms*, (3) *Cannabis*, (4) *Amphetamines*, (5) *Cocaine & crack*, (6) *Solvents*, (7) *Tranquillisers*, (8) *Ecstasy*, (9) *Poppers, ketamine & GHB*, edited by Gary Hayes. Price £1.50 each. London: DrugScope; 2002.

This series of booklets was first published in 1986. They are intended to give more in depth information than that provided in Drug Scope's Drug Abuse Briefing. They can be used for training and information purposes for professionals, drug workers and the public. They have developed over time to reflect new legislation and research evidence as well as the interests of the target audience. For pharmacists they will augment and extend knowledge and understanding of how and why drugs are misused.

There are nine titles in the series ranging from heroin, cannabis, LSD and magic mushrooms to amphetamines, crack/cocaine, tranquillisers and solvents. The previous booklet on over-the-counter medicines has been deleted and replaced by one on poppers, ketamine and gamma hydroxybutyrate.

Information is presented in a clear and logical fashion. Chapter headings include "What is it?", "Methods of use", "History", "Prevalence and availability", "The law", "Short effects", "Long term consequences", "Issues in response to the use of the specific drugs in the United Kingdom", references and further reading. The sections on law refer to both the Misuse of Drugs Act (MDA) and the Medicines Act. The specific penalties under the MDA are clearly set out and reflect current debates on the proposed reclassification of cannabis and its use as a medicine and the possible extension of heroin prescribing. Unfortunately, 'Note 7' on tranquillisers does not reflect recent legislative changes that make it an offence to possess any benzodiazepine without a prescription — a rare error in an otherwise excellent and useful information resource.

Kay Roberts

Medical errors

'Errors, medicine and the law', by Alan Merry and Alexander McCall Smith. Pp vi+254. Price £17.95. Cambridge: Cambridge University Press; 2001. ISBN 0521 00088 2.

This is a most timely book. It acknowledges that policy drivers to create a "no-blame" culture in the health service are not yet reflected in our legal system (nor, one could add, in the expectations of the public or the media). Written by a leading medico-legal academic and a New Zealand cardiac anaesthetist with special expertise in error reduction, the book provides a comprehensive account of the behavioural and legal approaches to medical errors and the inconsistencies between them.

Although some prior understanding of human error theory and the law of negligence

will help, any pharmacist would find much to agree with in this commonsense analysis of human factors in accidents, errors and "violations" in health care practice and the unsatisfactory nature of "negligence" and its associated overtones of blame in dealing with them. Ample empirical evidence is given for truisms such as: culpability is not related to outcome; feeding back lists of frequent errors has no lasting effect on accuracy; fatigue is a frequent and overlooked cause of error; and violations often occur because of organisational targets or a culture that denies human weakness rather than because of personal recklessness or incompetence.

Although a damning critique is given of the inadequacies of using "super-experts" as witnesses to the standards that can be attained, every time, by the average overstretched, reasonably competent practitioner, the authors do not fully develop the risks inherent in the reporting of errors to a central audit. A blame-hungry media will surely demand disclosure and comparison of such data before too long and are unlikely to appreciate that, as the authors say, "the difficulty lies not in giving the right drug once, but rather in giving the right drug on every occasion, hundreds of thousands of times in a working life, often under circumstances which are far from ideal".

Joy Wingfield

History of medicine

'Cambridge illustrated history of medicine', edited by Roy Porter. Pp 400. Price £19.95. Cambridge: Cambridge University Press; 2001. ISBN 0 521 00252 4.

This book will already be familiar to some readers, having been first published in hardback in 1996 and now appearing in a paperback edition for the first time. The recent untimely death of its editor, Roy Porter, came as a shock to those who knew him and a great loss to the field in which he was so eminent, the history of medicine; particularly his specialty, the social history of medicine. The book offers a comprehensive review of its subject from ancient times to the present. Professor Porter himself contributed chapters on the nature of disease, the history of medical science, hospi-

tals and surgery and the history of the treatment of mental illness.

Profusely illustrated, as the title suggests, this book seeks to go beyond a review of the history of disease and its treatment, and to subject medicine to historical analysis; the forces which have shaped it and controlled it, the extent to which it has served the needs of the sick and the role of the state in its finance and control, together with more recent concerns about over-treatment and interest in alternative therapies. Apart from the wealth of reading in the individual chapters, the book offers a valuable source of reference to all who are interested in the subject, or involved in teaching the history of medicine or of science in general. The volume is rounded off by a useful chronology, a glossary of major human diseases, extensive references and a valuable bibliography for further reading, together with the usual indexes. Readers will not be disappointed.

John Hunt

Pharmaceutical care of older patients

'Medicines in the elderly', edited by David Armour and Chris Cairns. Pp xx+428. Price £29.95. London: Pharmaceutical Press; 2002. ISBN 0 854369 446 X.

Four out of five people over the age of 75 take at least one prescribed medicine with more than a third taking four or more medicines. The statistics hardly need repeating, but serve to emphasise the enormously significant role that pharmacists have in the pharmaceutical care of older patients. The older people's national service framework and the accompanying publication "Medicines and older people" make this quite clear. The challenge is not just to accept the statistics but to ensure that medicines are prescribed and used effectively — in other words, preventing adverse drug reactions, improving compliance, enhancing communication between primary and secondary care, reviewing repeat prescribing systems and so on.

If pharmacists feel they lack the knowledge and confidence to take up such a challenge, 'Medicines in the elderly' will be a huge help in providing all the background information they need. Introductory chapters discuss the ageing process and its implications for drug response and later chapters cover compliance, polypharmacy and drug research in older people. However, the main bulk of the text covers drug therapies for diseases in older people according to major body systems, including gastrointestinal medicines, cardiovascular medicines, respiratory medicines, anti-infective therapy, medicines for bones and joints and so on. It can therefore be used to advantage alongside the British National Formulary, which it complements well.

Helping older people to get the best from their medicines is an opportunity that pharmacists cannot afford to miss. This timely and relevant book will help them to do this.

Pamela Mason

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