

“disease” and get us to ask whether every disease is treatable and what we can and should be able to trust with observational studies in medicine. A case, broadly, is made for “medical pluralism”.

Another pervasive theme in the companion is that of phenomenology and what light it sheds on the practice of medicine and our experience – as patients, medics and community – of illness and of medical interventions. A strong and persuasive essay by Fredrik Svenaeus on Phenomenology and Medicine highlights how concepts like “the lived body” and how Gadamer’s hermeneutic of the self (e.g. how we articulate our understandings of what it is to practice or to suffer) illuminate and improve medical reasoning and decision-making and mitigate the deterministic use of medical technology. So good is this essay, and that of James Marcum on Patient and Person Centered Medicine (with debate about personhood and dignity in personalized healthcare), that some of the other essays dealing with the place of phenomenology in medicine are redundant. Two or three provide a historical backdrop to medical humanism and evolutionary medicine which take up space that might have been devoted to some of those declared omissions cited earlier.

Readers and users of this companion – most likely to be medical students interested in ethics and philosophy, philosophy students interested in medicine and healthcare, tutors and lecturers in the field, members of ethics committees and anyone interested in the values and aims underpinning primary and secondary healthcare – will find a wealth of bibliographical material, much of it usefully current and available, such as Eric Cassell’s *Nature of Clinical Medicine*. There is a generous annotated bibliography and a Research Guide to reference sources, print and online. There is also a helpful Glossary, of particular use probably to new researchers and people on research methods courses.

All good reference works – if they claim to be contemporary – should act as reliable signposts to future things. The present one does in a concluding chapter on New Directions in Philosophy of Medicine, and notices these trends: an opening up of the evidence base in randomized trials, inclusion of ethical and moral and cultural discourses in medical reasoning and explanation, differentiation of methodology used in assessing outcomes for specific patient groups and wider use of genetics and neuroscience in psychiatry. All these, and more, are tantalisingly accurate forecasts and leave the reader gasping for more (and of course less

backward-looking phenomenology and over-description of the history of evidence-based medicine). Given that only some of these essays really soar, and that not all of them are really needed, the shelf-life of this companion is, I believe, limited to not more than two years. The trends it identifies and explains, however, are correctly identified and this grounds the work in current practice and thinking.

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A Dictionary of Nursing (7th edition)

Edited by Elizabeth A. Martin. Consultant Tanya A.

McFerran

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The latest edition of the bestselling, comprehensive and authoritative *A Dictionary of Nursing* has been fully updated and revised to take account of recent developments in nursing practice and related fields. Now in its seventh edition [originally published in 1990 and last reviewed in these columns in its sixth edition (*RR* 2015/182)], it has been praised in the past by practitioners and students for its comprehensiveness, reliability, currency and over 100 high-quality illustrations.

The dictionary contains approximately 10,200 clear and concise entries on the theory and practice of nursing. As well as nursing specific terms, there are many entries in the field of medicine, anatomy, physiology, ethics, psychiatry, nutrition, statistics and pharmacology. For this edition, many new terms have been added, increasing the coverage of lymphology, medical research and critical care nursing. There is particular focus upon risk assessment tools and terms related to the United Kingdom’s Mental Health Act 2005, as well as recent National Health Service initiatives to improve care standards. Existing entries were reviewed by experts to reflect current knowledge and practice.

Each entry is extremely detailed. I particularly like the fact that there are no confusing sub-entries, just a straightforward alphabetical organization which helps the reader find the definition straight away. Each entry contains a pronunciation guide and a concisely written definition without the use of unnecessary technical jargon. Most definitions comprise a single sentence, but, where necessary, further explanation is given. Many terms in medicine are used in combination, for example, acute abscess, apical abscess, etc., and each of these phrases is treated as a separate definition within the main entry – abscess in this example.

What differentiates this dictionary from others in the field is that it contains useful appendices which offer comprehensive reference information, including sections on formulae for calculating drug dosages, guidelines for resuscitation, biochemical reference values for blood, urine and faeces (obtained from the *Oxford Textbook of Medicine*, 5th ed. 2005) and immunisation schedules to name a few. There are 17 appendices in total, covering over 40 pages. There are also appendices provided at the end of the section to help with continuing professional development. These again contain a wealth of information: the latest version of the Nursing & Midwifery Council code of professional conduct, a list of degrees and diplomas and a list of health-care websites. In addition, where relevant, end of entry links are provided throughout the dictionary to organisations providing further information, for example, Public Health England and Diabetes UK.

This dictionary is targeted to all nursing students, recently qualified and practising nurses and people training and working in related fields such as midwifery and health visiting. I currently work in a GP surgery, and have found it useful as a quick reference tool when checking patient notes. It is sometimes easier to look for a quick definition in a dictionary, sitting at your desk, than trawling the internet! From a nursing point of view, it would be useful for the handover of patients to check different terminology, although it is rather too big to carry around.

Overall, this is an informative, essential reference text, competitively priced at £9.99. It is an invaluable reference tool for all nursing students and medical professionals.

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Dictionary of Pharmaceutical Medicine
(4th edition)

Gerhard Nahler

Springer/European Center for Pharmaceutical Medicine
 Cham

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This is a new edition of this book; the last edition came out in 2013 and was also covered in these columns (*RR* 2014/145), and hence, this shorter review. As the title says it is about pharmaceutical medicine, that is, the science of medical pharmacy. It is not a book about medicines. The need for a new edition is partly driven by the rapidly increasing understanding of the working of the genome. [I have added a reference (*Carey, 2015*) to a popular account of some of this field that I recently read]. Another driver is changes in aspects of product quality, safety and supply chain control. There are about 700 new entries which is about a third more than the previous edition. Many of the entries have been rewritten or expanded. There is a glossary of abbreviation and acronyms. The number of entries (about 1,600 items) in the glossary has doubled since the publication of the past edition.

A selection of entries will give some idea of the scope of the book. I was pleased to see that Biobank gets an entry as I have been one of their sample since it started. Committee for Proprietary Medicinal Products is one of the many official bodies included. Performance Drugs is a term for erectile dysfunction drugs. This is one of the few drug groups mentioned; I looked for beta blockers and calcium channel, two hypertension products I take, but they were not listed. Intervention Trials is one of many terms to do with drug development and testing. Perussel's Law is one of those joke laws that are a reminder to all of us. Many genetic terms like mRNA are included, reflecting on this major growth area. There are some terms that are applicable to herbal medicine: Botanical Drug Product includes both plant and animal origins and Herbal Drug Products include only plant. Braille is included as there are standards relating to Braille labelling. I hope these examples show