reports with a serum potassium concentration < 2.5 mmol/L mentioned other symptoms, including confusion, convulsions, ventricular fibrillation and syncope.

DISCUSSION

Indapamide has been implicated as a cause of severe hyponatraemia in a small number of case reports,[7] and our findings support this. It is striking that there was a greater proportion of Australian reports of hyponatraemia with indapamide than with the hydrochlorothiazide and amiloride combination. Further, this proportion is many times greater than that for chlorothiazide. The reports show that indapamide-associated hyponatraemia resembles that caused by hydrochlorothiazide with amiloride in that it can be severe, and is reported predominantly in elderly women.[8]

Voluntary reporting systems do not provide a basis for calculating incidence or robust estimates of risk. The experience reported here relates almost solely to 2.5 mg IR indapamide tablets, the use of which has increased in recent years. Whether similar electrolyte disturbances will be observed with 1.5 mg SR indapamide tablets, subsidised on the PBS since 1 November 2001, requires further postmarketing surveillance.

Increasing use of indapamide in place of chlorothiazide will expose more patients to the risk of hyponatraemia. Changes in the conscious or mental states in patients, especially elderly women, taking indapamide should prompt timely measurement of the serum sodium concentration.

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BOOK REVIEW

Learning from literature

Medicine and literature: The doctor's companion to the classics. John Salinsky. Abingdon, UK: Radcliffe Medical Press, 2002 (vi + 236 pp, $53.50). ISBN 1 85775 535 9.

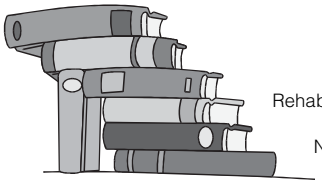
IT IS NOT EASY, in a busy medical life, to find time to read literature. Spare time is devoted to reading medical journals and newspapers to try and keep abreast of medical developments and world events. Occasionally, we see a movie or read something frivolous, but serious books often remain unfinished on the bedside table.

John Salinsky is a general practitioner from Middlesex, UK, who uses classical literature in teaching his registrars. He is responsible for the "Medicine and literature" column in the journal *Education for primary care*, and the present work includes 17 contributions from this column. Most pieces are by Salinsky himself, and he writes clearly and entertainingly, making it a joy to read.

Salinksy's argument is that the classics are classics not just because of the quality of the writing, but because they describe human relationships in a manner that is both engaging and timeless. From these works of literature we can learn much about human behaviour, its strengths and frailties, and become better at the "art" of medicine.

Some of the writers he talks about are doctors, like Mikhail Bulgakov, or were the sons of doctors, like Dostoyevsky or Flaubert. Others tell stories in which doctors play central roles, like Kafka, whose *A country doctor* contains the wonderful line, "To write prescriptions is easy, but to come to an understanding with people is hard". Salinsky's purpose is not to introduce us to stories by or about doctors, but rather to stories that contain characters that we will recognise in our practices. Our familiarity with and love of these personalities will increase our understanding of those of our patients who are excessively garrulous, who seem unable to take control of their lives or whose characters seem inherently flawed.

If you already love good literature, this book will delight and inform you. If you have forgotten how much pleasure can be obtained from a great story, it may motivate you to return to a world that provides a wealth of entertainment and stimulation. Almost everybody will be introduced to something unfamiliar, but at just over $53 it is probably best borrowed from the library rather than added to one's own.



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