excellent and beautiful book emphasizes time and time again that respect for tissues, dedication, skill and fine touch as well as patience are required for this kind of work. Those who wish to embark on this most productive form of surgery, which has not been superseded by in vitro fertilization, now have no excuse for ignorance of the basic principles of preoperative assessment of the patient and operative techniques.

The book does much more, however. It helps the surgeon choose his equipment. It describes the advantages of different forms of microscope and loupes. It discusses the avoidance of adhesion formation and the use of various fluids which are so essential for success in these operations. The photographs of the surgical procedures are beautiful and many of them are in colour. Nobody embarking on a career as a modern gynaecologist, unless he wishes to specialize in the purely ablative type of surgery required in cancer for instance, can afford not to read this book, which gives beautiful descriptions of the anatomy and physiology of the organs as well as of pathology and the ways of handling this pathology in order to render infertile women fertile.

ELLIOI PHILIPP
Honorary Consultant Gynaecologist
Royal Northern Hospital, London

Management of Rheumatic Disorders
J M H Moll pp 386 £29.50
London: Chapman & Hall 1983

This opens with a fascinating historical review on the development of therapeutic approaches to the rheumatic diseases. It is beautifully illustrated by old prints, as well as line drawings of some of the notable people in the rheumatological scene. The references and further reading have been subdivided to allow ease of search, while appendices are good historical background. There follows a useful review chapter of the various clinical assessment and evaluation schemes which have been, or are, in use; however, here the diagrams tend to be somewhat full and at times confusing. In the third chapter the whole problem of communication with the patient, which is so important in the management of chronic disease, is discussed. Chapters on drug therapy, the role of local corticosteroid injections (with excellent diagrams as to the best sites for injection of specific joints or tendons), the place of radiotherapy, the use of orthopaedic surgery and, of course, the essential principles of rehabilitation, particularly looking at the employment and training services, as well as voluntary organizations, follow. A fascinating chapter covers heterodox procedures and is done in a way that neither condemns nor recommends any particular therapy or procedure. There appear to be remarkably few satisfactory studies from osteopathy, spa therapy, naturopathy or herbal mixtures, homeopathy, or less commonly used procedures!

This book provides an interesting approach to the overall care of patients with rheumatic disease. Throughout, information is clearly set out with appendices used to remove some of the duller aspects of nomenclature of drugs, dosage, etc. It is difficult to concede how a busy rheumatologist has been able to find the time, not only to produce such a clear, concise text, but the many diagrams as well as the wealth of references. I am quite sure it will be a useful investment for any rheumatological department.

BARBARA M ANSELL
Head of Division of Rheumatology
Clinical Research Centre, Harrow, Middlesex

World Psychiatric Association:
Diagnostic Criteria for Schizophrenic and Affective Psychoses. pp 183 US$15.00

The 'schizophrenias' and the 'affective psychoses' are clinical constructs created, in essence, by Emil Kraepelin out of the mass of overlapping and often ill-defined syndromes recognized by psychiatrists during the latter half of the nineteenth century. Kraepelin's simplification was based on the clinical differences between the two disorders, their different course and outcome and their postulated causes. Some schools of thought, notably the French, have never fully accepted this Kraepelinge dichotomy. Many eminent psychiatrists, while accepting the broad distinction, have given their own versions of how to make the differential diagnosis. The glossary to the ninth revision of the International Classification of Diseases (ICD) provides further, though not very detailed, guidance. The third and most recent Diagnostic and Statistical Manual (DSM III) of the American Psychiatric Association lists more precise criteria but is vague on how to classify when, as often happens, both types of symptom are present in marked degree.

The authors of the booklet under review, all steeped in the traditions of German psychiatry, have brought together a number of influential clinical formulations of the two disorders. Kraepelin, Eugen and Manfred Bleuler, Kurt Schneider and Langfeldt lead the field for schizophrenia, followed by the ICD and ten more or less standardized sets of rules, all in fairly common use. Affective disorders are dealt with in similar fashion but with only nine entries instead of fifteen.

The first impression from reading through these descriptions is that Kraepelin's overall
formulation has not yet been supplanted by anything better. The second is that the claim made for many of the standardized systems, that their rules can be used to substitute for clinical diagnosis, is unacceptable. What would be useful is an internationally agreed system of criteria, covering the whole field of psychiatric nosology, that could be used as a reference classification, against which to compare the varying judgments of individual clinicians or clinical schools. Lists of classifying rules are useless for this purpose unless based on the expert use of a glossary of differential definitions of symptoms and signs. Once such a reference system was available it would become much easier to compare the tests of hypotheses concerning the aetiology, pathology or treatment of psychiatric disorders that are being carried out all over the world. Comparability in such matters is essential for any branch of medical science.

This booklet usefully demonstrates how much work remains to be done. The World Health Organization has a great opportunity, while preparing the tenth revision of the ICD, to sponsor and coordinate the international effort required.

**J K WING**  
*Professor of Social Psychiatry*  
*Institute of Psychiatry, London*

**Birth Defects: Clinical and Ethical Considerations**  
(Birth Defects: Original Article Series; vol 19 No. 5) S C Finley et al. (ed) pp 240 £37 New York: Alan R Liss 1983

This volume reports the proceedings of the last (1982) of the annual meetings of the March of Dimes Birth Defects Foundation. It provides a comprehensive review of recent advances in clinical genetics and prenatal diagnosis. High resolution cytogenetics now recognizes some 2000 bands, making it possible to detect small deletions and duplications, and hence increasingly to identify the fragment of chromosome responsible for abnormal development. Most of the features of Down's syndrome are seen with trisomy of only the distal light band of chromosome 21. Specific bacterial endonucleases which cut chromosomal DNA at specific sites, followed by identification of the fragments by hybridization with radiolabelled DNA, make it increasingly possible to analyse specific mutations at individual gene loci and to diagnose genetic disorders directly at the level of the gene rather than the gene product. Prenatal diagnosis of structural defects of the fetus by ultrasonography, including heart malformations, is becoming increasingly accurate. Fetoscopy makes it possible to obtain fetal blood (and recently skin and liver cells) for biochemical analysis of enzyme defects. Chorion biopsy is too recent a development to get more than a brief reference in the book but offers the opportunity of prenatal diagnosis at the level of DNA as early as 10 weeks of pregnancy, with all the advantages of being able to offer first trimester rather than midtrimester abortion. Some of the opportunities that prenatal diagnosis offers for treatment of the fetus are discussed. These include fetal surgery, maternal enzyme cofactor supplementation, transfusion of donor stem cells into the fetal circulation and, perhaps some time in the future, the transfer of cloned normal DNA into fetal chromosomes. Dr Fletcher, who contributes the chapter on ethics, believes that morality interacts with technology, and quotes the poet James Lowell: 'New occasions teach new duties. Time makes ancient good uncouth.'

**C O CARTER**  
*Emeritus Professor of Clinical Genetics*  
*University of London*

**Progress in Cancer Control IV: Research in the Cancer Center** (Progress in Clinical and Biological Research, vol 130) C Mettlin & G P Murphy (ed) pp 518 £50.00 New York: Alan R Liss 1983

This is a proceedings publication from a meeting held in 1983 on cancer control research. The book is divided into three sections of which the first deals with education of patients and public; the second with papers and monographs on prevention, early detection and aetiology; and the final part, treatment, rehabilitation and data management. About half of the forty-odd contributions are of minor clinical interest for practitioners in the United Kingdom and much of the 'resource evaluation' deals entirely with parochial (North American) issues.

At best one could recommend only a limited medical library distribution for such a book. The cost of £50 might lead one to expect something better in the quality of the diagrams and printing.

**R C F LEONARD**  
*Department of Clinical Oncology*  
*Western General Hospital, Edinburgh*

**Manual of Nutritional Therapeutics**  

This book could be subtitled 'Everything you wanted to know about nutrition, but didn't know where to start looking!' The three editors are members of the gastroenterology division of the Washington University School of Medicine, St Louis, and have compiled an impressive and comprehensive database of knowledge on all aspects of nutrition from a pathophysiologic, rather than organ-specific viewpoint.