advice on the proper use of laboratory services, as opposed to the shotgun screening favoured by so many of our colleagues. With an eye towards ever rising costs this is something of which we should all be acutely aware. Above all, the art of medicine is communication, and in this Dr Isbister's book succeeds.

E J PARKER-WILLIAMS

In brief . . .

Although immediate and overwhelming support for the concept of prehospital emergency care has not been forthcoming from the medical profession as a whole, the general public is enthusiastic, and every month the range of prehospital emergency care schemes increases—and with it the demand for better information on the subject and better teaching manuals. A new book by S J Mather and D L Edbrooke aims at educating the non-medical person in the principles of resuscitation of injured and seriously ill patients (*Prehospital Emergency Care*. £7.50 paperback. Bristol: Wright, 1986. ISBN 0-7236-0701-X).

The authors emphasise that resuscitation initiated by the first person on the spot—for example, a non-medical bystander who has been trained in resuscitation—can considerably reduce morbidity

and mortality “in the street.” They deal with all the many aspects of immediate care, particularly cardiopulmonary resuscitation, and give useful suggestions for further reading at the end of each chapter. A few copies of the book in all school libraries could well stimulate interest in resuscitation skills being taught in schools, and it should be seen by all medical students as well as those people concerned with training members of immediate care schemes.

As vice chairman of the United Nations Commission on the Status of Women Janet Cockcroft became known as “Pull your socks up Cockcroft,” this being what she was continually urging delegates to do. She surely never needed such a brisk admonition herself. Born in the tiny village of Lybster in Scotland in 1916, she vowed to become a doctor “to help women” after her mother's best friend had died in childbirth, and she kept unswervingly to her purpose, first as a general practitioner and then working in family planning, often in the face of considerable opposition. She joined the National Council of Women, becoming its president, and served on several consumers' committees before joining the UN commission. The title of her autobiography comes from the remark of a patient on seeing her instead of the usual man doctor: “I don't want you, I want the proper doctor.” (*Not a Proper Doctor* by Janet Cockcroft. £5. Available from the author, 8 Savile Park, Halifax HX1 3EA.)

What's new in the new editions?

CLIFFORD HAWKINS

Occasionally a book is so scantily revised that it is hardly more than a reprint, so how should a new edition be defined? The British Standard criteria are vague. Publishers have definite views: 10-15% (preferably the latter) of new material is usually desired but a minimum of 30% can be required (this information was kindly supplied by the following publishers: Appleton-Century Croft, Blackwell Scientific, Churchill Livingstone, Lippincott, Springer-Verlag). Readers also expect references to be updated, illustrations to be replaced or redrawn if necessary, and some new contributors with up to date views on the subject to be enlisted for multiauthor books. Nevertheless, some subjects—for example, anatomy—are unlikely to show appreciable advances; then changes to the layout and cosmetic appearance of the book can constitute a new edition.

The Chromosomes and their Disorders: An Introduction for Clinicians. 4th edn. G H Valentine. (Pp 240; figs; £17.95.) London: Heinemann, 1986. ISBN 0-433-33603-X.

“I find I have to read new knowledge several times before I understand it. I suspect that others may feel as I do,” writes the author in the preface; this attitude explains why the book is easy to understand. Much has been added and rewritten since 1975—for example, on molecular genetics with details of the cell and its chromosomes, human chromosome complements, the incidence of chromosome disorders, the collection of specimens such as blood, skin fibroblasts, amniocentesis, and chorionic villus sampling. If anyone is ignorant of the DNA probe (as I was) it is clearly explained: DNA is extracted from cells and, by the use of several

enzymes, divided into many bits and pieces providing a so called “DNA library,” which is “a veritable treasury of genetic information.” Part II covers clinical considerations from the Prader-Willi syndrome to “When to order a chromosome study.”

The author, who was originally at Bristol and is now emeritus professor of paediatrics at the University of Western Ontario, has ensured that his book is still an excellent introduction for clinicians. The illustrations alone are worth studying.

Oxford Monographs on Medical Genetics. No 12. Paperback edn. “Genetic Biochemical Disorders.” P F Benson, A H Fensom. General editors M Bobrow, P S Harper, A G Motulsky, C R Scriver. (Pp 712; figs; £24 paperback.) Oxford: Oxford University Press, 1986. ISBN 0-19-261642-0.

Published in 1985, this is now produced as a paperback edition. The authors have provided a store of information obtained from 10 years' experience of running the supraregional laboratory for genetic enzyme defects at Guy's Hospital; this included investigating several thousand children suspected of having inborn errors of metabolism—together with their families—and prenatal diagnoses for metabolic diseases in about 200 pregnancies. The catalogue of references to previous work must be a record as it occupies 185 pages, which is nearly one third of the book.

An Atlas of Diseases of the Eye. 3rd edn. E S Perkins, P Hansell, R J Marsh. (Pp 104; colour plates; £14.95 paperback.) Edinburgh: Churchill Livingstone, 1986. ISBN 0-443-02961-X.

Looking at pictures, especially when these are accompanied by a clear explanatory text on the opposite page, is a pleasant and easy way of learning. These pictures seem better than those in the

previous edition, but Peter Hansell, the expert on medical illustration, tells me that this is probably an illusion as they are sharper because they are generally smaller, and anyway about 95% are new. The new author, Mr R J Marsh, a consultant ophthalmic surgeon, is a research associate at Moorfields Eye Hospital. Coloured photographs predominate, although sometimes a drawing apparently shows more subtle changes, especially in fundus conditions, than is possible by the static monocular view afforded by the fundus camera.

The book is aimed at students, general practitioners, and specialists in other branches of medicine. The 240 pictures include, among others, examples of errors of refraction and ultrasound scans showing thickened medial rectus muscle in Graves' disease and also in a patient with myositis.

Oxford Medical Publications. 2nd edn. "Clinical Dermatology: An Illustrated Textbook." R MacKie. (Pp 344; figs and colour plates; £12.50 paperback.) Oxford: Oxford University Press, 1986. ISBN 0-19-261582-3.

Most chapters have a section titled "Growth points" at the end, and a scan of these shows the advances made in dermatology since the first edition was published in 1981; next come "Suggestions for further reading" and a blank page for notes. The proportion of text and coloured photographs is well balanced and the introductory chapter gives useful practical details about physical examination and describes special tests such as mycological examination, Wood's lamp, extraction of the acarid in scabies, skin biopsy, cutaneous immunopathology, clinical photography, patch testing, and "allergy tests." The index has been improved as the main page reference is put in bold type instead of there being just a string of page numbers. The author is professor of dermatology in the University of Glasgow.

Side Effects of Drugs Annual 10. A Worldwide Yearly Survey of New Data and Trends. Ed M N G Dukes, L Beeley. (Pp 536; \$74.) Amsterdam: Elsevier, 1986. ISBN 0-444-90451-4.

The annual is produced as a new volume each year and is intended as a worldwide survey of new data and trends. The editor, who is professor of drug policy science in the Netherlands and regional officer for pharmaceuticals and drug utilisation for the World Health Organisation, has enlisted 55 contributors from Moscow to Milwaukee. Unfortunately, the number of new side effects are too numerous to list on this page. There are 51 chapters, a list of national centres for monitoring adverse effects of drugs, indexes of drugs and side effects, and useful special reviews ranging from "Should neuroleptic drugs be banned?" to "Dental amalgam toxicity: the continuing story and an alternate view."

Dr Linda Beeley pointed out to me that these annuals are one of the few sources of information about adverse reactions to non-orthodox medicine, and this includes herbal remedies used by ethnic minorities—for example, veno-occlusive disease of the liver due to the presence of pyrrolizidine alkaloids. Also mentioned is a case of methaemoglobinemia in a 5 week old baby given Monroe's glycerated asafetida for colic. Asafetida was heralded many years ago as an antispasmodic when given rectally but as an expectorant when swallowed; it is an ingredient of Worcestershire sauce.

Vertebral Manipulation. 5th edn. G D Maitland. (Pp 400; figs; £19.95 paperback.) London: Butterworth, 1986. ISBN 0-407-43507-7.

The format with its double column text is new since the 1977 edition and so is most of its contents. It is comprehensive and well illustrated with line drawings. It can be recommended to the believer but would not enlighten the sceptic, who could hardly accept the opening statement that "Manipulation is NOT . . . an

empirical treatment" or that, compared with golf, manipulation is more like a game of chess "where different 'pieces' can be moved in many different and specific ways and where plans are made and destroyed and changed until the goal is achieved." Treatment is related to the patient's symptoms and signs rather than to any diagnosis, but a critical chapter on assessment advises caution when judging the results and states "never assume anything." Manipulation can have side effects—for example, an elderly woman patient of mine with osteoporosis of the spine lost three inches in height—but this hazard will be avoided by reading the chapter on "The doctor's role in diagnosis and prescribing vertebral manipulation" by Professor D A Brewerton, for he lists the diseases in which manipulation is contraindicated; he also considers psychological factors causing pain in the neck and back, which may benefit from manipulation but should, especially in cases of depression, preferably receive help from a psychiatrist.

Manual of Clinical Problems in Infectious Disease. 2nd edn. N M Gantz, R A Gleckman, R B Brown, A L Esposito. (Pp 432; £9.95 spiral bound paperback.) Boston: Little Brown, 1986. Distributed by Churchill Livingstone. ISBN 0-316-30353-4.

Any choice of clinical problems must be arbitrary but the authors, whose experience comes from various departments of infectious diseases in the United States, have dealt with those raised most often by house officers and clinicians. The book is a good buy and covers 74 topics—for example, "Infectious mononucleosis—many faces of a common disease"; "Community acquired pneumonia in the aged"; "Legionnaires' disease and related syndromes"; "Surgery in active infective endocarditis"; "Gay bowel syndrome"; "Pelvic inflammatory disease"; "Acute CNS infections"; "Gram negative meningitis in adults"—and the index gives plenty of page reference numbers under AIDS. Being spiral bound it lies flat, but the lack of a name on the spine is a disadvantage when the book is in a bookcase.

Current Clinical Topics in Infectious Diseases. Vol 7. Ed J S Remington, M N Swartz. (Pp 336; figs; £45.) New York: McGraw-Hill, 1986. ISBN 0-07-051859-9.

The book is excellently produced but is not a good buy. The matter of the acquired immune deficiency syndrome is surely a current clinical topic, but no mention could be found of this, and, surprisingly, the book has no index. The choice of subjects seemed random—for example, "Infections complicating cystic fibrosis"; "Disseminated mycobacterium avium—intracellular disease"; "Rapid tests for the diagnosis of bacterial meningitis"; "The controversy about pertussis vaccine"; and "CT of infections of the spine." Twenty five contributors have covered 13 topics.

Hamilton Bailey's Demonstrations of Physical Signs in Clinical Surgery. 17th edn. Ed A Clain. (Pp 640; figs and colour plates; £17.50 paperback.) Bristol: Wright, 1986. ISBN 0-7236-0827-X.

It is nearly 60 years since the first edition, and the present editor, a surgeon at Dudley Road Hospital, Birmingham, has ensured that it still flourishes for it gets better and better. The preface to the previous edition in 1980 stated that there were seven foreign editions (apart from a pirate Chinese one). Now there are 100 or more superb new pictures among the total of nearly 1000; these include a coloured photograph of the typical stool from a patient with a villous adenoma of the rectum, sebaceous horns of the scrotum, Grey Turner's sign in acute pancreatitis, an isotope liver scan, and a leaking abdominal aneurysm. A picture of diabetic gangrene has replaced that of gangrene in a Kentish farm labourer said to have developed because of frostbite—unlikely in the absence of any underlying disease such as vasculitis and an event that does not help the image of our climate.