What's new in the new editions?

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Sexist terms should be avoided in medical writing, and a "Note on gender usage" occurs at the front of some books. So copy editors may now alter "he"—hitherto used to signify persons of either sex—to "he or she." But this is not new: it was the custom about two centuries ago.¹ Grammarians, not merely male chauvinists, caused the change because "he or she" especially when constantly repeated seemed cumbersome from a stylistic aspect. The trend today is to use "he" and then "she" occasionally as a gesture and not to try to rearrange sentences to avoid the gender trap, nor to employ the ugly and unpronounceable s/he. Also, plural nouns desex themselves and changing to "their" or "them" is sometimes possible.

Chairwoman, womankind, stateswoman are already in use, and maybe new words will have to be invented. Editress is, surprisingly, an old word—for example, a note in the *Gentleman's Magazine* of 1826 goes, "The fair editress has got up this work judiciously and tastefully." But few women today would welcome a statement like this, and there is no need to emphasise the sex of a doer when the sex is irrelevant: author not authoress, but actress not actor as being female is usually essential to her art, and not many actresses would object to having that fact emphasised.

The Normal Child. Some Problems of the Early Years and Their Treatment. 9th edn. R S Illingworth. (Pp 458; figs; £17.50 paperback.) Edinburgh: Churchill Livingstone, 1987. ISBN 0-443-03410-9.

All parents should read the section on the behaviour of the *normal* child, much of which is new. "Annoying characteristics of the developing child" is a masterpiece; the discerning and sympathetic doyen of this subject writes, "the mother says the child is getting on her nerves . . . would love to run miles away . . . becomes cross and irritable and tactless, and her child then becomes worse. She could 'shake him' or 'wring his neck'" (incidentally, the sole use of "he" could not imply that girls are never naughty?). Later, on p 252, comes "Advice to the parents."

The book is full of good sense and is replete with references to the results of research, now brought up to date. New since the 1983 edition is an account of mother-infant bonding—putting the naked baby to the breast immediately after birth—but it is by no means certain that this has any lasting effect. And women who work will be reassured that there is no satisfactory evidence to show that daily separation of the child from the mother harms him, provided that arrangements for his (and presumably her) care are satisfactory and to his liking. He tends to be more self assertive and independent and better able to look after himself. Possible features in the background of male homosexuals (p 230) seem so diverse and numerous that the question as to whether this condition is congenital or acquired in childhood is not answered.

Clinical Paediatric Surgery: Diagnosis and Management. 3rd edn. Ed P G Jones, A A Woodward. (Pp 592; figs; £25 paperback.) Melbourne: Blackwell Scientific, 1986. ISBN 0-867-93256-2.

The title does not do it justice for it is a short textbook on paediatrics—well illustrated with photographs and line drawings

and replete with references—written by the staff of the Royal Children's Hospital, Melbourne, one of the leading paediatric centres in the world. Now updated and partly rewritten, it includes advances that have taken place during the past 10 years: in oncology, techniques of imaging, cardiopulmonary physiology, monitoring, and intensive therapy—and in ultrasonography, where an increasing list of developmental abnormalities can be diagnosed. Areas impinging on surgery such as anaesthesia are dealt with, but details of operative surgery are omitted, as is cardiac surgery for congenital abnormalities, which has developed so far as to be beyond the scope of the book. The 63 chapters and the six appendixes (the urgent management of surgical problems, parenteral nutrition, instructions concerning head injuries, and so on) make good reading for medical students, general practitioners, and budding paediatricians.

A Simple Guide to Trauma. 4th edn. R L Huckstep. (Pp 412; figs; £7.50 paperback.) Edinburgh: Churchill Livingstone, 1986. ISBN 0-443-03350-1.

A useful picture book about trauma which was reviewed on this page in 1983 (vol 286 p 1276), this easily fits into the pocket of a white coat or into the glove box of a car. But the publisher's blurb that this edition has been completely revised is exaggerated for it looks the same except that it is letterpress print and not camera ready copy, which no doubt accounts for the cost having risen from the previous £4.95. To do it justice, some pictures have been redrawn, and Dr J D Greenstein, a medical practitioner from Sydney, has joined the illustrators.

Iatrogenic Diseases. 3rd edn. Ed P F D'Arcy, J P Griffin. (Pp 1104; figs; £105.) Oxford: Oxford University Press, 1986. ISBN 0-19-261440-1.

A glance at this tome, which is twice the size of the 1979 edition, could lead the viewer to believe that the number of side effects from drugs had increased proportionately. But this is not so, for the subject is dealt with in depth with pages of references, and the 41 chapters written by 29 contributors cover every aspect both factual and speculative—for example, medicines and the media, pharmacogenetics and iatrogenic disease, disorders of the porphyrin metabolism, blood dyscrasias, iatrogenic lung disease, drug induced sexual dysfunction, impaired performance, drugs causing interference with laboratory tests, handling anticancer drugs, and so on. The editors, one a pharmacist and the other a physician, have certainly interacted fruitfully—as Sir John Butterfield remarks in the foreword—and have produced a comprehensive book.

New ideas concern the association of disease and drug reactions, such as the ampicillin rash induced by glandular fever and the increased incidence of peripheral neuropathy in those with Hodgkin's disease given vincristine. Another discovery is the importance of knowing the circumstances of a side effect: the hepatorenal syndrome associated with benoxaprofen had a typical geographical distribution, being more common in Northern Ireland, Scotland, and England north of the Trent. But photosensitivity reactions were more likely in southern areas; so it has been postulated that patients in the south who developed photosensitivity reactions stopped taking the drug before serious damage to the liver

and kidneys occurred. This would explain its occurrence especially in elderly women living in northern areas or who were housebound and not exposed to sunlight.

Geigy Scientific Tables. 8th, revised and enlarged edn. Ed C Lentner. (Pp 336; figs; £12.50.) Basle: Ciba-Geigy, 1986. Distributed by Farrand Press. ISBN 0-914168-53-3.

The Geigy scientific tables have for many years been an invaluable source of information to research workers—as bench books or in the departmental library. But the vast increase in knowledge has made it impossible for information to be contained in a single volume and this one deals with basic biochemistry, coenzyme function, metabolic pathways, inborn errors of metabolism, pharmacogenetics, and ecogenetics: the last concerns toxic substances (including alcohol) that exist in the environment and cause more damage to certain races and individuals than to others. Previous volumes have covered, among others, subjects such as units of measurement, nutrition, introduction to statistics, statistical tables, mathematical formulas, and body fluids.

Diagnosis and Management of Respiratory Diseases. 2nd edn. G K Crompton. (Pp 320; figs; £15 paperback.) Oxford: Blackwell Scientific, 1986. ISBN 0-632-01675-2.

ARDS—the adult respiratory distress syndrome—now has a chapter to itself. It may cause acute respiratory failure in many pulmonary conditions, and patients recovering from severe trauma, haemorrhage, or shock are at risk, the mortality being 50%; recognition is important so that proper treatment can be given, hypoxaemia being a major problem. Other new parts since the 1980 edition include additions to “Miscellaneous conditions,” such as drug induced respiratory disorders, and other iatrogenic pulmonary problems like pleural fibrosis in patients being treated with methysergide for migraine, and oxygen in high dosage, which can cause lung damage that can progress to ARDS. New line drawings include one showing pleuropulmonary asbestos related disorders—for example, malignant mesothelioma and pleural calcification; and table 15.1 is especially helpful as it lists conditions that pulmonary thrombotic disease often simulates and may lessen the risk of missing this acute medical emergency.

Acute Lung Injury: Pathogenesis of Adult Respiratory Distress Syndrome. [Symposium, Dallas, Texas, September 1984.] Ed H Kazemi, A L Hyman, P J Kadowitz. (Pp 280; figs; £27.50.) Littleton, Mass: PSG Publishing, 1986. Distributed by Adam Hilger. ISBN 0-88416-538-8.

Those with a special interest in diseases of the lungs might like to know about this book, which was based on a symposium organised by the cardiopulmonary council of the American Heart Association in September 1984, though doubtless the 43 contributors have updated their sections since the meeting. It is well illustrated with tables, graphs, and pictures and has plenty of references.

The Management of the Acute Coronary Attack. The J Frank Pantridge Festschrift. [Symposium, Belfast, 25 March 1986.] Ed J S Geddes. (Pp 152; figs; £15.) London: Academic Press, 1986. ISBN 0-12-278755-2.

A festschrift is defined as a collection of writings (not speeches) presented to a scholar to mark an occasion in his life, in this instance the retirement of Professor J Frank Pantridge. The idea of taking coronary care facilities to the community—the mobile coronary care unit—was conceived by Pantridge, and the introduction of this by him and John S Geddes in Belfast in 1966 is regarded as a milestone in the history of cardiology.

The 12 contributors come from Belfast, the United States, and Canada and include Sir Donald Acheson, who writes on the DHSS's attitude to mobile coronary care. Although at first some scepticism of the value of such care was expressed, evidence of its value in saving lives is now forthcoming and is given here, for example, by Richard S Crampton of the University of Virginia. The first units were manned by a doctor, a nurse, and, usually, a medical student, but elsewhere these have been replaced by ambulance men trained to paramedic level who are capable of providing defibrillation. Defibrillators have evolved from the large original one operated by car batteries to miniature semiautomatic types (illustrated on p 117), which can be used even by lay people with no prior medical training. Included also is the possible prevention of extension of the clot by thrombolysis and the use of β blockers and calcium antagonists. It is a worthy tribute to Pantridge.

Common Medical Emergencies. A Guide for Junior Physicians. 4th edn. R H Salter. (Pp 144; £4.95 paperback.) Bristol: Wright, 1987. ISBN 0-7236-0560-2.

The choice of emergencies is based on the author's yearly audit of patients admitted to a busy general medical unit at a district hospital. This is a revision of the 1980 edition, and some details have needed updating—for example, in the chapter on acute severe asthma and concerning the treatment of diabetic ketoacidosis, the choice of insulin regimens lying between hourly intramuscular injections and low dose insulin infusion. Suggestions for further reading have been omitted in common with the trend for this type of book, but I do not know of any audit to show whether such references are useful or not.

Palaeo-Oncology. The Antiquity of Cancer. [Based on a Symposium, Greece, 21 October 1984.] Ed S Retsas. (Pp 60; figs; £9.50.) London: Farrand Press, 1986. ISBN 0-85083-006-1.

Reading this small book leaves little doubt that malignant disease afflicted ancient man (and no doubt ancient woman). The word palaeo-oncology (meaning a study of ancient oncology) was invented for the symposium held in October 1984 on board a ship sailing to Rhodes from Kos, where the Hippocratic oath had been recited by Koan youths; but this venue has not impeded the publication of an erudite book written by four experts in this topic, the editor being senior lecturer in oncology at the Westminster Hospital; and references cover publications throughout the world.

The material studied consisted of skeletons, mummies from Egypt, and Egyptian papyri. The bones show sarcoma, and some radiographs reveal multiple osteolytic lesions and a typical deposit in a lumbar vertebra; pictures range from a neolithic humerus from West Kennet to a pre-Columbian Peruvian skull with hyperostosis. The value of mummified or dried bodies is that they show soft tissues: skin lesions consist of keratosis due to solar exposure and multiple basal cell carcinoma, and dissections suggest a malignant cystadenoma of the ovary and a calcified myoma. Unfortunately, extracting information from Egyptian medical papyri is frustrated because the terminology bears no resemblance to modern nomenclature; and the only relevant illustrations in ancient Egyptian art are of hernias, hydrocele, and gynaecomastia.

Altogether the incidence of malignancy seems to have been low. This could have been due to the absence of environmental factors such as viruses, or to the short life span in those times, or to the shortage of material available for study. Nevertheless, one finding was of special interest with regard to Africa: malignant nasopharyngeal tumours were relatively frequent—as is the case today.

References

- 1 Smith PM. *Language, the sexes and society*. Oxford: Basil Blackwell, 1985:51.
- 2 Anonymous. Quoted in: *Oxford English Dictionary*. Vol 3. D-E. Oxford: Oxford University Press, 1961:43 (col 3).