What's new in the new editions?

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Many of the 604 medical libraries in Britain, as well as those in the United States and elsewhere, provide a guaranteed market for the standard reference work. This is due to consumer pressure, for readers demand the latest edition whether or not much is new. Editors tend to retain outmoded material and lists of out of date references to make their work comprehensive, so these tomes get bigger and bigger, multiply into seven volumes or more, and cost the earth. Perhaps some lateral thinker might one day suggest a way of halting this process.

Copeman's Textbook of the Rheumatic Diseases. 6th edn. In two volumes. Ed J T Scott. (Pp 1722; figs; £150 the set.) Edinburgh: Churchill Livingstone, 1986. ISBN 0-443-02689-0.

Will Copeman, father of British rheumatology, would have congratulated the editor and contributors, been delighted with its production, and surprised that rheumatology, which, in 1948, he covered in 612 pages, now needs nearly 2000. The number of chapters has increased from 46 to 69 and authors from 39 to 68 since the 1978 edition. Apart from the 100 or more rheumatic conditions, fundamental subjects such as the biochemistry, structure and function of connective tissue, inflammation, immunology, and immunogenetics are included. New chapters cover clinical pharmacology of the antirheumatic drugs and topographical rheumatology such as back pain and problems in the neck and shoulders. Illustrations are excellent—for example, the electronmicroscopic picture of the surface structure of synovial tissue and the one illustrating the technique of electromyography, which is often needed for diagnosing the carpal tunnel syndrome. The last chapter deals with investigations such as arthroscopy and modern imaging techniques, and methods of injecting joints.

Nevertheless, excellent as it is, I regret that "Copeman" has been divided into two large volumes, for the bit that I am trying to find always seems to be in the other one—according to Murphy's law. The equivalent American reference work (*Arthritis and Allied Conditions*, edited by McCarty and reviewed here in 1985;291:1184) has remained single; this is not due to the contents being less but perhaps because the height of the pages is greater—allowing about 16 more lines of print on each.

The Lumbar Spine and Back Pain. 3rd edn. Ed M I V Jayson. (Pp 480; figs; £60.) Edinburgh: Churchill Livingstone, 1987. ISBN 0-443-03642-X.

Backache can be a boring subject—except for those who suffer from it. This is like a new book and is better produced than the 1980 edition, superbly illustrated and well documented; the subject is made interesting and readable. The 23 chapters written by 35 contributors deal with the many problems afflicting the 139 joints of the spine and it covers, for example, biochemistry of the intervertebral disc, mathematical models of the spine, and new imaging techniques, as well as all the clinical conditions including the facet joint syndrome and spinal stenosis.

The last two chapters deal with "Understanding the patient with backache," and "Psychological approaches to management and treatment." Doctors who sit on industrial injuries boards or medical appeal tribunals might study the excellent and long overdue account

(written by Gordon Waddell, orthopaedic surgeon) of ways of distinguishing the common symptoms of physical disease from psychological features. Inappropriate symptoms can be clearly separated from the common symptoms of physical disease and are associated with other psychological features; linked with these are the "non-organic signs or inappropriate responses to examination," among which are included superficial tenderness and overreaction. The importance of the distraction test is emphasised: the apparent agony caused during straight leg raising may suddenly disappear if the patient's attention is directed elsewhere during the examination.

Back Pain. 2nd edn. M I V Jayson. (Pp 192; figs; £8.95.) Oxford: Oxford University Press, 1987. ISBN 0-19-261643-9.

An excellent book for the lay person of average intelligence, its chapters include "Discs—slipped or burst?" "Mechanical problems of backache," "Physical methods of treatment," "Pain and its control," "Injections and operations," and so on. The difficult task of translating medical language into the vernacular has generally been successful, but, not surprisingly, the so called fog index¹ (which is an equation compounded by counting the number of words in successive sentences and the number of polysyllabic words) reaches the danger level when the author writes about arachnoiditis and the fibrinolytic system.

The author supports the hypothesis that much back pain is due to primitive man and woman assuming the upright posture instead of, like most animals, walking on all four limbs, but he does not suggest a period of quadrupedal therapy—perhaps because the incidence of backache among animals is not yet known (though dachshunds get prolapsed discs)—but anyway it would be impractical for some patients.

The Community Health Worker: Working Guide, Guidelines for Training, Guidelines for Adaptation. Revised and enlarged edn. World Health Organisation. (Pp 464; figs; Sw frs 22 paperback.) Geneva: World Health Organisation, 1987. ISBN 92-4-156097-5.

Intended for use by community health workers in developing countries, this is an excellent guide illustrated by simple line drawings and suitable for those whose education or intelligence is meagre, as well as for others. It replaces the *Primary Health Worker*, published also by the World Health Organisation, in 1977. Larger and more comprehensive, it has an attractive plastic, water resistant cover with three relevant photographs. The introduction states that the member states of WHO have gradually come to realise that the provision of sophisticated hospitals and of highly trained staff is not the most efficient way of improving health. Consequently they are placing emphasis on health rather than disease, and on health care rather than medical care. Senior students and those about to work in developing countries would be interested to browse through it. Efforts to prevent blindness and diarrhoea in a developing country may be more rewarding than attempts to reduce the incidence of heart disease and lung cancer in Britain.

Textbook of Glaucoma. 2nd edn. M B Shields. (Pp 576; figs; £83.) Baltimore: Williams and Wilkins, 1986. ISBN 0-683-076-94-9.

Diagnosing glaucoma early avoids the insidious onset of visual field defects that can lead to blindness, and this is helped by routine screening by opticians performing ophthalmoscopy and non-contact tonometry. Now an up to date reference book instead of the "study

guide" of 1982, the book has a helpful review paragraph at the start of each chapter that guides the uninformed reader. Three new chapters, each superbly illustrated like the rest of the book, deal with laser surgery for glaucoma; and the one on β blocking drugs like timolol, which have supplanted pilocarpine, has been divided into two and the references brought up to date. Plotting visual fields is a tedious test for both subject and operator, so that automated perimetry (pages 121-5)—in which the manual operator has been replaced by computer—should reduce some of the subjective errors. Appropriately, the picture at the front of the previous edition—twilight along a Carolina shoreline superimposed on visual field defects—has been replaced by a computer generated image depicting glaucomatous field loss encroaching on a Smoky Mountain sunset. "Dawn," the caption goes, "will come again over the Smokies but not for the person blinded by glaucoma."

Textbook of Dermatology. 4th edn, in three volumes. Ed A Rook, D S Wilkinson, F J G Ebling, R H Champion, J L Burton. (Pp 2812; figs; £180 set.) Oxford: Blackwell Scientific, 1986. ISBN 0-632-00949-7.

This standard reference work on dermatology has been divided into three instead of the two volumes of the 1979 edition and weighs about 16 lb—quite an armful if you want to look up several items. It is a British work, though four of the 38 contributors come from the United States, Copenhagen, and Toronto. The editors have chosen new authors especially because of their research interests, and one of the numerous new sections covers the treatment of skin lesions by lasers (pages 2602-4). Undoubtedly it is a "comprehensive clinical account" of the subject as the preface states. But I was surprised that, at this price, all the photographs were in black and white; although a good black and white photograph can—because of the increased range of tones—be as good as or better than a coloured picture of a skin condition, many of these were of such poor quality that space could have been saved by leaving them out: for example, rosacea (40.1), telangiectasis (28.10) pustular psoriasis of a finger-nail (54.7), and systemic lupus erythematosus (35.25).

Harrison's Principles of Internal Medicine. 11th edn. Ed E Braunwald, K J Isselbacher, R G Petersdorf, J D Wilson, J B Martin, A S Fauci. (Pp 2316; figs and colour plates; £85.) New York: McGraw-Hill, 1987. ISBN 0-07-007261-2.

Keeping a major textbook of internal (general) medicine up to date must be like painting the Tyne bridge—a continuous process; and a five year gap, as with this single volume of slightly over 2000 pages, must be about the correct interval. This edition is thinner and more pleasant to handle, perhaps because of thinner paper or by the use of more (readable) miniprint for certain passages. The 280 contributors have, as expected, covered modern medicine well. Chapters include

a critical and quantitative approach to clinical reasoning and decision making, antiviral chemotherapy, sexually transmitted diseases with more about the acquired immune deficiency syndrome, and transplantation. Many superb new colour pictures illustrate skin rashes and the achievements of gastrointestinal endoscopy. Readers will have no difficulty in finding their way in the book for there is an 11 page annotated table of contents at the start as well as an index of 130 pages—and the indexer has justifiably been named in the preface.

Drugs for Heart Disease. 2nd edn. Ed J Hamer. (Pp 416; figs; £35.) London: Chapman and Hall, 1987. ISBN 0-412-26540-0.

"What we do at Barts" is still an important part of this edition, but it has been tempered by the editor's bringing in new contributors from far away places such as Chicago, Nottingham, and Hong Kong. He describes himself as a cardiologist switching to clinical pharmacology in mid-career and must be congratulated, for the book is half the size of the 1979 edition. It is a new book: chapters cover all the usual drugs—for example, antiarrhythmics, β blockers, and calcium antagonists—as well as the positive inotropic drugs for treating heart failure; and the last chapter describes techniques for measuring blood concentrations of certain drugs. Other sections cover prostaglandins and cardiovascular medicine, and the management of the hyperlipidaemias.

The book has been made smaller partly because it is no longer encyclopaedic but also by omitting the 14 pages of references; instead, an adequate number is listed at the end of chapters. "Obsessional collectors of bibliography will find their needs met by collecting the references in the references," writes John Hamer, and this gave me a brilliant idea: references (sometimes occupying 20 pages or more at the end of chapters) are usually dead space for the average reader, so why not abolish them altogether?

Readers who wish to pursue the subject could approach their librarian for a Medline computer search, for it will provide all the references listed for the subject in *Index Medicus* since 1966. My enthusiasm was dampened, however, when my librarian colleague, Mr S R Jenkins, pointed out that the search provides an indiscriminate collection—sometimes amounting to thousands—and the searcher has to cone down to those that he thinks might be helpful, whereas those in books are selected by experts on their subject. Hence someone writing a thesis, for example, would be better advised to start with those that have undergone this quality control.

Reference

1 Gunning R. *The technique of clear writing*. New York: McGraw-Hill, 1968.

MEDICINE AND THE MEDIA

IN MARCH 1987 we sent questionnaires on the acquired immune deficiency syndrome (AIDS) to a systematic sample of 300 subjects from the Southampton electoral roll. The first reply response rate was 56%. A total of 91% had seen at least one of the government's advertisements about AIDS, 65% thought that the adverts were worthwhile, and 81% had read the government's leaflet that was distributed to every house. Of those who responded, 60% thought that the overall television coverage on AIDS was "about right," 13% thought it "not enough," and 21% thought it "too

much." The overall coverage was considered to be too explicit by 5%, 56% thought it "about right," and 25% said that it was not explicit enough. Interestingly, 56% rated AIDS as more of a problem for the country at present than smoking related diseases, but only 47% considered it to be more of a problem than traffic accidents, although the proportion of "don't knows" was 4% for smoking and 13% for traffic accidents.—M J CAMPBELL, lecturer in medical statistics, and W E WATERS, professor of community medicine, University of Southampton.