knew that his life could be transformed by kidney transplantation (but she and her husband had been told that they could not donate one of their own kidneys because of a genetic element in her son's nephritis). Waiting patiently for a kidney was not, however, her style; so in the summer of 1971 she advertised for a cadaver kidney in *The Times's* personal column. The result was a surge of publicity, but it was another year before a kidney did become available.

Sadly, Timbo's first transplant lasted only two years. He had a second, which also failed, and by 1980 was so ill that despite some reservations a third transplant was done using a kidney from his father. That, too, is now failing and he is waiting for another cadaver kidney.

Elizabeth Ward tells this sad story in simple words and while doing so she explains what has, I believe, been her greatest contribution: her attack on medical hypocrisy and dishonesty. In the early 1970s most renal physicians took the view that if no place was available on a dialysis programme the patient and his family should be told that there were medical reasons why dialysis would not be attempted. In the words of a paediatric nephrologist "the parents already had enough to cope with in the knowledge of the impending death of their beloved child without the added burden of knowing that their child's death was unnecessary." Elizabeth Ward flatly rejected that argument (as she had the one that nearly cost her own son his life) and she has changed attitudes in many—but not all—renal units. She has also repeatedly challenged the arrogant

assumption by renal physicians of a right to withhold treatment from patients who are socially disruptive, or have an alcoholic parent, or who are in some other way "difficult."

Fortunately her fund raising has been enormously successful (the British Kidney Patient Association (BKPA) that she set up has been able to finance and staff holiday homes for dialysis patients in France and Spain as well as on the south coast of England)—so she has been able to let it be known that the BKPA would meet the costs of private dialysis for any patient rejected in this way by the NHS—and in 1985 she did so in a blaze of publicity.

The campaigning will continue, for a great deal has still to be done. The continuing disgrace is that 2000 patients still die each year in Britain because the NHS is underfunded. Why, asks Mrs Ward in her final chapter, should renal physicians feel it necessary "to cover up for an inadequate Health Service and pull to wool over the eyes of relatives and patients telling them that dialysis would not save the patient's life when they know the truth is that it would?"

Quite rightly, Mrs Ward points to the honest communication which has now become accepted as essential in the care of patients with cancer. Why should patients with renal failure be treated any worse? Why indeed.

Timbo. A Struggle for Survival. E Ward. (Pp 160; figs; £9.95.) London: Sidgwick and Jackson, 1986. ISBN 0-283-99339-1.

Do it yourself radiology

GODFREY HARVERSON

Third World doctors usually have to read their own x ray films and so will welcome this bold attempt, by a panel of experts, to assist non-radiologist clinicians to recognise common diseases. After all, their problems are not esoteric tropical worms so much as trauma, infection, and malignancy.

Manual of Radiographic Interpretation for General Practitioners concisely expresses a good deal of practical wisdom and is well illustrated with radiographs and line drawings. Each section begins with guidelines—for example, on how to examine a chest radiograph, how to avoid missing a fracture, when to order a skull x ray film, and what to expect from abdominal radiographs: seldom of help in the diagnosis of chronic abdominal pain... of no assistance in excluding acute appendicitis. For obstetrics it is assumed that ultrasound facilities will not be available, which may well be so where this book is most of use.

The aim is to highlight diagnostic problems that are common world wide rather than exclusively tropical ones. The initial section on chest radiography, after dealing with technical faults mimicking disease—for example, poor inspiration—covers causes of chest pain, pleural effusions, collapse of the lung, lung densities (opacities), rounded densities (coin lesions), enlarged lymph nodes, and diffusely increased (reticular) lung markings. Heart disease, pulmonary oedema, and "chests of infants" are mentioned briefly. The section on skeletal radiographs rightly gives wide coverage to traumatic injury, a common "tropical" problem. There is warning of danger areas, such as dislocations of the wrist or ankle, where surgical reduction will be needed. A short account is given of osteomyelitis, arthritis, and common bone tumours.

The chapter on skull disorders begins with a fold out page to illustrate normal sutural and vascular markings. Fractures, facial trauma, the pituitary fossa, lytic defects, increased density, and sinus disease all receive mention. Under spinal disorders age related changes are helpfully included. Trauma is again covered, and also non-traumatic change in vertebral density and shape. The abdominal section describes features of paralytic ileus, obstruction, and perforated viscus. Features of abdominal calcification and some foreign bodies are listed. Coverage of obstetric problems is limited.

Examination of the urinary tract includes plain film radiographs and excretion urography. It is rightly stated that the normal adult dose is between 40 ml and 100 ml, whatever the brand of urographic contrast. "Inject the full dose rapidly; it *must* be given intravenously." (Poor intravenous pyelograms in developing countries are almost always due to too little contrast given too slowly.)

A preliminary chapter, on yellow pages for ready reference, deals

briefly with risks of exposure to x rays and reactions to contrast media. It provides a basic guide to first aid measures after cardiac or respiratory arrest. Two pages illustrate stages in turning the unconscious patient to the semiprone position. For those with limited training, however, knowing how to act is but the first step; failure to see when to respond, and why, cause over-riding inertia.

This manual has been prepared to assist doctors using the World Health Organisation (WHO) Basic Radiological System, but is of more general application. The main part of this system is the WHO Basic Radiological System x ray machine, designed specifically for use in the Third World. The design is foolproof, simple to operate, and able to provide consistently high quality radiographs. The WHO Basic Radiological System machine has no facilities for fluoroscopy, and techniques such as screening of the chest and barium studies are omitted from the manual. This is intentional. These procedures, sadly, yield unsatisfactory results in non-specialist hands and are best not attempted.

A small manual such as this must be selective; nevertheless, it is surprising to find anaemia omitted as a common cause of cardiac enlargement, and though gross syphilitic aortitis is illustrated the much more common rheumatic valvular disease is not. In my opinion bronchiectasis and emphysema cause more diagnostic confusion than large hydatid cysts, and adult bilateral hilar lymphadenopathy in tropical regions is usually due to lymphoma, not sarcoidosis or tuberculosis. Waiting for a response to standard antituberculous treatment before referral for investigation will be both vain and costly. Neither pancreatic calcification nor medullary sponge kidney merits duplicated descriptions. Four references to Paget's disease are superfluous in a disorder that is so rare in the Third World.

These are, however, mostly minor quibbles, which must not detract from the overall high standard of the text. In any revision it would be worth listing general—as opposed to tropical—reference texts, selected from the excellent range now available. Expense is always a problem, but publishers might be willing to donate latest-but-one editions or blemished copies to deserving hospitals in the Third World.

This manual is excellent value for money, and for purchasers in developing countries special terms are offered. I believe that all tropical doctors handling x ray films without ready access to a radiologist should obtain and use it. Even better, buy the WHO Basic Radiological System x ray unit as well.

World Health Organisation Basic Radiological System. "Manual of Radiographic Interpretation for General Practitioners." P E S Palmer, W P Cockshott, V Hegedüs, E Samuel. (Pp 218; figs; Sw frs 23 paperback.) Geneva: World Health Organisation, 1985. ISBN 92-4-154177-6.

Many difficulties encountered by practitioners who read their own films arise from inferior radiographs. Some are the product of inferior equipment—solution: the WHO Basic Radiological System x ray unit. Others result from faulty processing of film—remedy: read *Manual of Darkroom Technique*.

The small volume is brief and didactic and contains ample diagrams. The first section is an introduction to processing film. It covers film, cassettes, darkroom, developing, tank upkeep, records, and filing. The message is, briefly, keep everything clean, never drop cassettes, and avoid light in dark places.

As far as it goes this manual is excellent, but the best way to learn film developing is by doing it, and books are no substitute for apprenticeship training. Learning from other people's mistakes is also valuable, and many will want to know why things go wrong, and, if possible, how to put them right again—of this there is little.

Several small but important practical points could well be added: developing without time control using safe light monitoring is commonly practised because it is easier, and deserves mention if only to discount it. Fogged films may remain totally clear when developed, unless first exposed to a small dose of irradiation. Advice to replace the fixer monthly is unnecessary if few films are processed. Cassette screens deteriorate with use and need replacement at least every seven years. Film corners after being clipped in a film hanger must be cut with scissors to avoid scratching other film surfaces. (Present day film is tough and quickly blunts corner cutters.) Recovery of silver from spent fixer by a simple electrolytic process will cut costs and so is worth while even in a small hospital.

Criticisms apart, this handbook is simple and inexpensive. The illustrations will be useful as a basis for training darkroom assistants, and the tropical doctor will find it a useful reminder of what to do when next working in the dark.

World Health Organisation Basic Radiological System. "Manual of Darkroom Technique." P E S Palmer. (Pp 28; figs; Sw frs 8, paperback.) Geneva: World Health Organisation, 1985. ISBN 92-4-154178-4.

[Wellcome Institute Library, London.]

The rivalry between midwives and "men midwives" is one aspect of the story of *Midwives in History and Society* by Jean Towler and Joan Bramall (Croom Helm, £14.95), and the midwife pictured here, Elizabeth Nihell, certainly packed a pretty punch in the argument, referring to the men as "a band of mercenaries who palm themselves off upon pregnant women . . . self constituted men midwives made out of broken barbers, tailors or even pork butchers, for I know myself one of this last trade, who, after passing half his life stuffing sausages, is turned an intrepid physician and man midwife." The issue was, of course, resolved by the men turning themselves into obstetricians and therefore top dogs. Midwives in Britain have always had to fight to define their role and are still doing so, responding not only to changing medical practice but also to the pressure of different expectations from the public. Whichever direction they finally go in let's hope they still think it part of their duties to do as recommended by Soranus in Trajan's reign and "enstructe and comfort the partie, not only refreshing her with good meate and drink, but also with swete words gevinge her good hope of a spedefull delyveraunce." Kindness should never be out of fashion.