

Making good

Amputation Surgery and Lower Limb Prosthetics. Ed G Murdoch, R G Donovan. (Pp xxi+470; figs; £49.50.) Oxford: Blackwell Scientific, 1988. ISBN 0-632-01711-2.

Amputation is a terrifying prospect for patients, and it is usually hard for them to see beyond the immediate prospect of a mutilating operation. But thoughtful and expert surgery, limb fitting, and rehabilitation can offer them a high quality of life. This demands a team approach, and there are parts of this book for all members of that team. It is a small encyclopaedia of amputation practice with contributions covering the whole range of indications and types and aspects of amputation.

The scope is impressive. As well as amputation for vascular disease, the special problems of congenital limb deficiency and the treatment of bony malignancies are dealt with thoroughly. Short but philosophical chapters on cosmesis and on the role of the consumer are included, and the special needs of amputees in developing countries are given well deserved space.

Transposing the title to *Lower Limb Prosthetics and Amputation Surgery* would perhaps reflect the book's main emphasis better. For all its general appeal, this is first and foremost a prosthetist's book with contributions on every aspect of artificial limbs. Specific problems—for example, knee unit mechanisms in through knee amputation—have been given chapters to themselves. General considerations are equally well covered, including biomechanics and the use of computers in making better prostheses.

The range of subject matter has produced some imbalance between the everyday importance of topics and the space allotted to them. An example is the treatment of below knee amputation—the ideal aim for most dysvascular amputees. The curt chapter on operative technique offers little or no help to surgical trainees and contrasts with good technical descriptions and reviews of other procedures.

When a well known unit produces a book like this a frank description of its own practices and results is illuminating. Murdoch and colleagues have included this as their final chapter, and it provides a fascinating insight for others concerned in amputation surgery and limb fitting. Their approach and results do more than justice to the special unit that they have created and plead the case for these facilities elsewhere in the United Kingdom.

All those concerned in rehabilitating amputees will find this a valuable reference work. The editors have produced more than a tidy collection of chapters: they have provided an affordable standard textbook. —W BRUCE CAMPBELL, *consultant vascular and general surgeon, Royal Devon and Exeter Hospital, (Wonford), Exeter, Devon*

Suddenly cast down

The Management of Acute Stroke. C M C Allen, M J G Harrison, D T Wade. (Pp 215; figs; £35.) Tunbridge Wells: Castle House Publications, 1988. ISBN 0-7194-0122-4.

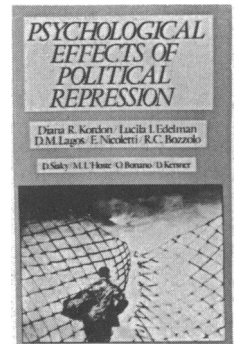
An informative text directed by its three authors towards general physicians, who are largely responsible for investigating, managing, and rehabilitating patients with stroke, *The Management of Acute Stroke* is direct, uncomplicated, and excellently illustrated. It is divided into three sections, the first dealing with general aspects of cerebrovascular disease, the next covering clinical evaluation and management, and the last dealing with recovery and rehabilitation. The chapters that I found most informative were those dealing with acute stroke syndromes, which should be compulsory reading for anyone admitting patients with cerebrovascular disease under their care. The chapter on investigating stroke concisely introduces the various investigative procedures, highlighting the application of cranial computed tomography as well as the advantages and possible

disadvantages of magnetic resonance imaging. What this chapter perhaps lacks, however, is a sense of direction as to which patients the general physician should investigate as it is only in a minority of patients with stroke that cranial imaging is performed. There is unfortunately throughout the book a certain unevenness, some chapters being basic and at undergraduate level whereas others, such as the chapter on mechanisms of cerebral thrombosis and infarction, contain information probably well beyond the knowledge of the average general neurologist. The final section, by Dr Wade, on recovery and rehabilitation is very informative and covers what is regrettably an almost totally neglected aspect of the management of patients with such a common disorder.

Criticisms? I suppose it is inevitable that a book written by three neurologists is a little bit deficient on the management of berry aneurysms and arteriovenous malformations, and also in covering the controversies regarding the management of haematomas. These are not major criticisms, and I congratulate the authors on a book which I think will be useful not only to general physicians but also to neurologists with or without a specific interest in cerebrovascular diseases. —IAN BONE, *consultant neurologist, Southern General Hospital, Glasgow*

Neutrality like complicity?

Psychological Effects of Political Repression. D R Kordon, L I Edelman, D M Lagos, *et al.* (Pp 197; paperback, price not stated.) Buenos Aires: Sudamericana/Planeta, 1988. Sponsored by Rehabilitation Centre for Torture Victims, Copenhagen. ISBN 950-99202-0-7.



Psychological Effects of Political Repression is a collection of papers by Argentinian psychotherapists working with the families of people who "disappeared" during the political repression that began in 1976.

The "disappearance" of a relative complicated the process of mourning as the precise nature and time of the loss were uncertain, there was no body and no ritual, and the disappearance was denied by the authorities and society at large. Families were under pressure to keep silent for the safety of other relatives and to minimise reprisals against the missing person. Under this pressure some families become socially isolated and functionally disturbed. Some therapists advised relatives to consider the missing person dead, but the authors rejected this solution and instead facilitated the activities of the "Mothers of the Plaza de Mayo," the group of relatives who publicly resisted the dictatorship and demanded the return of those who were missing. Through this activity individual distress was translated into concern for all missing people.

Several papers consider the techniques used by the dictatorship to control dissent. Through the media guilt was induced by the suggestion that a "disappearance" proved culpability and that families had failed in their social duty. Dissent was viewed as psychological disturbance, and there was encouragement to forget the past to "reconcile" the nation.

Later papers consider torture and its use to obtain information, "prove" guilt, punish, and produce terror in other dissidents and their families. The psychologically destructive elements of torture are emphasised as it attacks the victim's dignity, personal control, and ultimately, sense of self. The after effects encountered in psychotherapy are detailed, including the paralysing effect of seeing one's torturer in the street. Two papers examine the professional difficulties of psychotherapy with torturers and political murderers. The

pressure on therapists to preserve confidentiality in the face of gross violations of human rights, and the danger of complicity in political repression, are highlighted.

A broader theme is the position of psychotherapists in repressive societies and their personal danger. Work with the "Mothers" entailed taking sides politically and abandoning the neutrality some therapists attempted to maintain. The point is made that such neutrality came close to complicity with the régime.

The papers take a predominantly psychoanalytical viewpoint. The translation is poor, and complex ideas are sometimes poorly expressed, some papers being virtually impenetrable. More examples of cases and an initial paper giving the recent political history of Argentina would have been helpful. The book is essential reading for therapists working with the victims of torture and political repression and, despite its flaws, must be unique. Although it is unlikely to be of direct use to most psychotherapists in this country, it does make important points about the relation between therapeutic and broader social values. —R J WYCHERLEY, *district psychologist, Hastings Health Authority, East Sussex*

Professional

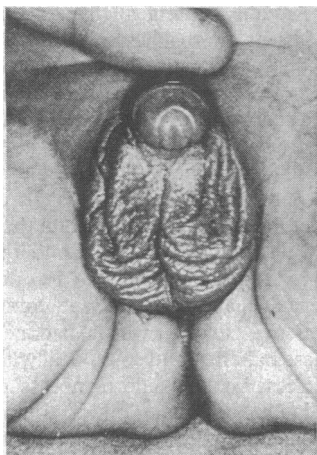
Hepatitis A. I D Gust, S M Feinstone. (Pp x+239; figs; £101.50.) Florida: C R C Press, 1988. ISBN 0-8493-5767-5.

It is fitting that the latest review of hepatitis A virus should bring together two workers from opposite sides of the globe, one of whom, Feinstone, was the first to visualise the virus in 1972 in the United States, while the other, Gust, was working independently in Australia and observed similar particles by using the same technique. Since that time research into hepatitis A virus has progressed remarkably despite always being overshadowed by the more conspicuous hepatitis B virus.

The replication of hepatitis A virus and its genome structure are now well understood and have enabled the introduction of complementary DNA probes as a sensitive method of detecting the virus. A better understanding of replicative strategy could eventually lead to specific targeting of antiviral agents.

The authors present their view of hepatitis A in chronological order of progress over the past 15 years. Although one would expect such topics as clinical features and epidemiology to form the initial chapters, these are not covered until chapters 8 and 9. The reason for this becomes clear as we realise that it was not until reliable diagnostic tests were developed for hepatitis A that it could be distinguished from other non-B hepatitis infections. Although outbreaks of infectious hepatitis have occurred in the past and their clinical features and epidemiology have been described, many of these are now known to have been caused by viruses that have been classed as enterically transmitted non-A non-B (chapter 12). These

In *Difficult Diagnoses in Urology* (edited by D L McCullough £45. Edinburgh: Churchill Livingstone, 1988. ISBN 0-443-08489-0) the topics range from the evaluation of impalpable testes in children to impotence and the staging of urological tumours. The book's first section deals with paediatric problems, and the second examines adult diseases grouped by the site of the primary lesion. Throughout the text the emphasis is on making the correct diagnosis rather than on treatment options. The clinical examples are illustrated with numerous photographs and radiographs. The picture illustrates a difficult diagnostic problem—a child with ambiguous genitalia.



viruses have yet to be characterised fully and will provide further data for a future edition.

Full accounts are given of the historical background to the disease, the identification of the hepatitis A virus, and its physico-chemical characterisation. There are two chapters on animal models for human hepatitis including detailed description of the clinical features of the infection in non-human primates. The clinical features in man are not covered until two chapters later.

The epidemiology of hepatitis A has changed in a manner similar to that of its more famous picornavirus relative polio. Many parts of the world have moved on from when the infection was endemic and was acquired subclinically at an early stage, giving lifelong immunity. It has now become an infection of travellers in the developed world with the result that primary infection of adults is associated with a clinically more severe disease.

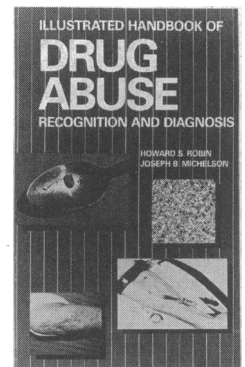
I found the discussion on foodborne transmission of hepatitis A particularly interesting. Filter feeding shellfish can concentrate enteroviruses from water 60-fold, and viruses can be retained after 100 hours of depuration. Hepatitis A is more heat stable than other enteroviruses, and temperatures that are sufficient to cause shellfish to open could be inadequate to inactivate the virus.

The closing chapters concern methods of preventing and controlling infection and deal with general considerations of hygiene and passive and active immunisation. At the moment hepatitis A vaccines are at the clinical trial stage, but in the next few years we can look forward to important progress and it is here that most additions will have to be made to future editions.

The authors deserve congratulations for putting together what will be considered the reference text on hepatitis A virus. Such a work does not come cheaply, and it is perhaps a little disappointing in a book of this price that the histological plates are not in colour. Readers should be advised not to rush into the text before reading Dr Gust's amusing dedication. A professional work, it deserves a place in every virus laboratory's library. —ELIZABETH H BOXALL, *principal virologist, regional virus laboratory, East Birmingham Hospital, Birmingham*

Sort it out for yourself

Illustrated Handbook of Drug Abuse: Recognition and Diagnosis. H S Robin, J B Michelson. (Pp xiv + 187; figs; £19 paperback.) Chicago: Year Book Medical Publishers, 1988. Distributed by Wolfe Medical Publications. ISBN 0-8151-5871-8.



As Edwards, Gossop, and others describe the psychological and psychiatric perspectives and Burroughs the tormented soul of the drug taker, so this book is the pathologist's view of drug addiction. As the more familiar texts use the clinical experience of talking and at times living with drug users the authors here draw from the necropsy room and the laboratory slide. The book is dominated by illustrations, which take up most of 116 pages out of the total of 172 and many of which are unnecessarily repetitive.

Although the style is light and easy to read, it alternates between being a useful text for the novice and a complicated anthology of side effects and consequences of drug injecting. Indeed, the multitude of obscure and "one in the world literature" side effects make it at times difficult to put these in proper perspective. Many comparatively common side effects, such as acute overdose, are inadequately covered in favour of detailed data about the pathological process in hepatitis and some of the less common eye disorders. This is the pathologist drawing on available data rather than presenting a useful book for day to day reference.

The old woman dealer who is shown at necropsy to have indulged in drugs and the illustrated violent criminal death set the tone of the book as a forensic account of drug use. The scientific discipline makes a stark (and interesting) contrast to the usual concentration on

the sociological features of the problem of drug takers. There are interesting tips and insights for the more specialist clinicians, especially those practising in North America. I do, however, get the impression of an altogether more desperate and disorganised group of patients than I am used to. Clearly this is the group who end up in the necropsy room.

Nevertheless, this is a worthwhile addition to the publications on the subject, providing useful data on HIV infection with some illustrations. These are probably the most useful in the book as they represent what is to come next and have appeared in very few British texts to date. Everyone will learn something from the book, but there are many loose ends and generalisations based on small numbers of case reports. This is always a problem with drug misuse. Overall it is a book for specialists collecting drug associated complications and able to sort out for themselves how important these are for their own practice.—J ROY ROBERTSON, *general practitioner, Edinburgh drug addiction study, Edinburgh*

NOTED . . .

Rheumatic Diseases and the Heart. J A Cosh, J V Lever. (Pp xiv+250; figs; £49.50.) London: Springer, 1988. ISBN 3-540-19524-6.

Most of *Rheumatic Diseases and the Heart* is taken up with rheumatic fever and rheumatoid heart disease; there are also major sections on

systemic lupus erythematosus, ankylosing spondylitis, Reiter's disease, and systemic sclerosis. Illustrated throughout, it provides descriptions of the clinical features, aetiology, prevalence, complications, and treatment of all the conditions, both from the rheumatological and from the cardiological standpoint. The book highlights the dangers of superspecialisation and the diagnostic and management difficulties inherent in multisystem disease. Certainly worthwhile reading, but at £49.50 for a slim volume it is unlikely to find a place in many private medical libraries.

Clinical Preventive Medicine: Health Promotion and Disease Prevention. Ed T W Hudson, M A Reinhart, S D Rose, G K Stewart. (Pp 736; £19.95 paperback.) Boston: Little, Brown, 1988. Distributed by Churchill Livingstone. ISBN 0-316-37909-3.

A multiauthor book edited by four Americans with specialist interest in family medicine, general medicine, obstetrics, gynaecology, and paediatrics, *Clinical Preventive Medicine* is an excellent reference guide that closes the gaps between preventive medicine and therapeutic protocols. Its three sections—on prenatal care, infant, child and adolescent care, and adult care—deal with the topics under the subheadings health promotion (where the problem, epidemiology, and risk groups are discussed) and disease prevention.

One thing the book fails to provide is any chapter dealing specifically with the elderly. As the elderly population makes up a sizable proportion of the community, seeking and needing advice regularly regarding various health problems, there is an obvious need in this age group for anticipatory care.

What your patients may be reading: ME

Living with ME: a Self-Help Guide. C Shepherd. (£4.99.) London: Heinemann, 1989. ISBN 0-434-11156-2.

ME and You: a Survivor's Guide to Post-Viral Fatigue Syndrome. S Wilkinson. (£4.99 paperback.) Wellingborough: Thorsons, 1988. ISBN 0-7225-1802-1.

ME: Post-Viral Fatigue Syndrome: How to Live With It. A MacIntyre. (£5.95.) London: Unwin Paperbacks, 1989. ISBN 0-04-440318-6.

ME: What Is It? Have You Got It? How to Get Better. M Franklin, J Sullivan. (£4.95.) London: Century Hutchinson, 1989. ISBN 0-7126-2966-1.

Understanding ME. D Smith. (£12.95.) London: Robinson, 1989. ISBN 1-85487-019-X.

Women and Fatigue. H Atkinson. (£5.95.) London: Papermac, 1988. ISBN 0-333-46075-8.

Even when George Beard, the discoverer of neurasthenia, had achieved the international fame and fortune that he desired he never ceased to refer to the difficulties he had experienced in getting his initial works published and the scepticism with which they had been greeted by his professional colleagues, one of whom described him in print as the "Phineas T Barnum of medicine." His disciple, fellow neurologist, and sufferer from neurasthenia, Weir Mitchell, recounted similar experiences when he first began to write about his "rest cure," the treatment of neurasthenia by a complete ban on all physical and mental activity. A physician to the royal household described it in the *Lancet* as "vicious, inaccurate and therapeutically misleading," while Gowers devoted only one page out of over 1000 to the subject in his monumental text on neurology. "The use of the word neurasthenia has brought with it a tendency to regard the condition thus denoted as a definite disease. Books have even been written about it." Nevertheless, despite (or perhaps because of) continued disapproval expressed in the professional journals, both Beard and Mitchell achieved astounding success with their books,

and Mitchell's description of the rest cure became a Victorian bestseller.

Uncomfortable questions

Beard and Mitchell have returned to obscurity, but their disease is back with a vengeance. My local bookshop has just given "ME" (myalgic encephalomyelitis) the final seal of approval, its own shelf, a necessary manoeuvre since five books on the subject appeared in almost as many weeks, and there was no space left between meditation and menopause. All come under the heading "Self help and popular medicine," which is a salutary reminder of two things. Firstly, that people buying them feel in need of help and that conventional medicine is not providing it, and, secondly, that ME is popular (according to David Smith, 150 people are joining the ME Association weekly). Publishers are not charitable institutions and respond to market forces long before we have even noticed that something is happening. Given the content of all the books, both these facts raise uncomfortable questions for us all.

Anyone reading all five together may be surprised at the very different approaches adopted, unless they are aware of the recent upheavals in ME politics. Two (Smith and Shepherd) are written by the "official" wing, as the authors are the medical adviser and vice president of the ME Association respectively. Three represent the unofficial line, as at least two authors (Franklin and MacIntyre) are closely identified with the more extreme ME Action Campaign. Nevertheless, certain themes are common to all five and are revealing about the whole phenomenon that is ME.

These books tell a story, and it is one that all doctors would do well to read, because it is a sad account of misunderstanding, incomprehension, and a failure of communication between doctors and patients—in other words, bad medicine. If doctors had more to offer these patients, and could deal with them more effectively, then none of these books would be necessary. It is a story with a plot, heroes, villains, and human interest but not yet a happy ending. The plot is the rise of ME, the human interest is the often tragic case histories described, the heroes are those few enlightened doctors who have supported the cause through the wilderness years, and the villains are the rest of the medical profession, but especially psychiatrists.

The dislike and distrust of psychiatry that run through these pages are a further product of the illogical medical world that has given rise to ME, as psychiatrists are criticised for doing the very thing that all these books implore doctors to do: that is, to take seriously patients whose test results are normal and to believe their stories that they are ill. Nevertheless, many of the books state that the only good psychiatrist is the one who returns the patient saying, "This is not my field: there is nothing I can do." As all agree that depression and anxiety are an integral part of ME the ironic fact that such a doctor would be failing in his duty to the patient escapes notice. Most disturbing of all is the repeated theme that ME is a genuine illness in contrast with psychiatric disorders, which are not. It is a tragedy for patients with ME that none of these books acknowledges that psychiatrists are also concerned with those with genuine and terrible illnesses, which may sometimes include ME. The ME story makes sad reading for anyone who naively believes that psychiatric illnesses are no longer stigmatising.

Desperately seeking

Beard drew on a pot pourri of the genuine science of his day, using Helmholtz, Joule, Pasteur, and Edison whenever necessary. Similarly, all the ME books draw on immunology, virology, allergy, and AIDS where needed (which, in the case of AIDS, should be never). Just as Beard's versions of science were in fact parodies of current thinking, so is much of the science described here. The science itself is fine, and the relation between viruses and disease of vital importance, but it is the often partisan use to which it is put that is worrying. The subject is difficult, full of doubt, uncertainty, and dispute. Only David Smith attempts to convey this complexity rather than resort to simplistic inaccuracies, but he is thus forced to write in a technical manner that will be above the heads of most doctors, let alone patients. Nevertheless, his is a praiseworthy attempt, and he even quotes some (but not all) of the contrary evidence, which is refreshing. Furthermore, he shows evidence of ME heresy when he freely admits what we all suspect, that ME is not one disease but a collection of diseases and syndromes with varied causes. Sadly, for all those reasons his book will probably sell the least, since, as Beard knew, those who buy these books are looking not for doubt but for certainty, even where none exists.

They are also looking for help, many of them desperately, so all the books have long sections on treatment. Here the split between the two camps is most evident. Three enthusiastically espouse the whole gamut of alternative medicine, from the merely unconventional to the bizarre. That such treatments are often contradictory, usually unproved (except those that are proved ineffective), and expensive is

irrelevant because they are selling something different—namely, optimism and sympathy (which should lead to some preglanost self criticism in the rest of us). The officials have more of a problem, because, although sympathetic, they are basically not optimistic. Both are sceptical of the alternative scene, and in the current hothouse climate of ME both Shepherd and Smith have displayed courage in their sometimes forthright denunciations of the excesses of exploitation. No one reading their books will be financially worse off, but will they be helped?

Not often. Antidepressants are discussed with varying degrees of enthusiasm: David Smith and Mike Franklin give the best accounts, but the general theme is that they are to be tolerated rather than advocated. Charles Shepherd gives one of the clearest expositions of the highways and byways of the welfare state I have read, which will help people who are at the end of the road (but am I alone in having misgivings about such advice until other avenues have been explored, even the psychiatric?). All give general advice on positive thinking, conserving energy (shades of Beard), not giving up hope, and waiting for the day of recovery, but most contain few suggestions as to how this may occur other than a "medical breakthrough."

Fresh air

What is left is an updated version of the rest cure. The Victorians eventually concluded that this was rarely useful and often ineffective or counterproductive. Only David Smith, now intent on securing an auto da fé, sounds a note of caution by stating that exercise causes no permanent harm or chronic illness. In such a climate Holly Atkinson reads like a breath of fresh air. She combines an accurate and commonsense knowledge of both muscle physiology and psychology, albeit interspersed with Americanese about lifestyle, diet, etc. She gives practical advice that offers a potential alternative to the cycles of fatigue, misery, depression, pain, and inactivity that are part of ME. My principal objection is that she is wrong to restrict the book to women, as there is no doubt that chronic fatigue occurs in men as well as women. Her publishers also make only one mistake: they omit "ME" from the title, thus depriving her of money and patients of a pragmatically hopeful approach. ME shows that the answer to the question "What's in a name?" is just about everything.

There is a consensus developing on either side of the Atlantic that ME is a group of illnesses that are inextricable admixtures of physical, social, and psychological factors. If these books are going to equal the success of Beard and Mitchell, as I suspect they will, a little more psychology and a little less T cells would be welcome. —SIMON WESSELY, *honorary clinical assistant, National Hospital for Nervous Diseases, London*

BOOKS RECEIVED

- Cardiology**
Cardiac Arrhythmias: the Role of Triggered Activity and Other Mechanisms. P F Crane, R S Aronson. (Pp xiii+706; figs; \$125.) New York: Futura, 1988. ISBN 0-87993-327-5.
Cardiothoracic Handbook: a Pocket Companion. A H Brown, F Guzman. (Pp ix+176; figs; £12.50 paperback.) London: Butterworth, 1988. ISBN 0-407-01743-7.
Clinical Concepts in Arrhythmias: an Annual Review—1988. Ed J C Griffin, W J Mandel. (Pp viii+341; \$38.) New York: Futura, 1988. ISBN 0-87993-333-X.
A Colour Atlas of Diagnostic Investigation in Cardiology. S Walton, S R Underwood, G J Hunter. (Pp 159; figs and colour plates; £25.) London: Wolfe, 1989. ISBN 0-7234-0966-8.
Congenital Heart Disease. A Diagrammatic Atlas. C E Mullins, D C Mayer. (Pp xli+352; figs; £72.50.) New York: Liss, 1988. Distributed by John Wiley and Sons. ISBN 0-8451-4255-0.
Developments in Cardiovascular Medicine. "New Developments in Quantitative Coronary Arteriography." Ed J H C Reiber, P W Serruys. (Pp xviii+292; figs; £60.95.) Dordrecht: Kluwer, 1988. ISBN 0-89838-377-3.
- Cardiovascular diseases**
A Colour Atlas of Physical Signs in Cardiovascular Disease. L M Shapiro, K M Fox. (Pp 111; figs; colour plates; £30.) London: Wolfe, 1989. ISBN 0-7234-0993-5.
Hypertension Research: a Memoir 1920-1960. I H Page. (Pp ix+167; £28.) New York: Pergamon Press, 1988. ISBN 0-08-036079-3.
- Chemistry**
Wilson and Wilson's Comprehensive Analytical Chemistry. Vol 23. "Analytical and Biomedical Applications of Ion-Selective Field-Effect Transistors." P Bergveld, A Sibbald. Series editor G Svebla. (Pp xvi+172; figs; \$94.75.) Amsterdam: Elsevier, 1988. ISBN 0-444-42976-X.
- Communicable diseases**
Salmonellosis Control: the Role of Animal and Product Hygiene. Report of a WHO Expert Committee. (Pp 83; Sw frs 11 paperback.) Geneva: World Health Organisation, 1988. ISBN 92-4-120774-4.
- Community medicine**
Contemporary Community Health Series. "Care and Punishment: the Dilemmas of Prison Medicine." C Prout, R N Ross. (Pp x+276; figs; \$29.95 hardback, \$12.95 paperback.) Pittsburgh: University of Pittsburgh Press, 1989. ISBN h/b 0-8229-3581-3, p/b 0-8229-5403-6.
- Dermatology**
Aging and the Skin. Ed A K Bain, A M Kligman. (Pp xviii+372; figs; \$94.) New York: Raven Press, 1988. ISBN 0-89004-778-2.
- Ear, nose, and throat**
The Larynx: a Multidisciplinary Approach. Ed M P Fried. (Pp xv+640; figs; £67.50.) Boston: Little Brown, 1989. Distributed by Churchill Livingstone. ISBN 0-316-29360-1.
- Endocrinology**
Clinical Surveys in Endocrinology. Vol 2. "The Adrenal Gland." C R Kannan. (Pp ix+504; figs; \$85.) New York: Plenum, 1988. ISBN 0-306-42886-5.
- Gastroenterology**
A Colour Atlas of the Digestive System. R E Pounder, M C Allison, A P Dhillon. (Pp viii; figs and colour plates; £30.) London: Wolfe, 1989. ISBN 0-7234-0886-6.
- General medicine**
Clinical Medicine: Selected Problems with Pathophysiologic Correlations. Ed H V Barnes. (Pp xxix+906; figs; £37 paperback.) Chicago: Year Book Medical Publishers, 1988. Distributed by Wolfe Medical Publications. ISBN 0-8151-0489-8.
- General Practice**
The Royal College of General Practitioners. Occasional Paper 41. "Practice Activity Analysis." D L Crombie, D M Fleming. (Pp vi+47; figs; £6.50 paperback, including postage.) London: Royal College of General Practitioners, 1988. Available from Central Sales Office, RCGP, 14 Princes Gate, London SW7 1PU. ISBN 850-841-37-2.
- Geriatrics**
Day Brought Back My Night. Aging and New Vision Loss. S C Ainlay. (Pp xvi+166; £25.) London: Routledge, 1989. ISBN 0-415-00764-X.
- Health care issues**
Hospitals and the Health Care Revolution. L H W Paine, F S Tjam. (Pp iv+114; figs; Se frs 20 paperback.) Geneva: World Health Organisation, 1988. ISBN 92-4-156116-5.
- IEA Health Unit Paper No 5.**
"American Health Care: What Are the Lessons for Britain?" C C Havighurst, R B Helms, C Bladen, M V Pauly. (Pp x+64; figs; £5.95 paperback.) 1989. Institute of Economic Affairs Health Unit, 2 Lord North Street, London SW1P 3LB. ISBN 0-255-36254-4.
- History of medicine**
Experimental Researches on the Causes and Nature of Catarrhus Aestivus (Hay-Fever or Hay-Asthma). C H Blackley. (Facsimile of 1873 first edition.) (Pp 202; £23.50.) Abingdon: Oxford Historical Books, 1988. ISBN 1-871395-00-3.
Medicine in the Parish of Fulham from the Fourteenth Century: Fulham Hospital 1884-1959. A L Wyman. (Pp ix+160; figs; £5 paperback plus 50p postage and packing.) 1988. Available from the Honorary Secretary, Fulham and Hammersmith Historical Society, 56 Palewell Park, London SW14 8JH.
- Immunology**
Current Therapy in Allergy, Immunology, and Rheumatology—3. L M Lichtenstein, A S Fauci (Pp xv+354; £46.50.) Toronto: Decker, 1988. Distributed by Blackwell Scientific Publications. ISBN 1-55664-021-8.