therefore provide a useful adjunct to more basic reading. They bring together a constellation of clinical conditions, many of which are quite rare and would not necessarily be seen without working in a Renal Unit for many years. The clinical details are given clearly and concisely and are usually fairly easy to interpret. Some are slightly confusing and one is left not being sure on what to focus. Some of the statements in the comments following on the case histories tend to be dogmatic, but this is an inherent difficulty in this type of book. On the whole, however, the case presentations are well chosen and discussed and cover most aspects of renal medicine. At the end of the book there is a short section covering various topics. These seem to be chosen at random and are so short that the information given seems to be somewhat arbitrary, though they do provide useful revision for examinations.

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Hearing and Balance in the Elderly

Edited by RONALD HINCHCLIFFE. Medicine in Old Age Series. Pp. x + 521, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1983. £32.00.

The elderly are the largest group with hearing disorders and also the largest group with imbalance. A book devoted to these two important features of ageing is therefore entirely appropriate, particularly because they are so often badly managed.

The key chapters must be those on the symptomatology and rehabilitation. The chapter on psycho-social consequences of disorders of hearing by Katia Gilholme Herbst is a masterly description of the subject and it is good to see the subject of tinnitus management at last being treated fully.

The section on auditory rehabilitation which should be one of the key chapters is, unfortunately, very disappointing being verbose and filled with jargon. An attempt is made to describe the process of assessing a patient and giving the right sort of help in a series of nine flow diagrams. These are counterproductive as the boxes are filled with abstractions such as "strategy", "philosophy" and "tactics". Even the most sympathetic reader will end in a state of confusion.

Fortunately the second half of the book is much more valuable. Professor Hinchcliffe stresses on the first page of his chapter that the causes of imbalance in the elderly are often multiple and must be approached quite differently from vertigo in young people. He goes on to give a comprehensive description of how to investigate balancing function.

The other chapters also provide excellent descriptions of ataxia and dizziness in the elderly. So often elderly patients are overtreated with medication which may make their dizziness worse. This is stressed by Dr Overstall and he gives a very clear description of what can be done to rehabilitate elderly patients with disorders of balance.

The book is 500 pages long. The detailed descriptions of the basic physiology of hearing and balance would be more appropriate in a physiology book, although well done.

In an ageing population the management of hearing and balance problems in the elderly is going to become more important. Although this book is overlong and has some chapters which are weaker than others it is, nonetheless, a very useful contribution in a neglected field.

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Introductory Neurology

By JAMES G. MCLEOD and JAMES W. LANCE. Pp. vii + 276, illustrated. Blackwell Scientific Publications, Melbourne, Oxford, London, Edinburgh, Boston, 1983. £9.80.

A textbook for students needs to be judged by the most stringent criteria. Above all it must be accurate, informative and clear, encouraging the student to read further. *Introductory Neurology* is a

reasonably priced paperback written by two very able Australian professors. The text is easy to read but without the stimulating phraseology of the best clinical teachers. Although physiology is linked to neurology, many descriptions are potted and inadequate as is the explanation of stretch reflexes; and elsewhere it is assumed that students are conversant with their other textbook, *A Physiological Approach to Clinical Neurology*. There are too many lists and most of the diagrams are too small to be of value. Those on the reciprocal connections of the reticular formation, basal ganglia and cortex are frankly purposeless. The section on speech disorders presents the extreme and no longer tenable Lichtheim-Wernicke localisation of aphasia. Many students are not only reading about multiple sclerosis (MS) for the first time but encountering contemporaries stunned by the diagnosis. A more sensitive presentation of MS would have been preferable.

In all, *Introductory Neurology* is a basically sound book produced at a price £10 cheaper than its major rivals. The rather terse opening chapters are somewhat daunting and for this reason I would advise the would be reader to spend a few weeks on a neurology firm before attempting to assimilate its contents.

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Poisoning

By ROY GOULDING. Pocket Consultant series, Pp. 240. Blackwell Scientific Publications, Oxford, London, Edinburgh, Boston, Melbourne, 1983. £5.95.

In recent years most of the well-known clinical toxicologists in the United Kingdom have produced excellent books on acute poisoning, but, even so, there is still room enough for one from the pen of the doyen in this field, Dr Roy Goulding, founder of the London National Poisons Unit, at Guy's Hospital. His book is notable for its succinctness, clarity, and common sense. It has the added attraction common to all works in this series, of being truly of pocket size—a junior doctor will have no problem in keeping it constantly in the pocket of a white coat.

All the common and important types of poisoning—by drugs, industrial, agricultural and household chemicals; plants; and venomous animals—are included and information is easily assimilable and unambiguous; and room is found for discussion on the epidemiology of poisoning and on its social aspects.

This little book can be very highly recommended.

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Principles of Paediatric Pharmacology

By GEORGE M. MAXWELL. Pp. 407, illustrated. Croom Helm, London, Sydney, Oxford University Press, New York, 1984. £22.50.

Infants and children are not just little adults, and their drug treatment cannot effectively be carried out simply by scaling down adult doses according to their weights. Most of the determinants of drug disposition and excretion are different in children when compared with adults, and their responsiveness to drugs also varies in many important respects from that found in adult patients. It is important, therefore, that clinicians should be educated in the principles of paediatric pharmacology, and that this information should be readily available to them, but, unfortunately, there are few paediatricians or clinical pharmacologists with the necessary experience and expertise to provide this material. This volume attempts to fill this gap, but does not really succeed. The author appears to forget that his readers will already have graduated in medicine or

pharmacy and will therefore already have a basic understanding of physiology and pharmacology, much of which he gives in unnecessary detail. Terms such as "local anaesthetic" and "EEG" do not need to be defined for them. There is much unnecessary repetition of material, and large numbers of typographical errors, some of them serious and misleading. Surprising errors of fact include the claim that imipramine and amitriptyline cause diarrhoea. The clinically unavailable 4-aminopyridine has 12 lines of text devoted to it, yet the particular danger of dopamine-receptor antagonists in young children does not receive the emphasis it deserves. Basic pharmacological mechanisms are often presented in a confused way, particularly the autonomic system, and some important clinical facts such as the interaction between tricyclic antidepressant drugs and direct sympathomimetic amines are omitted. This book cannot really be recommended as a scientific basis for drug treatment in children.

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Progress in Migraine Research 2

Edited by F. CLIFFORD ROSF Pp. xx + 292, illustrated. Pitman, London, 1984. £35.00.

Of the many symposia and conferences on headache transposed, often unnecessarily, to the printed page, this volume is undoubtedly the best in recent years. Although it inevitably suffers from the uneven quality and style which characterise so many of the conference proceedings, it embraces and sheds light on the most

important issues and unsolved problems of the day. Dr Clifford Rose has gathered the world experts and they have collectively furnished an up-to-date, well-referenced account of clinical aspects, pathogenetic factors, neurochemistry, investigational techniques and therapeutic agents. Reviews of peptides, monoamines and central opioids are complemented by papers on the autonomic system, dietary factors and the role of platelet serotonin. Bickerstaff's Sandoz lecture on Complicated Migraine is the outstanding clinical review in this compilation, and Olesen's account of trigger factors is characteristically provocative, comprehensive and will fascinate physicians, persuading them to look with open minds at a number of diverse precipitating agents.

If cures are not in sight, readers will be interested to see claims for domperidone preventing two-thirds of attacks if given as a single dose in the prodrome. Serum ergotamine concentrations are significantly higher after suppository than after aerosol, and tablets fail to produce adequate blood levels in 50% of patients. The only omission from the current list of migraine dilemmas was an appraisal of calcium channel antagonists which are enjoying popularity in the U.S.A.

Overall, this harsh critic of the publication of excessive numbers of conferences could find little to criticise here, and heartily welcomes this volume as an excellent and necessary addition to the library of the student of the migraine enigma. What a pity that the price will deter many prospective buyers.

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Letter to the Editor

Pancreatitis and inguinal swelling

Sir,

The case report (Dennison and Royle, 1984) describing a patient with acute pancreatitis presenting with an inguinal swelling provides a good illustration of the ability of leaking pancreatic juice to track widely in the retroperitoneal tissues, particularly on the left side. This occurs also in chronic pancreatitis where spontaneous duct disruption may give rise to pancreatico-pleural fistulae or mediastinal pseudocysts by the tracking of pancreatic juice either through the diaphragmatic hiatus or behind the arcuate ligaments (Cameron, 1978). Downward drainage through the inguinal canal does not appear to have been reported previously in this condition.

A 55-year-old man, previously a heavy drinker, presented in 1982 with a long history of recurrent epigastric pain. He had had acute pancreatitis 9 years previously and a right inguinal hernia repair 5 years ago. Physical examination was normal.

Three months later he returned complaining of a painful swelling in the left groin of 1 week's duration. On examination he had marked left inguinal oedema and tenderness extending into the penis and upper scrotum. Four weeks later he was found to have tense ascites which had accumulated rapidly over 4–5 days. Over this same period, his inguinal swelling had disappeared. The ascitic fluid had an amylase content of 10,000 u/l whereas his serum amylase was 1990 on the same day. A diagnosis of pancreatic ascites was made and in an effort to reduce pancreatic exocrine secretion, he was treated with nasogastric aspiration and intravenous fluid replacement, and later by paracentesis and spironolactone.

Two months later, he had no detectable ascites but a tense left hydrocele had arisen during the preceding week. This was aspirated and, interestingly, the amylase content was 1450 u/l in comparison with a serum amylase of 745 at this time. Since then he has had no

recurrence of his ascites or hydrocele. During the following year he developed diabetes and a funicular left indirect inguinal hernia, not communicating with the vaginal sac, when a left varicocele was also noted.

It is postulated that the inguinal oedema resulted from tracking of pancreatic fluid retroperitoneally into the left inguinal canal via the internal ring, which was enlarged by the presence of an undetected indirect inguinal hernia. Decompression of this retroperitoneal fluid collection by spontaneous rupture into the peritoneal cavity resulted in the disappearance of the inguinal signs and the development of pancreatic ascites. Retroperitoneal and inguinal fibrosis may have then been responsible for the subsequent hydrocele and varicocele formation by occlusion of the lymphatic and venous drainage respectively, from the testicle.

Yours faithfully,
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Acknowledgment

I am grateful to Mr C. H. Talbot for permission to report this case.

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