for colorectal cancer and oesophageal problems. Each is well written and concise. I found the article on skin cover to be particularly helpful.

The editors themselves contribute a controversial article on 'Keeping Surgical Practice Current'. They mention this can be achieved by a 'stick' and 'carrot' approach although hopefully surgeons require neither to keep up to date.

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Death Dissection and the Destitute, by Ruth Richardson. Pp. xvii + 426, illustrated. Routledge & Kegan Paul, London, New York, 1988. £19.95.

Obtaining sufficient corpses for dissecting purposes traditionally posed great difficulties for anatomy teachers, for they were legally entitled only to the bodies of executed murderers. This bottleneck gave rise to the unsavoury trade of the bodysnatchers ('resurrectionists') and worse still to Burke and Hare. From the viewpoint of medical education, the Anatomy Act of 1832 proved the ideal rational solution to this problem, giving medics the right to unclaimed bodies of those dying in pauper institutions such as the workhouse.

The great merit of Ruth Richardson's scrupulously researched and often moving study, however, is that it tells the story of the Act from other viewpoints too, above all that of its 'victims'. The common people possessed elaborate rituals of 'watching' and burial which upheld the sanctity of the corpse. For them, the Act in effect turned the fate once reserved for criminals into the punishment of poverty itself. Not surprisingly, popular opposition to the Act erupted in anti-doctor broadsides and riots, especially as its passage coincided with the first great cholera epidemic.

Sound policy to some may be outrage and sacrilege to others. This sensitive book is a splendid historical eye-opener to the wider dimensions of medical decision-making.

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Domiciliary Terminal Care, by D. Doyle. Pp. viii + 130, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £6.95.

The first essential for doctors and nurses providing terminal care is to bring physical comfort to patients by using our knowledge and skills to control distressing symptoms. In this slim and well produced volume Dr Doyle begins by setting out with succinct clarity the medications and

therapies appropriate for symptom control in terminal illness. He goes on to amplify these by describing the equipment and appliances needed for domiciliary care.

Communication in medical care is frequently either ignored or ineffective. In terminal care bad communication can be disastrous whereas good communication can work wonders, although it must be recognized that it may at times be both time consuming and emotionally draining. There are thoughtful chapters on talking to the patient, the family and to our professional colleagues. Particularly useful are guidelines on spiritual needs and a summary of various religious and cultural attitudes.

In the final chapter, 'Bereavement', Dr Doyle emphasizes that grief starts when the diagnosis is first made. Appropriate support for the grieving family in its various stages is a necessary continuum of terminal care.

Appendices giving useful addresses, lists of drugs and a bibliography complete this excellent book. The information it provides should enable family doctors and nurses to have the confidence to provide efficient and effective terminal care in their patients' own homes. After all home is where most people would prefer to be in their terminal illness.

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The Management of Motor Neurone Disease, edited by G.M. Cochrane. Pp. 104, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £4.95.

Any book or pamphlet that aids the lot of the MND victim is indeed welcome. This nicely produced paperback is readable, informative and inexpensive. It is written at the behest of the Motor Neurone Disease Association and is aimed at family doctors and the ancillary primary carers. It is based on Cochrane's experience at the Mary Marlborough Lodge, Oxford where fifty new referrals each year are afflicted by this terrible, crippling and incurable disease.

There are six chapters. The first two are medical accounts of the disease, its prognosis and diagnosis. These will be of help to the GP, but it is a pity that the editorial red pencil did not reconcile some major contradictions between them: Greenhall rightly observes that fasciculation may be present before weakness and wasting, whereas Wordsworth states 'Fasciculation never (sic) precedes weakness.' The latter's chapter also tells us that 'the abdominal reflexes and Babinski reflexes remain normal until late.' But Greenhall correctly remarks that 'reflexes are often brisk with extensor plantar responses.' This is not nit-picking because these elementary clinical errors could mislead the intended GP reader and cloud the diagnosis.

There is an excellent and practical chapter on communication and swallowing problems by Enderby and Langton Hewer, and a survey by Cochrane of the personal needs