concerned with teaching them. What is needed is a shorter more readily digestible tract that can put both teacher and taught onto the same wavelength.

B. I. HOFFBRAND,
Whittington Hospital,
London N19.

The Physician: A Professional under Stress

Edited by JOHN P. CALLAN. Pp. xiii + 397, Appleton-Century-Crofts, Connecticut, 1983. £24.25.

A lot—perhaps too much—is asked of doctors. We have to practice an uneasy mixture of art and science, compassion and objectivity. In Britain we are expected to reconcile the economies demanded by the State with the needs and wishes of the patient. Ian Kennedy and others accuse us of mystification. Ivan Illich tells us we are responsible for more disease than Nature is, and that we have lost respect for humanity in our practice of new technologies. In fact, we are human—all too human. Little wonder then that we take to alcohol and drugs, neglect our families, suffer from burnout, get divorced and commit suicide. There are other difficulties too. Suppose we are women, or belong to a minority racist group, are mentally or physically handicapped, or gay? This book tackles these problems in an interesting way. There are three parts, dealing with the career of a typical physician: with the troubled physician: and with the minority physician. Perhaps the most readable sections are the autobiographical accounts. One's response must be 'There but for the grace of God go I'.

A recurring theme is the duty to perceive early signs of trouble in ones colleagues and to try and help before complete breakdown occurs. Attempts of this kind, however, are often bitterly resented and rejected especially as some shortfall in professional performance is implied in such appraisals. Things are often badly wrong by the time that the 'Three Wise Men Procedures' have been invoked. The threat of being struck off the Medical Register provides a potent stimulus to deny intervention however well meaning. Our GMC 'sick doctor' machinery has yet to be fully tested in practice: but it will be worse than useless if suspicion leads to loss of employability by the NHS.

A curious omission from the book is the subject of medical mistakes—certainly the area that stresses one most. To feel that one has, either by omission or commission, failed to remedy the ills of a patient who has entrusted his or her care to us, is something hard to bear. And one serious error of judgement can ruin a career.

Nevertheless, this book, which is a compilation of articles by more than 20 authors, is skilfully put together by the editor, Dr J. P. Callan, an Associate Professor of Psychiatry in Connecticut, U.S.A. It should cease to be a 'taboo' subject in Britain too. But a willingness to listen to others confessing their difficulties must be accompanied by a willingness to ventilate one's own professional doubts and disappointments.

G. H. HALL,
Royal Devon and Exeter Hospital,
Exeter EX2 5DW.

Recent Advances in Diabetes. No. 1

Edited by MALCOLM NATTRASS and JULIO V. SANTIAGO. Pp. ix + 258, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne and New York, 1983. £19.50.

The medical media persistently remind us that there are half a million known diabetics in the United Kingdom and postulate an equal number of undiagnosed individuals who have the disease in its mild form. This high prevalence of diabetes with its associated morbidity and mortality continues to act as a powerful stimulus for research not only into possible aetiological factors and new treatments for the condition, but also into related areas such as intermediary metabolism, regulatory peptides and circulatory and

microcirculatory disease. The medical literature has now become super saturated with articles that diabetologists ought to be reading but have not time, and textbooks offer little in the way of consolation since they rapidly become out of date. *Recent Advances in Diabetes* now attempts to help the distressed clinician by highlighting 20 growth areas in the field in a succinct and readable fashion. Each chapter is written by one or more active workers in the area concerned. Traditional subjects such as the aetiology and definition of diabetes, methods of achieving better metabolic control, diet and diabetic pregnancy and neuropathy are accompanied by accounts of the anatomy of insulin, insulin receptors, the production of human insulin, the enteroinsular axis and other scientifically orientated areas.

This book is designed to update diabetic specialists in areas outside their particular area of interest and it does this in the form of short, readable and informative chapters. The authors do not pretend that any subject is dealt with comprehensively (it certainly is not)—this would be beyond the scope of a publication of this size and price. I would recommend the book as an enjoyable substitute for an in-tray full of dreary review articles or a 3-year subscription to *Index Medicus*. Clearly someone wishing to master a corner of diabetes and call it their own will still have to do it the hard way despite the help of Natrass and Santiago—good luck to them!

A. J. BARNES,
Barnet General Hospital,
Barnet EN5 3DJ.

Recent Advances in Histopathology. No. 12

Edited by PETER P. ANTHONY and RODERICK N. M. MACSWEEN. Pp. 293, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1984. £18.00.

The appearance of the twelfth volume of *Recent Advances in Histopathology*, only 3 years after its predecessor, bears eloquent testimony to the industry and enthusiasm of its editors. Essentially the objective that they have set themselves is to make plain how the practice of histopathology is being enriched by application of new techniques and new concepts, some of which have originated outside the field of diagnostic histopathology. Viewed against this background the book must be judged a success.

As in the previous volume one finds subsumed within the contents a mixture of chapters, some dealing with basic cell processes, some with technological advances and others with practical diagnostic aspects. Amongst so many helpful contributions it is perhaps invidious to single out any one section, but I must admit to having been particularly impressed by N. A. Wright's crisply written and stimulating chapter on 'Cell Proliferation in Health and Disease'. As one might expect from this publisher the book is well produced and will give both pleasure and profit to its readers.

NEVILLE WOOLF,
Bland-Sutton Institute of Pathology,
The Middlesex Hospital Medical School,
London W1P 7PP.

Recent Advances in Paediatrics. No. 7

Edited by ROY MEADOW. Pp. ix + 234, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1984. £18.00.

The book is a delight to read. The choice of topics will ensure a wide interest, and the authors have been successfully selected by Professor Meadow for their ability to write clearly and attractively. The high standard is well maintained and each of the twelve topics is well referenced.

Three chapters consider the newer insights into genetics, carrier detection and screening. Predominantly practical aspects are considered in relation to paediatric hypertension, infant wheezing anticonvulsant therapy and diet in diabetes in another four. There is

a very useful review of current methods of gastrointestinal investigation, and an academic consideration of principles underlying antibiotic therapy. Present ethical preoccupations are given a scholarly airing, and the list is completed with a discussion of factitious illness for whose reader recognition the editor deserves much credit.

My only serious criticism is the considerable number of printing errors that sometimes potentially obscure meaning such as 'pinocytic raculose' (p. 63) 'antiography' (p. 93), 'arbitrary initiation right for heaven' (p. 121)—among others. There is no prize for the correct solution! The price of the book could have set a little aside for another proof reading but these puzzles may yet further attract readers to an obligatory paediatric up-date.

C. G. H. NEWMAN,
Westminster Hospital,
London SW1.

Textbook of Pulmonary Diseases

Edited by GERALD L. BAUM and EMANUEL WOLINSKY. 3rd edn. Pp. xii + 1368, illustrated. Little, Brown, Boston, Totonto, 1983. £60.00.

This book, the first edition of which was produced in 1964, is regarded by the editors as a valuable source-book. In this particular aim I think it succeeds. Almost 70 authors, the majority from North America, attempt to cover the whole of pulmonary medicine and the

book has well-reproduced radiographs with a good index and over 5000 references (although few are later than 1980). A new and informative initial section has been added covering the immunology, physiology and cell biology of the normal lung with an unusual but important section on basic concepts in pulmonary function testing.

The body of the book is, however, extremely variable in quality. There are many good sections including those, for example, on diagnostic procedures, preoperative assessment, and pulmonary infections with a thankfully balanced account of chemotherapy in lung cancer. Unfortunately there is a woefully inadequate section on asthma which mentions neither nocturnal asthma nor the use of the peak flow meter and the chapter on computers in pulmonary medicine could not conceivably have been detailed enough to be of practical help. Indeed it is in the translation of the theoretical and experimental background to practical details of patient diagnosis and management that I found the book disappointing. Its highly compartmentalised disease-oriented approach affords little discussion of problems of differential diagnosis either at the level of clinical presentation or of chest radiographic appearances. I could not, for example, find a discussion of the common problem of widespread nodular shadowing.

Thus, although the book contains much valuable information and several excellent individual contributions, I cannot recommend it, particularly at £60, for the shelves of most medical libraries in this country.

I. D. A. JOHNSTON,
Whittington Hospital,
London N19.

Letter to the Editor

July 30th, 1984

Persistent akathisia associated with early dyskinesia

Sir, I read with interest the report by Barnes and Braude (1984) in which the possibility that akathisia may be a forerunner to tardive dyskinesia (TD) was raised. I have recently encountered a case of akathisia that developed into TD following the administration of clomipramine.

Eight months before presentation this 33-year-old woman received clomipramine (50 mg daily) for endogenous depression. Four months before presentation she suddenly stopped the medication with no adverse effects. Approximately 3 months later she became depressed, irritable and suicidal and was given once again clomipramine (25 mg daily). Twenty-four hours later she developed extreme restlessness with constant urge to move. Examination was unrevealing except for fine tremor of the hands. One week later she presented with facial-buccal dyskinesia that included tongue protrusion, sucking movements of the lips and chewing mandibular movements. Abnormal movements were also noticed in the neck and shoulder muscles. Clomipramine was immediately discontinued with the result that the abnormal movements gradually abated within 36 hr.

In this case akathisia preceded the development of TD. The former could be considered a dose-dependent idiosyncratic reaction to clomipramine, or else the result of altered receptor sensitivity in the meso-cortical dopaminergic system (Marsden and Jenner, 1980). TD could have been caused by dopamine-receptor supersensitivity in the nigro-striatal system (Marsden and Jenner, 1980). The development of TD after akathisia may therefore be a result of different susceptibility of dopamine receptors in the behavioural (mesocortical) and motor (nigro-striatal) dopamine system. The report by Barnes and Braude (1984) as well as the present one suggest that both conditions are interlinked. Both represent the clinical manifestation of dopaminergic involvement along the mesolimbic and nigro-striatal systems.

Yours faithfully,
R. SANDYK

Department of Pharmacology, Medical School,
University of the Witwatersrand, Johannesburg 2193,
South Africa

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