clear and well written. The figures and tables complement the text. All the chapters gave concise, 'pithy' and up-to-date accounts of diagnosis and treatment. I had no serious criticism of this book and found some parts excellent (such as those on alcohol and drug induced liver disease). I felt more references should be included in a future edition – only one reference seemed an inadequate end to an otherwise excellent chapter on 'Non viral infections of the liver'. This book is aimed at candidates for the MRCP (UK) and at practising clinicians. The major question seems to be how this series will compete with general textbooks of medicine. Candidates for the MRCP (UK) will presumably have to choose between the whole series of these *Aids* and a single work such as the *Oxford Textbook of Medicine* (which would be cheaper). A similar choice will face the clinician for whom this book aims 'to summarize relevant information at rather more length than is possible in a general textbook of Medicine'. I suspect many clinicians first seek a large standard text and then a specialized textbook or review. Nevertheless, these concise books are undoubtedly popular and I am sure this one will be successful.

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The Physically Handicapped Child. An Inter-disciplinary Approach to Management, Edited by Gillian T. McCarthy. Pp.375, illustrated. Faber and Faber, London, Boston, 1984. £6.95 (paperback), £12.50 (cased).

This book lives up to the forward by HRH Prince of Wales. It effectively tackles the widely varied professional aspects of the subject by combined authorship where the 'holistic' approach is particularly important, and provides specialist sections to allow all members of the multidisciplinary team to enjoy a basis for learning from each other. The wide ranging information is up to date and usefully referenced, with additional lists of useful organizations, etc.

In parts, though, revision is needed. In the glossary some terms need fuller explanation, e.g. arthrogryposis, and some technical words in the text should be paraphrased for non-medical readers. Table 1 on page 27 is incomplete for paediatricians and difficult to understand for non-doctors. 'Genetic implications' appears in the heading, but not in the table. No mention of cranial nerve defects is made

other than deafness nor of internal malformations in association with thalidomide, and only few instances of spina bifida occulta have associated neurodeficit. There are also some very uneven patches. There is excellent description regarding a family's reaction to the birth of a handicapped child in Chapter 1, contrasting with the section on psychological effects page 222. Good adjustment in children requires more than that the parents 'do not show anxiety over the limb condition'. Help for them to work through their feelings is recommended elsewhere. Chapter 11 should also include more on the problems of nomenclature, the need for expert genetic guidance (only some types of 'lobster claw' clefting defects are hereditary). The possibility of additional paediatric problems, e.g. thrombocytopenia and Fanconi anaemia should be mentioned or at least the need for full paediatric assessment stressed.

I hope that this book will become a standard reference work and be regularly updated and revised perhaps in future editions with a separate chapter on social work, something on differing attitudes in cultural minorities, something on the potential influence of religion and on the role of the arts for young people with physical and mental handicap. The excellent presentation, printing and price will allow the book to have the wide distribution it deserves.

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Self-Assessment for MRCP (Part 1), Second Edition, C.F. Corke. Pp.x + 244. Blackwell Scientific Publications, Oxford, London, Edinburgh, Boston, Palo Alto, Melbourne, £7.50.

'Facts alone are wanted in life' said Mr Gradgrind. This paperback consists of 250 MCQs followed by 184 pages containing a package of facts related to each topic tested. Looked at away from the panic of the MRCP exam the questions seem rather unimaginative; but then designing good MCQs is difficult. The balance of the subjects chosen detracts a little from its usefulness as a revision tool. Haematology is covered by over 10% of the questions but respiratory medicine and pharmacology each amount to less than 5%. There are three questions each about porphyria and muscular dystrophy. The arrangement of the questions is rather curious. They are neither in subject groups, so making it awkward for systematic revision,

nor are they evenly distributed so it would be difficult to approach them as a series of 'mock exams'.

The idea of adding a synopsis of information to the stark 'true/false' answers is good. This section is impressively referenced, 26 volumes are cited, but the facts given at times seem random, occasionally inappropriate and would not always help the candidate who gets the answer wrong to understand the mistake made. Facts are what the MRCP part I seems to be about. The well prepared candidates will have accumulated facts based on an understanding of the

subjects. To them the questions will be useful but the synopses likely to be irritating. To the partially prepared candidate, the synopses will be a tempting last minute substitute but may not provide the clarification and perspective they need and seek.

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