Finally, there is a most useful chapter by Field on the lessons to be learnt from the implementation of nutrition programmes. This review is certainly well worth reading.

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Anticoagulants and Myocardial Infarction: a Reappraisal, edited by T.W. Meade. Pp. xi + 272, illustrated. John Wiley, Chichester, New York, Brisbane, Toronto, Singapore, 1984. £28.50.

In the 1950s the management of myocardial infarction was centred on anticoagulants. The London Cardiological Club, comprising all the cognoscenti of the day, voted in favour of anticoagulants with only two dissenting, Evan Bedford because the pathology denied the logic of their use, and William Evans who claimed the only proven value of warfarin was as rat poison. Paul Wood was the most vociferous champion of anticoagulants. He directed in his widely read text book that heparin and phenindione (Dindevan) should be given 'as soon as possible' (*Diseases of the Heart and Circulation*, 1950, p. 746). In those days, where Wood led almost everyone followed.

A reaction was to follow in the 1960s when John McMichael with the weight of the Hammersmith behind him, denounced anticoagulants and the hopelessly impotent trials of the day (McMichael & Parry (1960), *Lancet*, ii, 991). The effect was instantaneous and nation-wide. Anticoagulants were promptly and thoroughly discredited – except, of course, in venous thrombosis.

In the 1960s and '70s it would have been impossible to find any well-informed cardiologist in the United Kingdom with a good word for anticoagulants. But had their death knell been sounded? Professor T.W. Meade says no. The time is ripe for a reappraisal, he claims, based on the importance of coagulation in the pathogenesis of coronary heart disease and the outcome of recent clinical trials properly designed and avoiding the pitfalls of earlier ones. To make these points he assembled 14 authors to make this book.

The best contributions deal with clinical trials and the pitfalls created by faulty design. The reasons why the scientific purpose of randomization was not considered seriously or early enough in the original studies of anticoagulants in coronary disease are, first, the word 'randomize' was hardly part of the scientific vocabulary and, second, the acceptance, widespread in those days, that publication was equated with validity.

Those anxious to understand the vacillating popularity of anticoagulants could hardly do better than study these 3 articles: *Clotting Factors and Ischaemic Heart Disease*; *The Epidemiological Evidence* by T.W. Meade; *An Appraisal of Randomized Clinical Trials* by J.R.A. Mitchell; and *Observational Studies of Anticoagulants in the Short-term Secondary Prevention of Ischaemic Heart Disease* by S.G. Thompson. This little seminar on the conduct of clinical trials alone makes the book a useful purchase.

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Biochemistry and the Central Nervous System, Fifth edition, Henry McIlwain and Herman S. Bachelard. Pp. iii + 660, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £40.00.

The biochemistry and molecular pharmacology of the central nervous system is so vast and complex a subject that its comprehensive presentation with critical evaluation of the evidence would be difficult for a team of authors, let alone just two, however distinguished. Since the last edition of this major textbook in 1971 there have been major developments in our understanding of the dynamic processes within the brain, in health and disease. Too much of the book, unfortunately, is taken up with reviews of earlier work which can be found in its earlier editions and elsewhere, and important advances of the last 10 years receive too little attention. It is not possible adequately to discuss neurochemistry without a basic understanding of neuropharmacological principles but these are only superficially dealt with, and an opportunity to discuss one in terms of the other has been sadly missed. Discussion of complex phenomena is not helped by language which is often clumsy and unclear. It is unlikely that single or double author volumes of this size can now provide all that is required in sufficient critical detail and acceptably up-to-date. The price will be beyond the budgets of undergraduate and most postgraduate students.

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Cosmetic Surgery: Facing the Facts, Christopher Margrave. Pp. 176, illustrated. Penguin Books, Harmondsworth, 1985. £3.95.

This is a splendid little book. Written by an experienced and highly respected plastic surgeon, it begins with five short chapters of general introduction on history, motivations, ageing of skin, tools and the anaesthetic. There follow twelve chapters of *Surgical Gazetteer*, describing the treatment of blemishes, and the ways of altering the size or shape of the various appendages which lend themselves to such surgery, each chapter being illustrated with simple line drawings. The final two appendices concern routes to surgery, and complaint and redress.

It should appeal to at least three categories of reader: firstly, established plastic surgeons. The simple yet accurate descriptions of the operations, and wise advice on the philosophy behind ethical cosmetic surgery, will give him many ideas and turns of phrase for explanation to his patients – and good communication is the very essence of the avoidance of mistakes. In addition, the fresh anecdotes will help him with his teaching and preparation of lectures.

Secondly, surgeons at the beginning of their specialisation. They should consider carefully, guided by this book, whether plastic surgery, with its considerable and inevitable overlap into cosmetic surgery, is for them.

Thirdly, the enquiring patient and the general reader. He or she will be greatly helped by the descriptions of the operations and sensible indications of what is possible and what is not.

I believe that the book succeeds admirably in what I presume to be the author's main aims viz. educating the patient without giving too many hostages to fortune and dispelling such mystique as cosmetic surgery retains and on which the 'cowboys' thrive.

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Epidemiology and the Community Control of Disease in Warm Climate Countries, Second edition, edited by Derek Robinson. (Medicine in the Tropics). Pp. xiv + 767, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £26.00.

This is a large undertaking of considerable scope which is concerned, in the Editor's words, with all the important threats to health in warm climate countries. It is written by a large international team of authors. The book is not a straightforward account of the medical aspects of a large number of disease states but rather approaches the subject from the point of view of the community physician or district medical officer. The accent is on epidemiology, assignment of priorities, investigation and control. The opening chapters are concerned with the principles of epidemiology, control and investigation of disease. These are followed by sections dealing with diseases spread via air, food and water, contagion and animal or insect vectors. Zoonoses and some non-infectious diseases such as malignancy in the tropics are also dealt with. Finally the book ends with sections on a miscellany of subjects ranging from population dynamics and child growth to diseases of nomadic peoples.

As with all multi-author works there is considerable variation in the approach adopted in each chapter. Most try to compare problems presented by the disease or diseases under consideration in different geographic areas. Some have adopted a historical approach and, for instance, the chapter on smallpox eradication as a lesson in the control of an infectious process is of particular interest. In the earlier sections considerable attention is paid to the approaches to the investigation of different diseases in communities. It would have been useful to see this developed in some subsequent sections as certain aspects such as the detection of some infections in large numbers of people can present considerable problems. For instance the chapter on sexually transmitted diseases could be usefully expanded – particularly with the advent of AIDS.

Generally this is a very readable and informative book. The authors must be congratulated on not allowing themselves to be side-tracked by hobby horses, but have produced a very uniform account which provides a comprehensive view of disease. It is suitable for the use of doctors and other health workers with an interest in disease in the developing world as well as community physicians generally. The cost of £26 is reasonable considering the length, 767 pages, although it may limit its sales in some areas of need.

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The Haemolytic Anaemias. Volume 1: The Hereditary Haemolytic Anaemias. Part 1, Third edition, Sir John Dacie. Pp. ix + 440, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £35.00 approx.

This is the first of a series of books by Sir John Dacie on haemolytic anaemias which update the earlier edition now 25 years old. It has been splendidly produced by Churchill-Livingstone. This volume covers a general approach to haemolytic anaemias, hereditary spherocytosis and elliptocytosis, other less common RBC shape defects, and the inherited enzyme deficiencies of red cells. As always the black and white photomicrographs of peripheral blood films are outstanding in their clarity. The text is in the style that we have become accustomed to in previous editions. There is a full account of the published literature on each topic accompanied by the author's critical assessment. There is no need to go to the library to check on any detail of these disorders. It is all here in this book. The structure of the red cell membrane is central to many of the disorders described in this book.

If one dare offer any criticism of a text by Sir John Dacie on his favourite subject it is that he has elected to deal in a somewhat perfunctory way with the structure of the normal red cell membrane and hence the data on possible membrane defects in spherocytosis and elliptocytosis, put in small print, are less easy to follow than they might have been.

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Manual of Fracture Bracing, A.J. Hall and R.W. Stenner. Pp. iii + 61, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £16.50.

Cast bracing or fracture bracing is, without doubt, not as widely used as it could be, partly because fracture clinics are set up to use Plaster of Paris which is cheap and thought to be easy to use, but also because fracture bracing is still surrounded by an air of mystery and seen as the domain of enthusiasts.

This volume sets out to resolve some of that mystery by providing practical detail of materials and methods. This it does very well, although I think it is a little short on the explanation and theory. It is no surprise to learn that the Egyptian Fifth Dynasty had discovered lateral splintage, although I would be surprised if they had understood the concepts of mobile joint above and below the site of the fracture.

The authors are fair in their assent of the use of the method, making it quite clear that they believe it to be the second stage of arrangement and to provide reduction in the disability associated with prolonged immobilisation, rather than to be used for every situation. I think more could have been made of the recent orthopaedic literature to provide encouragement to use the method.

I believe the main value of this book is in the wealth of practical detail which it provides. The indications for the use of the method are briefly outlined in the second chapter and the remaining chapters devoted to a more detailed account of the practical application of the braces. They show in an