Mainstream Medicine – Communicable and Tropical Diseases, G.C. Cook. Pp. 330. Heinemann Medical Books, London, 1988. £12.95.

This book is part of a 'handy paperback' series. It is intended for M.R.C.P. candidates and senior undergraduate students, setting out to discuss infections in a worldwide context.

Its worldwide content is its strength. Important diseases such as tuberculosis, intestinal infections, malaria and AIDS are informatively and concisely discussed. Another 25% of the text is devoted to important tropical diseases including leprosy and many parasitic diseases, but which are rare imports to westernised countries. There are many helpful lists, tables and maps, and a chapter of advice for world travellers.

By contrast, subjects dear to western hearts are less comprehensively covered. Some commonplace facts escape mention, bacterial pneumonias after measles and chickenpox, important complications of infectious mononucleosis, the availability of meningococcal vaccines other than group A and widely used Jones Criteria for the diagnosis of rheumatic fever are a few examples. There are no separate chapters on immunisation programmes and their importance, or on investigating pyrexias of unknown origin.

The particular balance of the book makes it a handy companion to Membership reading and an interesting browse for senior undergraduates, though the text would be easier to read if there were a few more headings to divide it up. As its preface suggests, other texts on both infectious diseases and antimicrobial chemotherapy will be required in preparation for M.R.C.P.

At £12.95 this book is slightly more expensive than comparable texts.

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Pharmacotherapy and Mental Retardation, K.D. Gadow & A.G. Poling. Pp xxii+370. Taylor & Francis, London, New York, Philadelphia, 1988. £16.50.

At first sight, a 'new' textbook on psychopharmacological drugs and mental retardation seems welcome, even if neither of its authors is medically qualified and the title of their book is misleading (pharmacotherapy refers to drugs for all body systems; this book refers only to the nervous system). Regrettably, some very grey areas are included, where clear black and white delineation is essential.

Despite the well known fact that the pharmacokinetics of drugs in children are very different from those in adults, this distinction remains blurred more or less throughout this book (as in far too many writings on this subject). A typical example occurs in Table 5-4 (p.161) entitled 'Drugs Currently Used ... for the Control of Epileptic Seizures'. The first drug listed for the treatment of tonic-clonic seizures is phenobarbitone, which seemed

an out-dated choice, so the footnotes were perused. There it is stated that the Table is taken from 'Comprehensive Management of Epilepsy in Infancy, Childhood and Adolescence', published in 1972. Is this appropriate to put into a 1988 textbook? Why does the title not mention the drugs are for children and not for adults? At least in the UK, the drug management of epilepsy has vastly changed in the past 16 years, while, for example in this book clobazam is not even mentioned. Similarly, in Table 4-2 (p.109-111) entitled 'Summary of Thioridazine Studies Involving Mentally Retarded Children and Adolescents', among the 16 studies listed, the age range of the subjects went up to 60, 63 and 68 years respectively in 3 studies, (and no mean age is given in any). Only four of the studies give the dosage in mg/kg/day, which is now generally recognized as the only meaningful way to present dosages.

The 'areas of improvement' listed are misleading since no analysis of how 'improvement' was assessed is given, far less how reliable or valid were the assessment instruments.

A 10-year-old Table is presented on p. xix, where the title gives no indication of the populations studied; a footnote shows they exclusively concerned children.

While Chapter 9, Litigation about Psychotropic Medication, is, from a world-history view point, not without interest, for the UK market, an Anglicized equivalent, if such exists, would seem more pertinent. Since (interestingly) 'This edition not for sale in the American Continent' is printed on the page preceding the contents page, presumably 'this edition' was prepared for the UK and/or European market. There is some evidence of this, for example sometimes the UK trade name of a drug is included, 'chlorpromazine (Thorazine, Largactil)' on p. 9 but not elsewhere, for instance 'Neuroleptic Drugs Marketed in the US' (p. 101). What is that to us? As well as being fixated on American market drugs, the authors appear fixated on American published literature. On p. 9 we are told of Klaber's 1969 'distressing report' that severely retarded patients spent nearly one-half of their time doing nothing; presumably they have no knowledge of the excellent book by Maureen Oswin, *The Empty Hours*.

There are unnecessary inaccuracies – e.g. in the Foreword ... Plotkin and Gill are referred to as 'caregivers'. In fact, they were two extraordinarily histrionic lawyers, whose article in the Stanford Law Review had a rabble rousing resonance of an extremely destructive nature.

Another shortcoming is that vague generalizations are given where precise examples of good clinical practice are needed – e.g. on p. 139 'When attempting anticholinergic drug withdrawal, the dosage should be reduced gradually' – By how much and how gradually? Similarly, on withdrawal of medication, we are told of the dire consequences that may arise if this is done abruptly but this is not balanced by consideration of the several reported studies where abrupt withdrawal proceeded entirely smoothly. As with the anticholinergic drugs, we are not told by what fractions or over what period antipsychotic drugs should be withdrawn although there is published work on this subject.

It is irritating that Appendix A (p. 313-318) has not been translated into English for the UK market – thus