

editions might very usefully deal with agreement of medical reports by lawyers and also with the difficulties experienced by lawyers in comparing the different methods of measuring joint movements.

Nevertheless this book is a useful introduction to this subject for doctors and lawyers alike.

#### Neuroanaesthesia

By MORLIN MARSHALL. *Current Topics in Anaesthesia Series No. 3*. Pp. ix+78, illustrated. Edward Arnold, London, 1979. £6.75.

It is difficult to reconcile the contents of this book with the intentions expressed by the general editors of the series—to present authoritative reviews on topics in which there is a need for a digest of current literature or for a clear statement of the relevance of new information. Little is available here that will not be found in any recent standard text book and no aspects of the subject are treated in depth. This is probably inevitable in a book of less than 80 pages, and the anecdotal rather than authoritative style of much of the text does at least confer the advantage of readability.

Much of the emphasis and advice in the book reflect the author's viewpoint and the less well informed reader should be aware that these views do not always agree with more widely held opinions. The first section of the book considers cerebral mechanics and haemodynamics. Important aspects such as autoregulation and the effects of drugs on intracranial pressure are considered in the sketchiest of outlines. The advocacy of frusemide in preference to mannitol for the lowering of a raised ICP does not reflect current thinking or practice. Later on, some empirical methods of calibrating monitoring equipment are recommended which could not be said to describe a proper use of such apparatus. A noisy pressure-cycled ventilator is advocated as a useful monitor of ventilation! Negative pressure ventilation is proposed to prevent falls of cardiac output in the sitting position, but the dangers of this technique are not mentioned. Stressing the dangers of right heart catheterization as opposed to the relative rarity of fatal air embolus does not appear to be logical.

The best part of this book is contained in the last three chapters covering neurosurgical emergencies, diagnostic procedures, the specific problems of various disease states and procedures.

This book reflects anaesthetic practice in one neurosurgical unit. As such, it may be useful for the occasional neurosurgical anaesthetist aware of the limitations of such an approach.

#### Operative Surgery. Fundamental International Techniques. Plastic Surgery

Edited by J. WATSON AND R. M. MCCORMACK. 3rd edn, Pp. 556, illustrated. Butterworths, London, Boston, 1979. £55.00.

The main tasks of plastic surgeons are the treatment of congenital deformities, the repair of wounds and the replacement of missing tissue with reconstitution of form and function where these have been lost by trauma, malignancy or other disease. To-day also there is an increase in demand for aesthetic surgery to improve on nature.

Against this increasing demand we welcome this magnificent atlas, part of what will eventually be a 19-volume magnum opus on the whole range of operative surgery. This volume on plastic surgery deals with the whole field of general reconstructive surgery, excluding only such exotica as the correction of craniofacial abnormalities. Forty experts from the United Kingdom, the U.S.A., Europe and Japan give dogmatic accounts of the techniques which they have found of personal value. Each section is very fully and beautifully illustrated—as is typical of textbooks on plastic surgery—and is accompanied by a clear text. Of particular

interest is the up-to-date section on microsurgery and the free transplantation of full thickness flaps by this technique. However, an omission is any discussion of the very difficult problems (both ethical and technical) presented by breast reconstruction after mastectomy.

This is a book that will appeal both to plastic surgeons and to general surgeons who so often find that they require help in reconstructive problems following major surgical procedures. It can be recommended as a delightful atlas in this important subject.

#### Patients and Their Doctors. The Journey Through Medical Care

By GLIN BENNET. Pp. xiii+217. Baillière Tindall, London, 1979. £3.75 (paperback).

In our world of medicine the three most essential items are the illness, the patients and the doctors looking after them. This book analyses the interwoven patterns uniting these three factors. The first couple of chapters are devoted to analysing illness and the balance between health and disease. Why (not how) has that person taken ill, and why now? This is a question often asked by the patient but not quite so often by his doctor. This is followed by seven chapters on a patient's journey through medical care from the first interview via nurses, social workers, ward routines, anticipation of surgery and the postoperative period.

The author records inaccurately one of Dr George Beaumont's famous Tuesday afternoon postgraduate teaching rounds at the Middlesex Hospital, possibly because he had been mauled by the great man for missing a duodenal diverticulum. It is a misinterpretation to describe Beaumont's arrival in a large chauffeur-driven car and the door being opened by an official. Beau drove himself in a tiny car and, because of his arthritis, was glad to have Mac the porter ease him out of it. Even more important, the author fails to appreciate how the patients enjoyed every moment of these ward rounds. They had absolute confidence in the great man and the discipline he instilled in his whole team. In reading these limp 217 pages, one feels wistfully that George Beaumont could have written them so very much better.

The doctors themselves are the subject of the last four chapters. It makes a sorry picture with high rates for suicide, divorce, alcoholism, drug abuse and psychiatric consultation. The only group that can be excluded from this sordid analysis are women doctors for they are dismissed somewhat contemptuously in a single page—one quarter of which is allowed for the wives of doctors.

#### Post-Mortem Procedures (An Illustrated Textbook)

By G. A. GRESHAM AND A. F. TURNER. Pp. 160, illustrated. Wolfe Medical Publications, London, 1979. £8.00.

Professor Gresham and Mr Turner are a morbid anatomist, and a higher senior post-mortem technician respectively, and they appear to be writing for those intending to work in either capacity. A large proportion of their book consists of dissection techniques which are clearly described and illustrated. There is a lot of emphasis on procedures related to coroner's cases, rightly so, since such cases probably form the majority of post-mortems in non-Metropolitan pathology departments.

A useful section on special techniques and laboratory methods includes procedures which may be unfamiliar to many pathologists, such as sodium and potassium determination from the eye and tissue sampling for chromosomal abnormalities, as well as the familiar ones. Short sections on documentation and post-mortem room procedures will be useful for the comparatively inexperienced mortuary technician and the more senior technician preparing for examinations will find the chapter summaries in the form of revision notes particularly valuable.

This book is an admirable introduction to post-mortem