smallpox eradication campaign. By 1977, global eradication appeared imminent. On 8th May 1980 the World Health Assembly accepted the conclusions of the Global Commission for the Certification of Smallpox Eradication; that smallpox eradication had been achieved throughout the world and that there was no evidence that smallpox would return as an endemic disease. This book presents the evidence for the eradication of smallpox.

The Commission's recommendations included discontinuation of smallpox vaccination, continued surveillance of suspected cases of smallpox and research on human monkeypox (a related disease) in West and Central Africa. Educational materials, which were distributed widely, included an 8-page colour pictorial guide, a WHO recognition card and two sets of teaching slides. Systematic vaccination programmes were usually conducted by teams which were often not large. For example, in Kenya 75 staff served 10 million people.

Causes that led to resistance to vaccination were religious beliefs or superstitions, the hostility of minority groups towards vaccinators from other groups and civil disturbances. Great ingenuity and persistence were required to overcome these obstacles. In West Africa as few as 1% of cases of smallpox were being reported by passive surveillance, but active surveillance was very successful.

Virtually all cases were infected by close contact with patients; aerial transmission over a greater distance was rare. Variolation (deliberate inoculation of susceptible persons with smallpox virus) was responsible for a large number of outbreaks of smallpox. Extensive efforts were made to locate professional variolators and to dissuade them from further practice.

Smallpox was eradicated by a combination of good management, enthusiasm and hard work. The cynic might say that it is the World Health Organisation's only success.

The book is an important record of smallpox eradication.

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Gynaecological Therapeutics

Edited by D. F. HAWKINS. Pp. viii + 287, illustrated. Baillière Tindall, London, 1981. £14.50.

This is a companion volume to *Obstetric Therapeutics* by the same editor. With so many new books on the market dealing with obstetrics and gynaecology, it is difficult to find a niche for a new theme. Professor Hawkins has succeeded in finding an area which has been inadequately dealt with in the past and with this second volume, we have a reasonably priced book at £14.50 which reviews six topics and is well referenced and indexed. Despite the denigration expressed by the editor in his preface, of super (sub) specialization, two out of the five gynaecological contributors have developed very specialized interests in obstetrics and gynaecology. The book seeks to emphasize the medical aspects of gynaecology which the editor rightly feels have been undervalued and poorly understood. Within the discussion on therapeutics, there is surgical advice where appropriate.

I particularly enjoyed the informative and sympathetic chapter by Sir John Dewhurst on genetic and congenital sexual disorders. The chapter on menstrual disorders could have included mention of high density lipoprotein and more space should have been devoted to the treatment of endometriosis. The menopause is discussed superficially and there is no mention of the role, for instance, of testosterone or of periodic out-patient curettage. The chapter on pelvic infection is a necessary reminder of the severity and mortality associated with pelvic abscess and the approach to its treatment is clearly written. There could have been more discussion of the pros and cons for the

prophylactic and therapeutic use of metronidazole. The remaining chapters included the topics of infertility, psychosomatic medicine and treatment of gynaecological cancer. For completeness, I would like to have seen chapters on the medical termination of pregnancy and on the treatment of bladder disorders. The latter is a mine-field of largely ineffective drugs with poorly controlled studies in the literature but also with many innovative methods of treatment. As the drug bill is one of the largest amounts in the annual National Health Service budget, there needs to be some comment on the relationship of cost to effectiveness.

My criticisms are largely minor and should not be seen to detract from a useful text book that should be read by those taking the Membership examination of the Royal College of Obstetricians and Gynaecologists and by those who have already gained it.

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Neurology 1. Clinical Neurophysiology

Butterworths International Medical Reviews. Edited by E. STALBERG and R. R. YOUNG. Pp. 417, illustrated. Butterworths, London, Boston, 1981. £13.50 (subscription price £10.50).

Billed as the first volume in a new international series of critical reviews, aimed at clinicians and postgraduate trainees presenting new data, trends and major advances, the text meets its objectives. Of its genre, which all too often are expensive ephemera, this book is much better than most; the editors have clearly edited giving the volume a cohesion of purpose which most multi-author compendia so dismally lack.

There is a good short first chapter, by the editors, on what clinical neurophysiology is and more important, what it could be. EMG and peripheral nerve studies are well served in several chapters including analysis of motor units, quantitative methods, neuromuscular transmission, motor performance and sympathetic function. There follow sections on various evoked potentials, all excellent reviews, and the EEG in monitoring coma, epilepsy and sleep states.

The book is not comprehensive of course and not especially for neurophysiologists although they will learn from it. The material is right up to date, the references likewise, the writing good and succinct and production superb. Competent rather than profound, interesting but not seminal. I would estimate its half life at about two years. Within that time span it is an excellent read and a good marker on the present state of the game and cheap at the price.

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A Physiological Approach to Clinical Neurology

By J. W. LANCE and J. G. MCLEOD. 3rd edn. Pp. xiii + 380, illustrated. Butterworths, London, 1981. £17.50.

This publication presents a comprehensive account of neurophysiology as a backdrop to the understanding of physical signs and pathology of the nervous system. The text is crisp and well referenced but suffers somewhat from the brevity of the clinical sections. Listing causes of symptoms or signs is of limited clinical value in the absence of an appreciation of the relative importance and frequency of the various conditions.

The book should be very useful to the medical student who wishes to gain an understanding of applied and practical neurophysiology, and also to the graduate in providing an up-to-date refresher course in the normal function of the nervous system. There is a detailed exposition of the basis for and value of the many special

investigations now available. The work can be recommended as a didactic adjunct to the study of clinical neurology.

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Primer for the Psychotherapist

J. A. BOCKAR. 2nd edn. Pp. 149. MTP Press, Lancaster, 1981. £8.95.

The title of this book suggests that it is an introduction to psychotherapy for both medical and non-medical psychotherapists at the beginning of their training. Instead it is written for non-medical psychotherapists to provide them with detailed information on medical disorders and organic aspects of psychiatry in the hope that this will help them spot patients referred to them with psychological problems for psychotherapy but who are actually suffering from an organic illness. It deals, therefore, with descriptive and psychophysiological aspects of anxiety and depression, with schizophrenia, organic brain disorders, alcoholism and the side effects of psychotropic drugs. It also includes an account of how to conduct a diagnostic psychiatric interview, to be used by non-medical psychotherapists; such an interview would appear inappropriate for a patient who is being seen for the first time in a psychotherapeutic context by a specialist psychotherapist. The more appropriate way of ensuring that a correct diagnosis is made before a patient is offered psychotherapy is to insist that non-medical psychotherapists work in close collaboration with psychiatrists and that patients taken on by them for psychotherapy are, in case of doubt, first assessed by a psychiatrist or other medical practitioner. In spite of these reservations some non-medical psychotherapists may find this volume useful on account of the medical information it contains, provided it is recognized that theoretical knowledge of organic aspects of psychiatry cannot make up for the absence of medical training, and that the essential training for all psychotherapists must be in the practice of psychotherapy itself.

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Topics in Respiratory Disease:

Airways Obstruction

By D. M. GEDDES. Pp. 92.

Assessment of a Patient with Lung Disease

Edited by J. R. WEBB. Pp. 92.

Interstitial Lung Disease

By C. A. C. PICKERING, L. DOYLE and K. B. CARROLL. Pp. 116.

Radiology of the Respiratory System

By C. FLOWER. Pp. 122.

Respiratory Infections and Tumours

By R. WHITE. Pp. 92. Illustrated. MTP Press, Lancaster, 1981. £5.95 each.

These small books give an excellent, thoroughly up-to-date, easily readable and individually convenient account of chest medicine. Publication in this form inevitably means some overlap and reduplication and at the same time some failure of comprehensiveness (no overall editor for the series is named). The small size has denied the authors the opportunity to speculate and stimulate which is a pity because several of them are highly original thinkers on their subjects.

The texts are all absolutely first class but the books are handicapped by the poor quality of many of the chest X-ray reproductions (in practice the chest radiograph is the key to virtually all investigation of pulmonary disease). This disability is, of course, most noticeable in Dr Flower's otherwise splendid description of chest radiology. The colour pictures are of good quality but probably not really essential. (The photograph of a positive Mantoux test looked very like a positive reaction to a Heaf test).

All in all these books deserve much praise and can be recommended for both undergraduates and postgraduates, but the potential reader may well decide to prefer to buy a complete textbook of chest diseases of which there are now available two outstanding British examples.

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Notice

Clinical Cytopathology for Pathologists—Postgraduate Course

The Twenty-fourth Postgraduate Institute for Pathologists in Clinical Cytopathology is to be given at The Johns Hopkins University School of Medicine and The Johns Hopkins Hospital, Baltimore, Maryland, April 18–29, 1983. The full two-week program is designed for pathologists who are Certified (or qualified) by the American Board of Pathology (PA) or their international equivalents.

It will provide an intensive refresher in all aspects of the field of Clinical Cytopathology, with time devoted to newer techniques, special problems, and recent applications. Topics will be covered in lectures, explored in small informal conferences, and discussed over the microscope with the Faculty. Self-instructional material will be available to augment at individual pace. A loan set of slides with texts will be sent to each participant for home-study during March and April before the Institute. Credit hours 125 in AMA Category 1.

Application is to be made before February 2 1983. For details, write to: John K. Frost, M.D., 610 Pathology Building, The Johns Hopkins Hospital, Baltimore, Maryland 21205, U.S.A.

The entire Course is given in English.