claims concerning the benefit of physical methods of treatment, have proved notoriously unreliable when they have been subjected to comparative trials by 'neutral' observers, recently. Therefore, it is vital to provide the statistical evidence for the benefits to be expected in the various conditions which are described.

Having read the book, however, I felt sufficiently intrigued by Mr. Grieves' methods to wish that I could visit and observe his methods in a clinical setting. To provoke such an interest is, presumably what such a book sets out to achieve.

It is well produced in paperback, it has a useful bibliography and list of suggested further reading, but it does not contain an index.

In summary, it could be the basis of a much needed interchange of views between physiotherapists, osteopaths and chiropractors. Certainly it would be a useful asset to most libraries in hospital physiotherapy department.

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Multiple Choice Questions in Biochemistry, H. Hassall, A.J. Turner and E.J. Wood. Pp. vi + 250, illustrated. Pitman, London, 1985. £5.95.

This small book aims at encouraging students to learn about biochemistry, or have their learning reinforced, by asking questions. It is as if the reader is attending tutorials in which the authors ask questions, correct the answers and provide explanations in a completely standard form.

The 200 questions presented by the authors are either in the form of 5-part completion statements or 5-choice answer questions with one or more alternatives correct. They cover a wide range of biochemical topics in the fields relevant to medical and dental studies and the explanations provided are mostly very clear and concise. It would be stretching things a little to state that the book contains 'everything a medical undergraduate needs to know about biochemistry' but there is a generous sample of what a student's knowledge should be. Certainly a student knowing the correct answer and explanation for the majority of questions should have little to fear from an examination in this subject.

The book is divided into two parts. First there are 10 sets of 20 questions, each set covering a variety of topics and arranged so that questions in successive sets are progressively harder. The second part comprises explanations arranged in topics, cross-referenced so that it is easy to find the relevant explanation for each question. Printing each question twice to achieve this has meant an increase by a third in the size of the book. It seems questionable whether much advantage has been gained. By the time students come to use the book, they are unlikely to gain much by having questions grouped in terms of difficult and presented questions in sets each covering a variety of topics may simulate examination conditions but probably does not much enhance the value of this book as a self-assessment/revision aid.

While aimed at undergraduates, there is no doubt that the subject matter of the book is also relevant to postgraduates studying basic medical science for higher qualifications.

Whether the book helps those who seek to create questions, as the authors suggest in the preface, is another matter.

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Obstetric Analgesia and Anaesthesia, Second edition, J. Selwyn Crawford. Current Reviews in Obstetrics and Gynaecology series. Pp. 169. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1984. £9.00.

The fact that the first edition of this excellent monograph sold out and required the production of a second only eighteen months after its initial publication is a significant tribute to its importance in this field.

Dr Selwyn Crawford has for many years been the leading proponent of the art and science of analgesia and anaesthesia in obstetric practice in this country and, I suspect, the world. He is a zealot, and as such excites opposition particularly from the proponents of 'natural childbirth'.

He has never believed that acceptance of pain should be held to represent some sort of maternal triumph over adversity. Indeed he points out that it can harm both mother and child.

Whilst few, if any, departments in which I have worked have achieved the high standards that he lays down, this does not mean that he is wrong or that we should not continue to strive to achieve them. Lack of resources, both in money and manpower, are often used as an excuse for failure, particularly in communication with the patient and gaining their co-operation.

Few subjects excite more mumbo-jumbo than this one, and for those who sometimes feel slightly apologetic at the use of high technology medicine this book should serve not only as a bible but help to give that technology a human face.

I cannot commend it too highly to established consultant and student alike.

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The Parents' A to Z: a Handbook for Children's Health, Growth and Happiness, Penelope Leach. Pp. 736. Penguin Books, Harmondsworth, 1985. \$6.95, \$16.95 (Australia), \$19.95 (New Zealand), \$14.95 (Canada).

In the days of the extended family the giving of advice on bringing up children was left to the elders in the community – usually grandmothers and aunts. Nowadays young mothers, all too frequently, have no-one to turn to except their Health Visitor, GP or clinic. The only alternatives are an article in one of the women's magazines or a radio phone-in.

The trouble with the professionals is that they are thought

of as being too busy to bother with trivia; and the advice columns do not always have the answers to the problems that are worrying the mothers *now*.

Penelope Leach, though not trained formally in one of the health professions, has acquired an expertise in the bringing up of babies which puts many professionals to shame. Furthermore, as a consequence of her experience following the publication of similar (but less exhaustive) books and taking part in phone-ins, she has acquired the valuable experience of knowing what sort of problems mothers (and fathers) worry about.

The Parents' A to Z is a collation of that experience and expertise. Her messages are clear and easy to follow: problems are never dismissed lightly. Reading all 736 pages is surely beyond even the most diligent reviewer – and this reviewer is not the most diligent – but what he has read was remarkably free of errors. The listing is alphabetical with excellent cross-references. Sub-headings are in an otherwise blank left-hand column to make them readily identifiable. All the important medical topics are covered from coughs, colds and ear disease to appendicitis and convulsions. Equally, and for a book of this nature more importantly, the difficulties encountered by mothers, such as feeding, sleeping, and habits – good and bad – are also dealt with, and extremely well: the section on play is outstanding.

I have no hesitation in recommending this book to the parents of the children whom I look after. I equally would recommend this book to every doctor who deals with children, whether in general or hospital practice. One of the first things I did was to write my name in it in the hope that no-one walks off with my copy.

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Practical Management of Stroke, Graham P. Mulley. Pp. iv + 167. Croom Helm, London, Sydney, 1984. £6.95.

This is extremely well written concise book, crammed with the latest facts and discussions surrounding the emotive and demanding subject of strokes.

Strokes may not be everyone's favourite medical problem but patients, and there are many of them occupying general and geriatric wards, can not just be wished away, and it is vital that all physicians and general practitioners become familiar with the optimum management of these unfortunate patients. Dr Mulley writes clearly and with obvious sympathy of his subject, and the chapters are short but readable and full of invaluable helpful advice and observations on every aspect of the intensely practical care needed for patients who have suffered a stroke. It is clear to all of us who work with stroke patients that no enormous progress has been made in this disorder. Despite advances in imaging techniques, there are very few patients who will have their management altered and it still rests upon good nursing care, therapy, and a sympathetic and understanding approach to the individual patient. Patients who have had a stroke must not be relegated to the farthest corner of a ward, and then viewed as uninteresting, or bed-blocking, and passed swiftly by. Time must be given to his or her numerous problems, and an attempt made to boost morale.

Dr Mulley emphasises the above, and there are excellent chapters devoted to the perceptual and psychological disorders that may be experienced by the patient and misinterpreted by relatives or even nurses and doctors as non-cooperation or being difficult, as this is unfair and cruel. The final chapters of his book are helpful from a very practical aspect and I think this book should be in the library of every general practice and would not be amiss in the hands of relatives who are caring for stroke patients.

There is no guarantee that we ourselves will not end our days handicapped by the consequences of a stroke and I hope we fall into the care of someone like Dr Mulley.

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Public Health Implications of Alcohol Production and Trade, Brendan Walsh and Marcus Grant. WHO Offset Publication No. 88, Pp. 55. World Health Organization, Geneva, 1985. Sw.Fr. 8.00.

Ten years ago the World Health Organization (WHO) was directed by its constituent assembly to give special attention to the use and abuse of alcohol. Four years later it recognised that 'problems related to alcohol, and particularly its excessive consumption, rank among the world's major public health problems'. The present report, by an economist and an expert on alcohol, and the latest in an important series, has been prompted by the need for international data on production and consumption of alcohol.

The evidence is increasingly convincing that trends in indices of alcohol-related damage closely follow those in the amount of alcohol consumed per head of population. Where exceptions arise they can usually be traced to factors peculiar to the particular country; for example, in a developing society problems may at first be concentrated in the professional classes who can afford to drink alcohol; and again the amount of non-commercially produced alcohol – as high as a third in Norway, for example may not be known. Population structure, demographic data, attitudes to alcohol, and many other factors influence drinking patterns. Consumption of alcohol is rising rapidly in developing countries particularly, many of which do not have the public health facilities to deal with potential problems. Two striking examples taken from the many in this report illustrate the importance of having adequate figures. Beer production in Cameroon in the 1960s was 5 litres per capita compared with nearly 100 litres in the UK. Production levels have been rising so fast that if they are sustained for another six years they will overtake those in the UK. And a neighbouring west African country, Gabon, was fourth in the 1981 league table of beer consumption with 180 litres per person over 15 (143 litres in UK); it was not even mentioned among the 25 countries listed in 1960.

In general, global production and consumption of alcohol have more than doubled in the last 20 years. Beer followed this upward trend; wine has taken a bigger share of the market in traditionally beer-drinking countries, but consumption has fallen in the heaviest wine-drinking countries like France, Italy and Portugal; data on spirits are less reliable, largely because of non-commercial and illicit distillation, but production and consumption have been rising in most