Book Reviews

Bedside Diagnosis, Twelfth edition, Charles Seward and David Mattingly. Pp. iii + 425, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £13.95.

The twelfth edition proclaims its popularity yet I found no devotees of Dr Seward and Professor Mattingly's *Bedside Diagnosis* amongst a small sample of hospital junior staff of diverse British Medical Schools.

In 26 chapters common clinical labels are dissected largely from information available at the bedside. Early skills in history taking and examination are assumed and this approach is probably most useful between the final clinical year and Senior House Officer stage when its more practical slant complements systematic knowledge already gained. The content is largely non-controversial, well refined, updated and reads easily. Its beginning with Psychogenic Symptoms is a strength. If allowed two detailed criticisms they would be the omission of neurological cancer deaths in the table on page 319 and the unexpected statement on page 332 that maturity onset diabetes is a cause of obesity – surely most physicians would reverse this relationship.

This new edition should hold its place in a limited field.

D.M. Hill,
Worcester Royal Infirmary,
Worcester WR5 1HN.

Gastrointestinal Radiology: Performing and Interpreting Fluoroscopic Examinations, David W. Gelfand. Pp. xi + 347, illustrated. Churchill Livingstone, New York, Edinburgh, London, Melbourne, 1984. £56.00.

Radiology has been the centre of major advances in medical diagnosis in the past decade. Non-invasive scanning techniques have burgeoned as image reconstruction and computer technology have been exploited resulting in dynamic isotope studies, computed tomography, magnetic resonance imaging and digital subtraction arteriography. In the background and relatively unnoticed except by those immediately involved, gastro-intestinal radiology has also been transformed as double contrast barium examinations have been applied to the entire length of the gastro-intestinal tract. All manner of lesions are being shown in more detail and at an earlier stage often leading the endoscopist rather than following in his footsteps. Abnormal surface patterns in the oesophagus, stomach, duodenum and colon are now readily recognised, although in many instances the aetiology remains obscure.

Oesophagitis is reliably demonstrated by thickening and irregularity of the vertical mucosal folds, herpes simplex and monilia shown at an early stage and even oesophageal carcinoma when only a surface lesion. Similarly in the stomach, mucus obscuring the normal *areae gastricae* pattern, nodular gastritis, 'spatially oriented' *areae gastricae*, small ulcer scars and 'aphthous' ulcers can be recognized and is sharply reducing the number of 'barium negative dyspepsia' examinations. In the duodenal bulb, gastric type mucosa

can be recognised and the velvety pattern of normal villi. Nodular lymphoid hyperplasia in the small bowel and colon, aphthous ulcers, polyps less than 0.5 cm and filiform polyps of healed colitis have been added to the list of radiological signs.

Many enigmas persist unanswered besides the obvious unknown cause of Crohn's disease and ulcerative colitis. The cause and clinical significance of 'nodular' or 'erosive' gastritis is a case in point. Does it really cause symptoms? Is alcohol, cigarette smoking, bile reflux or aspirin singly or in combination responsible or is this another 'non-disease' uncovered by introducing a new technique? However ulcers, tumours and inflammatory bowel disease continue as the mainstay of the radiologists day-to-day practise. A critical view of basic techniques is therefore fundamental to good practice.

David W. Gelfand, Professor and Chief of Gastro-intestinal Radiology at the Bowman Gray School of Medicine in Winston-Salem, North Carolina has acquitted himself admirably. In good style, adequately illustrated and in a relatively short text he has produced a comprehensive guide to the modern practise of gastro-intestinal radiology using fluoroscopic techniques.

L. Kreel,
Newhaven General Hospital,
London E13 8SL.

Lifetime Care of the Paraplegic Patient, edited by Sir George M. Bedbrook. Pp. xiv + 263, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £32.00.

Sir George Bedbrook set up the spinal unit of international repute at Perth. He has incorporated his experience of management of acute spinal injuries in *Care and Management of Spinal Cord Injuries* in 1981.

He has now edited a second book which concentrates on the care of the patients once the acute treatment stage is over. He has been assisted by a team of consultants and other staff mainly from Australia but with contributions from the USA.

The section by Sir George Bedbrook on the long-term (extended) care, and oedema, are excellent as are the sections on the management of the urinary tract by England and Low, the section on fractures and deformity of the spine by Griffiths, and paediatric care. There is a stimulating chapter on the respiratory system.

However, the book suffers from the disadvantage that as so many authors have written there are many accounts of the same subject, such as autonomic dysreflexia, which appear in different places.

It is difficult to know to whom this book is aimed. The doctor experienced in spinal injuries will not find a detailed statistical analysis of the problems; it is strong in generalisations and weak in evidence. For example, in the chapter on the care of children there are just general statements and no statistics are given. Similarly, in the chapter on pressure sores, while there are very nice descriptions of the aetiology of