Finally, there is a most useful chapter by Field on the lessons to be learnt from the implementation of nutrition programmes. This review is certainly well worth reading.

Roland Jung.
*Newells Hospital,
 Dundee DD1 9SY.*

Anticoagulants and Myocardial Infarction: a Reappraisal, edited by T.W. Meade. Pp. xi + 272, illustrated. John Wiley, Chichester, New York, Brisbane, Toronto, Singapore, 1984. £28.50.

In the 1950s the management of myocardial infarction was centred on anticoagulants. The London Cardiological Club, comprising all the cognoscenti of the day, voted in favour of anticoagulants with only two dissenting, Evan Bedford because the pathology denied the logic of their use, and William Evans who claimed the only proven value of warfarin was as rat poison. Paul Wood was the most vociferous champion of anticoagulants. He directed in his widely read text book that heparin and phenindione (Dindevan) should be given 'as soon as possible' (*Diseases of the Heart and Circulation*, 1950, p. 746). In those days, where Wood led almost everyone followed.

A reaction was to follow in the 1960s when John McMichael with the weight of the Hammersmith behind him, denounced anticoagulants and the hopelessly impotent trials of the day (McMichael & Parry (1960), *Lancet*, ii, 991). The effect was instantaneous and nation-wide. Anticoagulants were promptly and thoroughly discredited – except, of course, in venous thrombosis.

In the 1960s and '70s it would have been impossible to find any well-informed cardiologist in the United Kingdom with a good word for anticoagulants. But had their death knell been sounded? Professor T.W. Meade says no. The time is ripe for a reappraisal, he claims, based on the importance of coagulation in the pathogenesis of coronary heart disease and the outcome of recent clinical trials properly designed and avoiding the pitfalls of earlier ones. To make these points he assembled 14 authors to make this book.

The best contributions deal with clinical trials and the pitfalls created by faulty design. The reasons why the scientific purpose of randomization was not considered seriously or early enough in the original studies of anticoagulants in coronary disease are, first, the word 'randomize' was hardly part of the scientific vocabulary and, second, the acceptance, widespread in those days, that publication was equated with validity.

Those anxious to understand the vacillating popularity of anticoagulants could hardly do better than study these 3 articles: *Clotting Factors and Ischaemic Heart Disease*; *The Epidemiological Evidence* by T.W. Meade; *An Appraisal of Randomized Clinical Trials* by J.R.A. Mitchell; and *Observational Studies of Anticoagulants in the Short-term Secondary Prevention of Ischaemic Heart Disease* by S.G. Thompson. This little seminar on the conduct of clinical trials alone makes the book a useful purchase.

Walter Somerville
 149 Hanley Street,
 London W.1.

Biochemistry and the Central Nervous System, Fifth edition, Henry McIlwain and Herman S. Bachelard. Pp. iii + 660, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £40.00.

The biochemistry and molecular pharmacology of the central nervous system is so vast and complex a subject that its comprehensive presentation with critical evaluation of the evidence would be difficult for a team of authors, let alone just two, however distinguished. Since the last edition of this major textbook in 1971 there have been major developments in our understanding of the dynamic processes within the brain, in health and disease. Too much of the book, unfortunately, is taken up with reviews of earlier work which can be found in its earlier editions and elsewhere, and important advances of the last 10 years receive too little attention. It is not possible adequately to discuss neurochemistry without a basic understanding of neuropharmacological principles but these are only superficially dealt with, and an opportunity to discuss one in terms of the other has been sadly missed. Discussion of complex phenomena is not helped by language which is often clumsy and unclear. It is unlikely that single or double author volumes of this size can now provide all that is required in sufficient critical detail and acceptably up-to-date. The price will be beyond the budgets of undergraduate and most postgraduate students.

Paul Turner
*Department of Clinical Pharmacology,
 St Bartholomew's Hospital,
 London EC1A 7BE*

Cosmetic Surgery: Facing the Facts, Christopher Margrave. Pp. 176, illustrated. Penguin Books, Harmondsworth, 1985. £3.95.

This is a splendid little book. Written by an experienced and highly respected plastic surgeon, it begins with five short chapters of general introduction on history, motivations, ageing of skin, tools and the anaesthetic. There follow twelve chapters of *Surgical Gazetteer*, describing the treatment of blemishes, and the ways of altering the size or shape of the various appendages which lend themselves to such surgery, each chapter being illustrated with simple line drawings. The final two appendices concern routes to surgery, and complaint and redress.

It should appeal to at least three categories of reader: firstly, established plastic surgeons. The simple yet accurate descriptions of the operations, and wise advice on the philosophy behind ethical cosmetic surgery, will give him many ideas and turns of phrase for explanation to his patients – and good communication is the very essence of the avoidance of mistakes. In addition, the fresh anecdotes will help him with his teaching and preparation of lectures.

Secondly, surgeons at the beginning of their specialisation. They should consider carefully, guided by this book, whether plastic surgery, with its considerable and inevitable overlap into cosmetic surgery, is for them.

Thirdly, the enquiring patient and the general reader. He or she will be greatly helped by the descriptions of the operations and sensible indications of what is possible and what is not.