Book Reviews

Atlas of Skeletal Dysplasias, by Ruth Wynne-Davies, Christine M. Hall and A. Graham Apley. Pp. x + 646, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £95.00.

This is an outstanding book. Its essence is a ten year personal study of patients with skeletal dysplasias seen in clinics set up throughout the UK, backed by the unrivalled experience of the authors in genetically determined orthopaedic disorders. The atlas now produced will provide an invaluable work of reference for the increasing number of people – clinicians, radiologists, geneticists and biochemists – interested in these crippling diseases. Each disorder is separately and briefly described and then fully illustrated by radiographs which show the changes in the different parts of the skeleton throughout life which enable one to identify otherwise unknown dysplasias with considerable certainty. Indeed the main strength of this book lies in its firm clinical basis and its thorough radiographic treatment particularly of the true osteochondrodysplasias.

The book is intended as an atlas and should be regarded as such. The authors, as well as the readers, must therefore be disappointed to find that some of the outstanding radiographs have not been well reproduced, often because the plates are too small. This could doubtless be corrected in the next edition; at the same time it would be a help to have an updated and more detailed account of each disorder before the illustrative radiographs.

Enthusiasts look for a rapid biochemical solution of the skeletal dysplasias. Certainly these disorders will become a target for molecular biology. For this and many other reasons it is important that investigation should have a firm clinical base, which this book now provides.

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Cell Surface Science in Medicine and Pathology, by E.N. Wardle. Pp. vii + 607, illustrated. MTP Press, Lancaster, Boston, The Hague, Dordrecht, 1985. £65.00.

This is a remarkable work of scholarship, for in a single-author volume Dr Wardle attempts to cover the vast subject of biology of cell membranes, its place in normal physiology, and the involvement of its pathology in virtually all disease processes. It is a brave attempt, assisted by a large number of figures drawn by Dr Wardle to illustrate the subject matter. One has to ask, however, if it is possible today for a subject of such complexity and breadth to be covered adequately but authoritatively by any one scientist at a level appropriate for postgraduate as well as undergraduate readers. In those areas in which I have a particular interest, namely pharmacological and therapeutic, material is not always clearly presented, and controversial issues lack critical appraisal. Terms, for example 'hypersensitivity', are sometimes used inappropriately,

and technical terms and abbreviations are often introduced without definition on the first occasion.

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The Foundations of Bioethics, by H. Tristram Engelhardt, Jr. Pp. xvi + 398. Oxford University Press, New York, Oxford, 1986. £24.00.

A common format for textbooks of medical ethics is to outline different approaches to ethical theory and then to deal with a series of issues such as, matters relating to life, death and reproduction, personhood, informed consent, rights to health care and the allocation of resources. Whilst covering all the ground Engelhardt has gone further by producing his own account of a secular pluralist morality which provides a unifying intellectual basis for medical ethics. The title 'The Foundations of Bioethics' is therefore right, and the scale and scholarship of the work is impressive.

It is an important book irrespective of whether one agrees with Engelhardt's fundamental view that 'The principle of autonomy marks the very boundary of all moral communities' and is therefore paramount. One consequence is that property rights take precedence over the claims of the poor and disadvantaged for health care, and this is an area where Engelhardt is inconsistent because he is clearly unhappy with the logic of his own analysis. It shows the advantage of a comprehensive moral stance though, because there is no hiding from such real dilemmas. It is to be hoped that similar scholarship, drawing on different perspectives, will be developed in Britain.

With the recent upsurge of interest in medical ethics in Britain, many are looking for an introductory text. This is not the book for them, but for the increasing number who have a serious academic interest it is essential reading. Medical libraries should certainly acquire a copy.

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Fundamentals of Obstetrics and Gynaecology. Vol. 1: Obstetrics, Fourth edition, by Derek Llewellyn-Jones. Pp. 503, illustrated. Faber, London, Boston, 1986. £12.50.

Fundamentals of Obstetrics and Gynaecology, Vol. 2: Gynaecology, Fourth edition, by Derek Llewellyn-Jones. Pp. 315, illustrated. Faber, London, Boston, 1986. £9.95.

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The art (and science) of obstetrics has changed appreciably since the publication of the 3rd edition of this popular book in 1982. The profession is looking more critically at the scientific validity of our practice and is responding more and more to the reaction from the consumer. The author has succeeded in revising the contents to bring it up to date, whilst retaining the general layout of the previous edition. New and valuable information has been added in material dealing with patients' choice for childbirth and perinatal bereavement – topics which are not only 'fundamental' but also of practical value to the trainee obstetrician. A useful addition is classification and description of various pelvic shapes. There is significant revision in sections dealing with medical disorders of pregnancy, antenatal screening, high risk fetus and examination of the newborn.

Current clinical practice is reflected in the 'fifths' measurement of fetal head, symphysis fundal measurements of fundal height and management of uterine dysfunction in labour. There is a useful and practical chapter on examination of the newborn with a wealth of information on the diagnosis and management of congenital defects. Bibliography at the end is comprehensive.

I have a few minor criticisms – critical factor in the diagnosis of third degree perineal tear is damage to the external anal sphincter and not the rectal mucosa. Ethanol is not administered for treatment of threatened preterm labour. Credes' method of expression of placenta or eliciting Hegar's sign is not encouraged.

The book is well presented and contains a wealth of information. It is inexpensive and will probably continue to be a top seller. It is suitable not only for the undergraduates, but also for those taking 'diploma' examinations. It is a must for the medical libraries.

The contents of vol. 2 cover all aspects of gynaecological practice with up-to-date information in many chapters. Quite properly, importance has been given to medical gynaecology (menstrual disorders, human sexuality) and preventive aspects. Trainees will find a lot of practical information especially in chapters on post-hysterectomy or climacteric. Some topics are dealt with rather briefly, as in the management of anovulation, premenstrual tension syndrome, urodynamic investigation or colposcopy, yet 'intersex' is described in detail. Culdoscopy is described in place of culdocentesis in the management of ectopic pregnancy. A useful chapter on disorders of the breast is included. The bibliography is useful as a guide to further reading.

Like the Obstetric volume, the writing is clear, unequivocal even in areas of controversy. The diagrams are good and add materially to the text. It is very competitively priced.

I have no doubt that undergraduates as well as trainees will find the book of considerable help.

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A Guide to Medical Endocrinology, by Tarek Hassan. Pp.xiv + 269, illustrated. Macmillan, Basingstoke, London, 1985. £17.00 hardback, £8.95 paperback.

This text book sets out to provide a grounding in endocrinology for medical students. The text is clearly laid out and the book is easy to read. The main part of the book is divided into chapters by endocrine gland, each chapter being clearly subdivided into sections with headings. A small number of multiple choice questions is included at the end of each chapter. A moderate number of figures and tables is included and contribute to the text, but clinical photographs are missing. An appendix details some normal ranges for hormones, and gives details of some dynamic tests. The tests are not all given in the most standard form. The TRH dose is twice that often given. Insufficient details are given for safely carrying out an insulin hypoglycaemia test, only a low dose of insulin is stated which in many patients will be insufficient, and the requirements for clinical and biochemical hypoglycaemia are inadequately stated.

The author wishes to introduce 'A perception of the dynamic and multi-dimensional nature of life', but this approach is somewhat unsatisfactory. The initial pages are not an essential part of the book and do not integrate into the remaining text very satisfactorily. These pages might better have been used giving a little more detail in some parts of the main text.

This guide to medical endocrinology tends to be out-of-date. Many of the procedures, investigations and treatments that have become standard in endocrine practice in recent years are mentioned in this book, but often in such a way as to imply that they are not fully established or tried. However, medical students in Western centres will be expected to grasp the relevance of more recent changes in practice.

The section on diabetes is unsatisfactory. Diabetic nephropathy is described as follows:- 'Clinically there is proteinuria. This may be followed by a full blown picture of nephrotic syndrome. Unlike other forms of the nephrotic syndrome, hypertension is an early feature' – this does not seem to be the usual presentation of this lesion. The approach to diabetic diet is old fashioned with a considerable restriction of carbohydrate which these days would not be as marked in the non-overweight, no mention of the potential importance of increasing fibre intake, and no mention of the now more usual advice to reduce animal fat intake. Insulin dependent patients who are young, are suggested to have a typical regime of 5 units of soluble and 20 units of lente insulin in the morning and 15 units of soluble and 10 units of lente insulin in the evening, a regime that would be uncommon. The approach to diabetic pregnancy advised is to admit the patient at around 32 weeks until early induction of labour at 38 weeks. It is suggested that insulin is omitted on the day of delivery. Discussion of the relevance of 'pre-conception control' in reducing fetal abnormality risk is not included. The treatment of diabetic ketoacidosis is acceptable but not ideal. The author states that in cases where coma is prolonged intravenous potassium is necessary. He goes on to say that this should always be administered very slowly in concentrations not exceeding 40 mmol/l, the aim being to maintain a minimum normal serum potassium level. It is not made sufficiently clear that the serum potassium is a poor guide to the gross potassium deficiency of perhaps 500 mmol