

Human Experimentation: a Guided Step into the Unknown, William A. Silverman. Pp. xii + 204, illustrated. Oxford University Press, Oxford, New York, Tokyo, 1986. £8.95.

This is the paperback edition of a book which first appeared in 1985. Its title is misleading as it is concerned almost entirely with a single aspect of human experimentation, namely, randomized clinical trials. Silverman quotes with complete approval Claud Bernard, 'Gaining experience by relying on observations is different from making experiments and recording the results', and he praises the latter activity and derides the former. As a clinician concerned with diagnostic and management problems I cannot agree with such a sharp distinction.

The book contains an interesting historical and philosophical discussion of randomized clinical trials and describes in precise details the way such trials should be 'scientifically' conducted. Silverman regards the introduction of randomized trials as one of the greatest advances of this century. But such trials have become a sacred cow and any criticism of these is regarded as a hallmark of ignorance and living in the past.

The main purpose of this book is a defence of the randomized trials into the aetiology of retrolental fibrosis (RLF) which the author, when professor of paediatrics at Columbia, N.Y., organized in 1953 and 1954. A Boston group of doctors in 1949 recorded that during the previous 10 years there had been a dramatic increase in the incidence of RLF and that the condition was confined to premature newborns. During the next few years a variety of possible causes were suggested but these were later scaled down to 3, namely, concerning iron, vitamins, and oxygen.

During the period 1950 to 1953 several papers were published which gave strong evidence implicating too liberal use of oxygen. Silverman organized randomized clinical trials to be undertaken in 16 leading USA hospitals, involving over 700 premature infants. Although the evidence incriminating excessive use of oxygen was very strong it was not conclusive and it was uncertain whether the degree of concentration of the oxygen or the duration of its giving was more important. Furthermore, the value of oxygen in prevention of brain damage in premature infants was recognised and therefore its use could not be banned.

One group taking part in that trial was from Bellevue, N.Y. who justified their experiment as follows, 'Adequate controls are needed to establish the relationship (RLF and oxygen therapy) beyond question. The present study was designed to test this relationship under controlled conditions' (*JAMA* 1954, 155: 223). For their contribution those doctors gave high oxygen dosage to 36 premature infants, and 8 of them developed RLF with resultant irreversible blindness. Silverman very surprisingly does not mention these figures or those from the other 15 centres who took part in the randomized trial.

I strongly recommend the lecture by Lord Scarman, reprinted in *J R Soc Med* 1986, 79: 697, which discusses the legal aspects of randomized clinical trials.

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Medicine: the Bare Bones: a Comprehensive Systematic Approach, E.H.I. Friedman and R.E. Moshy. Wiley Medical Publications. Pp. xxxviii + 556. John Wiley, Chichester, New York, Brisbane, Toronto, Singapore, 1986. £14.95.

This is a most unusual book. The authors set out to cover the whole of the undergraduate clinical curriculum in a very small compass and it must be admitted that very little of any importance has been completely omitted. However, this near-miracle has only been achieved by very extensive use of abbreviations – conventional and otherwise – and, although a glossary is provided, the result is very difficult to read. Scattered within this highly compressed text are lists – over 300 of them – mostly of causes of symptoms or other manifestations of disease. Those who prefer to learn by memorising material parrot-fashion would find these useful.

Perhaps the weakest aspect of the book is the very cursory reference, in most sections, to therapeutics. The single word 'steroids' under the treatment of sarcoidosis is hardly adequate and there are more SE (= side effects) of frusemide than hirsutism. The index, satisfactory in most other respects, is woefully inadequate on drugs. Final-year students who spent some time with this book made similar comments to those above and, in general, were unenthusiastic.

The authors have clearly spent a great deal of time and effort in the preparation of this book and have consulted widely outside their own specialties of community medicine and radiology. It seems churlish, therefore, to reward this effort with unfavourable comments but this book really cannot be recommended when there are available so many other sources of information and ways of revising examinations.

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Modern Management of Common Skin Diseases, edited by Christopher F.H. Vickers. Pp. xii + 231, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £17.50.

This book aims high. It sets out to be a 'colour and text atlas' on current management of common skin diseases for primary care physicians. The list of contributors is international so that the book is applicable to practice worldwide. It falls short of its target in some respects.

As an atlas its illustrations are of a high standard but a few of the photographs are not good and some are not ideal examples of the condition illustrated.

This book concentrates on management but more detail on how to use therapy is needed. Tantalisingly, some preparations are mentioned in the text but are omitted from the formulary at the back of the book. Conversely, discussion of the rare skin disorders, phototesting or immunofluorescence findings are unnecessary for the primary care physician. Schedules for the administration of retinoid drugs could also have been omitted, leaving more space for discussion of the