favoured one diagnosis over other possibilities. Questions testing candidates' knowledge of the clinical aspects could then be asked separately.

The case histories are good enough for Dr Gupta to be encouraged to write another book but with a different formula for the questions and answers. These sorts of case study books are very useful in breaking the monotony of studying for the MRCP and this one is as good as the average.

I.J.T. Davies

*Postgraduate Medical Centre,
Raigmore Hospital,
Inverness IV2 3UT.*

Chemical Children: How to Protect Your Family from Harmful Pollutants, Peter Mansfield and Jean Monro. Pp. viii + 199. Century, London, Melbourne, Auckland, Johannesburg, 1987. £4.95.

There seems only one way in which to review this book and that is, in a manner, philosophically. One may abide by the tenets of orthodox science. As Baum¹ has pointed out recently, 'The characteristic feature of the scientific method . . . is that scientists are prepared to expose all their favoured hypotheses to the hazards of refutation'. Judged by these criteria this publication will just not withstand criticism.

Whilst by no means questioning the integrity, or probity of the authors, *Chemical Children* reads very much as an act of faith and an essay in evangelism. If one shares the beliefs, then the exposition can be quite convincing. On the other hand, dispassionate criticism creates increasing doubts in the mind of the reader.

What a pity it is, too, that such an interesting title – and sub-title, should have been chosen for the little book! Plausible advocacy gains by eschewing the histrionic overtones. None the less, to a public already conditioned, this may afford persuasive reading. To the logically enquiring physician, on the other hand, it may bring to mind the Scottish verdict of 'non-proven'.

In the light of these options the choice of take-it-or-leave-it might be approached cautiously before spending the modest £4.95.

1. Baum, M. *J R Soc Med* 1987, **80**: 332–333.

R. Goulding,
36 Ashley Court,
Morpeth Terrace,
London SW1P 1ER.

Clinics in Anaesthesiology. Vol 4, no. 4, *Anaesthesia and the Geriatric Patient*, edited by James A. Felts. Pp. ix + 251, illustrated. W.B. Saunders Co, London, Philadelphia, Toronto, 1986. £15.00.

This is an excellent book and is highly recommended. It is rare to find a book on practical anaesthesia so firmly based on the effects of anaesthesia on physiology, in this case physiology modified by aging. The chapters on the heart and respiratory disease detail the physiological changes which

occur with age and give sound advice on the avoidance of the additional stress produced by anaesthesia. The chapter on anaesthesia for cranial revascularization deals with the problems of the average age patient of 61, who is usually ASA Class 3, is frequently hypertensive and has both cardiovascular and respiratory disease. There is a good chapter on the loss of thermoregulation with age, including the harmful effects of hypothermia and how it can be prevented and treated. In the chapter on diabetes there is a detailed account of preoperative assessment and management. This chapter is a good guide to the management of the elderly diabetic whether or not he is to have an operation. The chapter on anaesthesia for major vascular procedures has a good section on preoperative assessment but would have been better if there had been more information on 'radionuclide gated blood pool studies' and 'thallium redistribution scans'. The section on anaesthesia for orthopaedic surgery includes Goldman's table for the assessment of cardiac risk factors but as the author correctly points out, patients need to be assessed as individuals and not according to a protocol. This humanitarian approach is very much to the fore in the chapter on anaesthesia for ophthalmic surgery, the commonest type of operation carried out on the geriatric patient. The chapter on hypertension in the elderly includes sections on pre-, intra- and postoperative management. The brief section in this chapter on the altered pharmacokinetics in the elderly could have been expanded.

If there is a weak part of the book it is at the end. The last two of the eleven chapters are by comparison not as good. This is due more to the standard which has been set earlier than any fault in the chapters themselves. They deal with outpatient anaesthesia in the geriatric patient and the 'Immediate and Long-term Nervous System Effects of Anaesthesia in Elderly Patients' (sic).

This book could be recommended only because it deals well with the combined effect of anaesthesia and age on normal physiology but it does more than this. It gives sound practical advice on the anaesthetic problems of an increasingly elderly population. Its publication is timely.

John A. Bushman,
Department of Anaesthesiology,
The London Hospital,
London E1 2AD.

Clinics in Haematology. Vol. 15, no. 2, *Thrombosis and the Vessel Wall*, edited by C.N. Chesterman. Pp. x + 273–565, illustrated. W.B. Saunders, London, Philadelphia, Toronto, 1986. £15.00.

This is an interesting and useful addition to the *Clinics in Haematology* series. Contributions cover a range of topics from arachidonate metabolism to the clinical use of anti-thrombotic drugs. Although the thrombotic nature of the main complications of atheroma is increasingly recognized, atheroma itself continues to be viewed by most as a purely lipid determined process. One particularly well referenced chapter (by Chesterman and Berndt) reviews the interaction between platelets and the vessel wall in its contribution to atherogenesis. Another (by Elspeth Smith) deals with the other main component of the haemostatic system in ath-

erogenesis – the coagulation system and the role of fibrinogen and fibrin. Salem's chapter on the natural anticoagulants is a useful review of this group of compounds, whose significance in thrombogenesis is increasingly recognized. One class is the antithrombins, which inhibit serine proteases. This role of antithrombin III is well known but that of heparin cofactor II has been appreciated only quite recently. The other class consists of the inhibitors of activated cofactors. Of these, the most familiar is protein C but protein S and thrombomodulin, an endothelial cell protein essential for rapid protein C activation by thrombin, also have to be taken into account. As always, a series of articles of this kind is inevitably outdated, in parts, by the time it appears – some of the developments in thrombolytic therapy and the identity and function of endothelium derived relaxing factor (EDRF) are not covered as fully as they now would be. But this is an unavoidable characteristic of nearly all publications of this kind. Basic scientists and clinicians interested in the determinants, consequences and management of thrombosis will enjoy this one.

T.W. Meade
MRC Epidemiology and Medical Care Unit
Northwick Park Hospital,
Harrow,
Middlesex HA1 3UJ.

Dementia, edited by Brice Pitt. Pp. 346, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £40.

Dementia and related disorders now confront the world as a major challenge to public health. It is therefore not surprising that there should be a proliferation of books on the subject. This book comes close on the heels of the well received British Medical Bulletin publication entitled *Alzheimer's Disease and Related Disorders*. Like the British Medical Bulletin publication it is written by multiple authors renowned for their international reputation. Although well written, not all chapters are 'complete' and there are obvious omissions which are not found in the British Medical Bulletin. For example, there is an absence of any discussion on visual evoked responses which have been reported to be superior to EEG and CT scanning in diagnosing early Alzheimer's disease, and which probably has more diagnostic value than P300 discussed in the book.

In chapter 2 the authors state that patients with dementia and low vitamin B12 should be given maintenance therapy for life without making any comments on the problem associated with laboratory measurement of B12.

Leaving these minor criticisms aside, the book lives up to the other volumes in the series on 'Medicine of Old Age'. All professionals involved in the care of the elderly would find this book useful.

G.S. Rai,
Department of Geriatric Medicine,
Whittington Hospital,
London N19 5NF.

Diagnostic Picture Tests in Clinical Neurology, Malcolm Parsons. Pp. 127, illustrated. Wolfe Medical Publications, London, 1987. £6.50.

This little book consists of 200 photographs illustrating some 160 diagnostic problems in neurology and designed as a quick revision course for examination candidates. The clinical pictures are beautifully reproduced, the line drawings excellent, the X-ray reproductions only passable and some of the CT scans are poor. However, the only way to get the most out of such a book is to take pencil and paper and write down the answers. The double discipline of then checking with the crib at the end provides a unique opportunity to revise a wealth of clinical material in a relatively short time. You will be able quickly to run through a large number of common neurological problems (myasthenia gravis, ocular palsy, anatomy of the facial nerve, the cavernous sinus syndrome, causes of muscle wasting, several peripheral nerve lesions), to remind yourself of some rarer conditions (ataxia telangiectasia, Refsum's disease, the neurological complications of tuberculosis and Paget's disease, Miller-Fisher syndrome, dermatomyositis with subcutaneous calcification) and to learn something new (for me, cheiralgia paraesthetica, Twinning's kink and the 'one-and-a-half syndrome').

The author admits, in his preface, the difficulties in constructing these series of questions in an unambiguous way, but suggests that '... if an indignant student is driven back to his books that is no bad thing'. Questions such as 'What are the likely causes?' 'How would it present?' and 'What signs might be found?' often do not have agreed precise answers. Personal experiences and interests inevitably provoke a few specific comments – why not acknowledge the eponymous title of Ramsay Hunt in 44,45, surely the commonest cause of facial palsy and pain in the ear; cases of chronic genetically determined neuropathy are most accurately divided into HMSN Types I to VII; ocular myopathy must surely be included in the differential diagnosis of 156, 157 (when you have *not* yet seen the eye movements illustrated on the next page!); and I am sure some examiners in neurology would expect writer's cramp to be categorised as a focal dystonia and not psychosomatic!

However, these are minor and provocative comments. There is much to enjoy and learn in this little book. If the other titles in this series are equally good they can all be recommended.

M. Swallow
Department of Neurology,
Royal Victoria Hospital,
Grosvenor Road,
Belfast BT12 6BB.

Disorders of the Nose and Paranasal Sinuses. Diagnosis and Management, K.G. Marshall and E.L. Atria. Pp. xiii + 370, illustrated. Wright, Bristol. PSG Publishing Co., Littleton, Mass., 1987. £28.

This is an unusual book from Canada jointly written by a pathologist, a surgeon and an immunologist. It gathers, in one place, information only otherwise to be found in a variety of different books and journals. The approach of many of the