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 As always, a series of articles of this kind is inevitably outdated, in parts, by the time it appears – some of the developments in thrombolytic therapy and the identity and function of endothelium derived relaxing factor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.

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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.

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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.

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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

clinical chapters is problem-orientated and starts from discussion of specific clinical cases. The problems are then considered with the aid of an impressively wide range of references. All the classical concerns of rhinology, such as acute and chronic sinusitis, epistaxis and vasomotor rhinitis, are well dealt with, although the chapter on carcinoma of the paranasal sinuses, especially its treatment, seems short on detail.

The immunological basis underlying many nasal diseases is very well presented and these sections have been specially written by Dr Deborah Danoff, Associate Director of the Division of Clinical Immunology at Montreal General Hospital, and are one of the most valuable features of the book.

The chapters on disorders of the sense of smell, facial pain and snoring cover topics which have recently become much more prominent in rhinological practice and are good summaries of present knowledge.

This is a useful book which contains much new information as well as being a convenient summary of current knowledge on a very wide range of topics.

I would recommend this book as the most satisfactory basic rhinological textbook currently available.

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Gastrointestinal Disorders, Derek A. Coffman, John Chalmers and Gray Smith-Laing. Library of General Practice. Vol. 13. Pp. xiii + 207, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1986. £17.50.

Gastrointestinal disease is important and common, much of it is treatable in primary care, and many symptoms of it are potentially serious. As a subject it therefore offers both an intellectual and an organisational challenge, and this book is to be welcomed as volume 13 of the publishers' Library of General Practice. The text consists of 10 chapters, each devoted to a common presentation of gastrointestinal disease: nausea and vomiting, weight loss and anorexia, difficulty in swallowing, G-I tract haemorrhage, abdominal pain, jaundice, altered bowel habit, ano-rectal pain and pruritus ani. The way that these symptoms is discussed is sensibly and logically laid out, the standard of writing is on the whole high and the book is pleasant to read, with excellent diagrams and many useful tables. It is a pleasure to have been persuaded, as the series editor, John Fry remarks, by logical arguments and nuggets of hard-acquired wisdom to change one's clinical policies. But if Coffman can be likened to a literate senior partner, I must warn him that his juniors will also argue with him. They will challenge his use of unpublished statistics of general practice consultation rates, instead of the comparable figures from the National Morbidity Surveys; if the reason for his use of his own local research group's rates was because the 3rd National Survey was unpublished and the 2nd out of date, we should be told. Similarly, we will question the many statements which appear dogmatic in short textbooks – for instance we are told that H₂ antagonists should 'never' be prescribed before full

investigation, but I doubt whether every GP in the land – including Dr Coffman – could with hand on heart say they had never done so. The advice on whether in dyspepsia to go first for endoscopy or barium studies fails to come off the fence, nor did I find the discussion on reflux adequate (a marvellously helpful Personal Paper on the subject in the *Lancet*, 1982, i, 158–159, could have earned a place in the rather patchy references). I reacted against terms like 'strong psychiatric overlay' (p136) and '[elderly] patients are often poor historians' (p107). No mention is made of any of the questionnaires for detecting alcohol problems, and it is mere page-filling to be told that 'commercial glucose/electrolyte solutions may be used for oral rehydration' (everyone knows they may – the question is under what circumstances). I totally disagree with the statement (p156) that patients with a partial gastrectomy should be given iron supplements . . . and a *monthly* . . . injection of . . . *cyanocobalamin* 1000 micrograms (amazed italics added). Proof-reading and editing are of the usual 1980s standard, but pruritus is spelled right every time – except once.

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The Lumbar Spine and Back Pain, third edition, edited by M.I.V. Jayson. Pp. xii + 462, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £60.00.

Back pain remains an enigma to most clinicians, even those often treating it, largely because it is difficult to establish a true pathological diagnosis.

Alternative medicine practitioners often attribute problems to a loss of true 'vertebral alignment'. These claims are difficult to verify by conventional techniques. Nevertheless, patients are often grateful for their treatment using their own techniques.

For those clinicians who face the difficulties of accurate diagnosis and logical treatment based on a complete understanding of the pathology, this book will be a valuable source of reference.

The individual authors, of which there are more than 30, have retained their individual style and opinion, but nevertheless avoided overlapping too much, with the possible exception of the problems of spinal deformity, tumours, and the paediatric spine, each aspect of back pain has been covered with a chapter.

Students of biochemistry and biomechanics will find much in this book to aid understanding, and the chapters on radiology facet, joint pathology and spinal stenosis, present a full picture of the clinical problem very clearly, and are to be recommended.

Other aspects of back pain are given adequate treatment. If there is a bias in this book it is towards the conservative end of the treatment spectrum, but I believe it contains much for surgeons and physicians alike. Its best feature lies in the large number of references at the end of each chapter, which provides thorough review of the background, although the reference in the first chapter, requiring the student to read the previous edition because 'no new major insights have been