covered, although diseases of the scrotal contents (with the exception of testicular cancer) hardly get a mention. I looked in vain for information about urodynamics in a chapter entitled Urodynamics/Incontinence. Intracavernosal injection therapy for erectile impotence deserves to be included. The chapter on spinal injuries could be expanded to describe neuropathic bladder in general. Urological malignancies, trauma, lower tract obstruction and stones are dealt with admirably. The index is excellent for a book of this size. Most students could afford to buy this book and I recommend it as an aid to revision for both qualifying and subsequent examinations.

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Anatomie Pathologique Generale, Second edition, J. Diebold, J.P. Camilleri, M. Reynes and P. Callard. Pp. 352, illustrated. Editions Médicales Internationales, Paris, 1986. Ffr. 198.00.

This is the second edition of a book that has become a standard work both for medical students and catechumens in morbid anatomy as well as any francophonic medical practitioner wishing to keep up with advances in pathology. It is written by men who are at the forefront of French pathology and who are renowned as teachers: this is reflected in the clarity and concise composition of the text.

The book has been produced cheaply in the interests of student pockets and speed of production but loses very little nevertheless in comparison with many a more glossy tome. It is remarkable in the way it covers all essential current knowledge for the understanding of pathology in a succinct yet readable style, so much so that it would be worth translating into English as an adjunct to those books on general pathology available in Britain except that it does not comprise the necessary microbiology for the British general pathology undergraduate course. Any English medical reader with a competent knowledge of French, however, should find the text readily easy to understand.

Chapter headings, not surprisingly, follow the classical format but with emphasis on fields of topical importance: chapter 3 'l'inflammation' and chapter 4 'Notions d'immunopathologie' account for almost a third of the total. Although only some 40 pages are devoted to 'Pathologie circulaire' all the essential aspects of this important subject are covered. These three chapters together with 'Pathologie tumorale' account for three quarters of the total volume which is about right. Given the usefulness of this concise tome, it is surprising that the index is so perfunctory – the only major criticism of this noteworthy work.

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Clinical Microbiology. Sixth edition, by E.J. Stokes and G.L. Ridgway. Pp. xi + 338, illustrated. Edward Arnold, London, 1987. £19.50.

When I started in medical microbiology, I obtained a second-hand 1953 1st Edition 'Joan Stokes' and used it for many years. The 3rd Edition helped me through my MRCPATH examinations, and it has been a source of helpful information in the years since then. The 6th Edition, with the addition of Dr Ridgway to the authorship, adds to the book's stature and will be welcome to new generations of medical microbiologists.

As Sir Ashley Miles stated in the 1st Edition 'Dr Stokes insists a little on the academic approach'; a glance at the new edition shows that this continues, yet the whole book is, in essence, extraordinarily practical.

The book is organized in a logical fashion with the general principles of medical microbiology taking up the first four chapters, with sections on how to take specimens, their processing and what the results mean. This is then followed by a very concise chapter on 'Identification of Bacteria' where in some 60 or so pages the various tests used to differentiate bacteria of medical importance are discussed. It would be easy to pick holes in the author's choice of media, etc., here – but rather churlish – this subject is open to individual preference and long may it remain so. The following chapter on parasitology is both precise and comprehensive. The two sections on antibiotic therapy show the laboratory bias of the book, namely the control of sensitivity testing is admirable (as one would expect from the pedigree of this book) but the section on the application of this knowledge to practical situations is scant.

All in all, the most commonly recurrent thoughts on reading this book must be that it is comprehensive and concise and so it must appeal to all starting a career in medical microbiology. It will form a thoroughly sound foundation for them.

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Current Surgical Practice. Volume 4, edited by John Hadfield. Pp. x + 309, illustrated. Edward Arnold, London, 1987. £20.

This is the latest in a series of reviews, initiated in 1976, and based on lectures given at the Royal College of Surgeons by acknowledged experts. The topics chosen extend across the broad spectrum of surgery and as such are designed primarily for the surgical trainee embarking upon fellowship examinations. The intention is for the reviews to be as up-to-date as possible and most achieve this.

The topics covered include orthopaedics (knee instability, backache, painful joint replacement and spinal injuries), arterial surgery, head injuries, coronary artery surgery, transplantation, urinary tract stones, screening

for colorectal cancer and oesophageal problems. Each is well written and concise. I found the article on skin cover to be particularly helpful.

The editors themselves contribute a controversial article on 'Keeping Surgical Practice Current'. They mention this can be achieved by a 'stick' and 'carrot' approach although hopefully surgeons require neither to keep up to date.

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Death Dissection and the Destitute, by Ruth Richardson. Pp. xvii + 426, illustrated. Routledge & Kegan Paul, London, New York, 1988. £19.95.

Obtaining sufficient corpses for dissecting purposes traditionally posed great difficulties for anatomy teachers, for they were legally entitled only to the bodies of executed murderers. This bottleneck gave rise to the unsavoury trade of the bodysnatchers ('resurrectionists') and worse still to Burke and Hare. From the viewpoint of medical education, the Anatomy Act of 1832 proved the ideal rational solution to this problem, giving medics the right to unclaimed bodies of those dying in pauper institutions such as the workhouse.

The great merit of Ruth Richardson's scrupulously researched and often moving study, however, is that it tells the story of the Act from other viewpoints too, above all that of its 'victims'. The common people possessed elaborate rituals of 'watching' and burial which upheld the sanctity of the corpse. For them, the Act in effect turned the fate once reserved for criminals into the punishment of poverty itself. Not surprisingly, popular opposition to the Act erupted in anti-doctor broadsides and riots, especially as its passage coincided with the first great cholera epidemic.

Sound policy to some may be outrage and sacrilege to others. This sensitive book is a splendid historical eye-opener to the wider dimensions of medical decision-making.

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Domiciliary Terminal Care, by D. Doyle. Pp. viii + 130, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £6.95.

The first essential for doctors and nurses providing terminal care is to bring physical comfort to patients by using our knowledge and skills to control distressing symptoms. In this slim and well produced volume Dr Doyle begins by setting out with succinct clarity the medications and

therapies appropriate for symptom control in terminal illness. He goes on to amplify these by describing the equipment and appliances needed for domiciliary care.

Communication in medical care is frequently either ignored or ineffective. In terminal care bad communication can be disastrous whereas good communication can work wonders, although it must be recognized that it may at times be both time consuming and emotionally draining. There are thoughtful chapters on talking to the patient, the family and to our professional colleagues. Particularly useful are guidelines on spiritual needs and a summary of various religious and cultural attitudes.

In the final chapter, 'Bereavement', Dr Doyle emphasizes that grief starts when the diagnosis is first made. Appropriate support for the grieving family in its various stages is a necessary continuum of terminal care.

Appendices giving useful addresses, lists of drugs and a bibliography complete this excellent book. The information it provides should enable family doctors and nurses to have the confidence to provide efficient and effective terminal care in their patients' own homes. After all home is where most people would prefer to be in their terminal illness.

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The Management of Motor Neurone Disease, edited by G.M. Cochrane. Pp. 104, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1987. £4.95.

Any book or pamphlet that aids the lot of the MND victim is indeed welcome. This nicely produced paperback is readable, informative and inexpensive. It is written at the behest of the Motor Neurone Disease Association and is aimed at family doctors and the ancillary primary carers. It is based on Cochrane's experience at the Mary Marlborough Lodge, Oxford where fifty new referrals each year are afflicted by this terrible, crippling and incurable disease.

There are six chapters. The first two are medical accounts of the disease, its prognosis and diagnosis. These will be of help to the GP, but it is a pity that the editorial red pencil did not reconcile some major contradictions between them: Greenhall rightly observes that fasciculation may be present before weakness and wasting, whereas Wordsworth states 'Fasciculation never (sic) precedes weakness.' The latter's chapter also tells us that 'the abdominal reflexes and Babinski reflexes remain normal until late.' But Greenhall correctly remarks that 'reflexes are often brisk with extensor plantar responses.' This is not nit-picking because these elementary clinical errors could mislead the intended GP reader and cloud the diagnosis.

There is an excellent and practical chapter on communication and swallowing problems by Enderby and Langton Hewer, and a survey by Cochrane of the personal needs