Type II diabetics.

In the sections on Endocrine Diseases, the manual is dealing with a younger patient population, some of whom obviously have conditions which are rare in the surgeon's experience, e.g. Addison's disease, Cushing's disease, pheochromocytoma. These sections also, however, are clear and concise. Emergency surgery in the presence of hyperthyroidism is surely an extremely rare problem and the advice that surgery should be deferred until clinical and biochemical euthyroidism is achieved, is obvious. It was surprising to note that propylthiouracil and methimazole are the only two anti-thyroid drugs available in the United States.

The manual concludes with a section on 'Nutritional Support' which, as with the other sections, clearly lays out guidelines which are of value. As well as being a valuable compact and concise manual of pre-operative assessment for surgeons and anaesthetists, it also provides a handy reference to the management of most acute medical emergencies.

A.J.S. Gardiner
Medical Unit,
Monklands District General Hospital,
Airdrie,
Lanarkshire.

Medical Genetics – An Illustrated Outline, Andrew Read.
Pp. viii + 152, illustrated. Gower Medical Publishing,
London, New York, 1989. \$14.95.

This book is a veritable mine of information ranging in 8 chapters from the human genome, gene mapping through population genetics and chromosome abnormalities to non-Mendelian conditions.

Its style is succinct with helpful definitions, e.g. chromosome walking, lod scores and bias of ascertainment. The point that dominance and recessivity are strictly properties of phenotypes and not genes is well made. However, sometimes basic knowledge is assumed.

The many diagrams are excellent, although I wonder why ability to smell freesias and ability to roll the tongue are chosen to represent autosomal recessive and dominant characters, instead of medically relevant examples. Choice of loci for the human gene map seems to be somewhat arbitrary, nor is there a key for the locus symbols. In the diagram on DNA fingerprinting, I suspect that many readers might like to know who Johnny's father really was! The text and illustration are sometimes in an unfortunate juxtaposition, e.g. that on Robertsonian translocation Down's syndrome is placed above a karyotype of a balanced reciprocal translocation carrier, without any indication of where gain and loss of chromosome material has occurred. Although described as an illustrated outline or dictionary for the student of medical genetics and allied disciplines, it is, in fact, very comprehensive, except for its clinical aspects. In the index, few diseases are included, even though referred to in the text. While it could be used by pre-clinical students, the lack of clinical information would render it inadequate for their clinical years and there are a number of books which satisfactorily cover both aspects. It could be valuable for those training in clinical genetics and also to

work in medical genetic laboratories, but I suspect that most clinicians would be disappointed. For those who already have texts on clinical genetics, it would be a valuable source of information, but not as the only book on your shelf.

A.W. Johnston
Department of Medicine and Genetics,
University of Aberdeen,
Aberdeen Royal Infirmary,
Aberdeen AB9 2ZB.

Readings in Medical Sociology, edited by Sarah Cunningham-Burley and Neil M. McKeganey.
Pp. x + 261, illustrated. Tavistock/Routledge, London, New York, 1989. £10.95 paperback.

This collection of papers covers a range of work currently being undertaken in the field of medical sociology. The approach is empirical and includes the study of verbatim reports of conversations with ill and healthy people as well as reviews of areas of particular concern. The papers describe the social context in which illness occurs using diabetes and drug abuse as exemplars; beliefs and practices concerning illness and health in differing social strata and of mothers with regard to their children's illnesses; the problems professionals and their clients/patients have in understanding each other and the challenge of organizing the delivery of care.

The relationship between the emergent discipline of sociology and the traditional conventions of medicine continues to be uneasy as the long established and traditional profession moves over to accommodate new insights and the new and untried flexes its muscles to identify and establish its fields of competence and in doing so treads on a few corns. The explosion of advances in scientific technology of recent years and problems of language and terminology do not help.

There are many who, accustomed to the rigorous testing of hypothesis by scientific method, will find the search for confirmation of pre-conceived notions a poor substitute. Many gynaecologists and obstetricians will be startled to find themselves described as greedy, selfish and careless imperialists and their achievements in reducing maternal and peri-natal mortality in recent years described somewhat disparagingly as the medicalization of a natural process. Nevertheless the standards of objectivity in most of the papers is of a high order and the reality of importance of the issues raised cannot be denied. A very comprehensive bibliography leads the reader into further examination of these issues.

This little book makes good reading and provides a stimulating experience for all who claim to care for people on a professional basis. It represents a nice bunch of Horobin's flowers including some which need not be watered, and the ethics of cellular biology and organ transplant are not even mentioned.

C.P. Tanner
Rosegarth, Backcrofts,
Rothbury, Morpeth,
Northumberland NE65 7XY.