

there is a clear and largely painless introduction to the way growth charts are produced as well as used, with a good explanation of their limitations.

To do full justice to this book perhaps requires a deeper knowledge of human structure and function than would be expected from this audience, but they will already be meeting so many of the subjects raised that this should encourage them to seek out the answers.

The use of animal comparisons encourages lateral thinking, and the section on old age warns that most longevity is prolonged disability.

I thoroughly recommend this readable paperback to the suggested audience, and suggest some clinicians might find it of interest.

John Atkins  
Swainby,  
Northallerton,  
N. York

**How To Do It: 3.** Pp. x + 203, illustrated. British Medical Journal, London, 1990. £6.95, abroad £9 incl. airmail p. & p.

The high and consistent reputation of the *BMJ* is testimony to the excellence of the editorial team and the incredible contacts they seem to have. Most of the medical profession feel the need for a journal which fills so many roles, catering for those who need their next job, those who seek to keep up generally in the scientific sense, and those who like to know what is going on in the profession. In addition, week after week, there are series of enjoyable and well written commissioned articles, of which this is the latest anthology.

Whilst the title is a little uninformative and might mislead somewhat, the nature of this book is evident from the contents page. It is, quite simply, what doctors need to know once they have passed the stage of sitting exams. It continues the wisdom of the first and second volumes in this series and is full of what I have learned the hard way, and what young consultants and GP principals should now be encouraged to learn the easy way.

The articles on management, personnel matters, fund-raising, publicity, lecturing and care of lecturers are the most useful ones. Arguably the clinical contributions, such as the setting up of coronary rehabilitation, DNA diagnostics, and diabetic care in general practice, should have been included in another collection. Even so, despite the slight incongruity of some subjects, the enjoyment and standard is consistent.

The *BMJ* is run by literate, educated people. This series is written by various friends and contacts who are of the same genre. It therefore provides enjoyment to those who enjoy good writing. It would be a lie to say that one could not be without this volume; but it's nice to have a copy, and in its own modest way it will continue to be a useful reference book in Postgraduate Centres.

Robert A. Wood  
Perth Postgraduate Medical Centre,  
Perth Royal Infirmary,  
Perth PH1 1NX

**Ear, Nose and Throat Disease**, Kevin P. Gibbin and Patrick Bradley. Pp. 156. Springer-Verlag, London, Berlin, Heidelberg, New York, etc., 1989. DM 35.00 softback.

This paperback book of multiple choice questions in otolaryngology succeeds well, although 156 pages of MCQ sounds indigestible. However, the authors have produced a modestly priced work, which provides education, self assessment and indeed, entertainment. The format is clear with ready reference to the answers, which appear overleaf on every page. Points of detail are provided with the answers, which reinforce the educational value and largely overcome the boredom factor, which so easily sets in with such works. The subject matter is pragmatic, clinically orientated, and generally non-controversial. Postgraduate nursing students and junior ENT medical staff will find it invaluable, although most medical students, with the inadequate time devoted to study for specialty, will find it heavy going.

Your (Consultant) reviewer undertook the self assessment exercise scoring some 85% over all, and enjoying the occasionally contentious statement.

At least one copy should be in every ENT Department library.

R. Pyke  
Northampton General Hospital,  
Northampton NN1 5BD

**On Stress Disease and Evolution**, Graham W. Boyd. Pp. iv + 246. University of Tasmania, Hobart, Tasmania, 1989. A\$29.95 paperback.

Some approach cardiology as if the heart was autonomous and prone to accidents related to diet, smoking and other factors nominated by epidemiologists. Others see it as the innocent and subordinate member of a brain-heart couplet whose functions are both sensitive to interactions with the external environment, and vulnerable to catastrophic disruption when the products of arousal outstrip homeostatic control and physiological tolerance. Professor Boyd belongs to this school and puts his case clearly. He presents the evidence for the view that focal vasoconstriction can generate both patchy atheroma and the dynamic causes of angina pectoris and myocardial infarction. He describes the real or hypothetical role of focal vasoconstriction in a number of other conditions that include hypertension, Raynaud's disease, migraine and epilepsy, asthma and Crohn's disease. These conditions can be regarded as disorders where the quantity rather than the quality of responses leads to pathological changes. I am sympathetic to his case because hyperventilation, which can heighten arousal and trigger vasoconstriction in some circumstances, appears to me to be important in these conditions.

I am not well enough steeped in cancer and evolutionary theory to appraise Professor Boyd's observations on those fields, but he sounds honest and plausible. His book is a useful guide to the history and philosophy of science.

Its chief gift is a better hypothesis than we have had, i.e., a better framework for comprehending cardiology's explosion of fact-finding; a better model for accommo-