and infective causes must not be overlooked. It would be a calamity if a patient was treated with high dose steroids for supposed neurosarcoidosis when he really needed amphotericin or fluconazole for fungal meningitis or even anti-tuberculous chemotherapy. Direct staining of clinical specimens remains the most rapid and reliable method for the diagnosis of pulmonary tuberculosis, but future techniques are reviewed including DNA amplification by polymerase chain reactions recognition of tuberculostearic acid by gas chromatography, and adenosine deaminase activity in pleural effusions. Turn to this monograph for up-to-date guidance on AIDS and its associated mycobacterial infections. If you practise in any of these fields you will enjoy an extensive bibliography. This monograph is modestly priced and nicely produced.

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Practical Guide to the Care of the Medical Patient, edited by Fred F. Ferri. Pp.xii + 804, illustrated. Wolfe Publishing, London, 1991. Paperback £24.95.

For a small volume, this book packs a powerful punch. Designed to provide a rapidly accessible and comprehensive practical guide to medical diagnosis and management, it is crammed with information, both physiological and of the 'how to' variety, across a wide spectrum of specialties including psychiatry and dermatology. Each disorder is described (in note form) in terms of definition, general approach and background theory, followed by clinical features including the important points of history-taking and physical examination; thereafter the principles of management and diagnostic studies and procedures are outlined, as practised in American hospitals. The section on differential diagnosis gives a useful initial guide according to presenting sign or symptom.

So concentrated is the book's presentation, however, that I felt somewhat beaten up by it when I had reached the end; it tries to do too much. Space for annotation would have been very useful, especially in view of the entirely American style and use of units and drugs. This represents its main drawback – many of the management plans suggested simply do not reflect British hospital practice, and even though it contains a vast amount of well-organized information, a significant amount is useless to our junior staff.

In summary, were I going to the USA to work, I would buy it tomorrow, but for the present, stick to one of the British equivalents.

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Advice for House Surgeons, C.D. Johnson. Pp. vi + 52, not illustrated. Beaconsfield, England, 1992. Paperback £4.50 from bookshops, £4.95 post-paid.

I enjoyed reading this booklet, it took me back to my days as a house surgeon. The emphasis in this book is on

organizing oneself to give excellent service to one's patient, one's registrar and one's consultant. This service aspect of the post is covered very well. I had hoped to see chapters on 'How to make sure you are getting trained' and 'How to obtain counselling on your progress and your future.' Nowadays, the emphasis is on training for pre-registration house officers rather than successful survival of an obstacle course. Nevertheless, the author has succeeded in producing a 'survival kit' and its open and friendly style is a model of today's relationship between house surgeons and consultants.

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Congenital, perinatal and neonatal infections, edited by A Greenhough, J. Osborne and S. Sutherland. Pp. 245. not illustrated. Churchill Livingstone, New York, Melbourne, London, Tokyo, Edinburgh, 1992. Hardback £29.50.

If you enjoy grubbing around in the garden whilst hurling insults at your neighbour's cat this book may well spoil your enjoyment when you reach *Toxoplasma*! That, however, should certainly not stop you from buying this excellent book. As a practising obstetrician I have searched extensively and without success for a good book on infection until now.

These editors have produced a clear, concise and readable guide to the everyday clinical problems produced by infectious diseases and faced by obstetricians and paediatricians.

The first three chapters are a clinical approach by clinicians for clinicians. The next is a hard-hitting painfully searching challenge from the laboratory suggesting clinicians are prone to send (anonymously) the wrong specimen, incorrectly labelled, for the wrong reason, for the wrong test, and in the wrong container! Which of us can claim a totally clear conscience? There follows 16 chapters covering the different infections, with helpful and – in most cases – clear and concise advice about management even in such confused areas as the mode of delivery in maternal genital *Herpes* infection.

This is a very useful reference book but will, I believe, well repay being read from cover to cover by obstetricians, paediatricians and their trainees. It will find a valued space on my bookshelf.

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Atlas of Gastric Surgery, edited by M.J. Zinner. Pp. xiv + 342, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, Tokyo, 1992. Hardback £90.00.

The policy of this series, stated in the foreword, is to link surgeons with great experience and superb artists. Dr Michael Zinner undoubtedly fulfills the first limb of the