

but wide survey of the subject, including anatomy and pathology. The general practitioner looks for a thorough discussion of common problems with emphasis on recent ideas, and it is doubtful whether these very different needs can be met in one volume. The continued popularity of this book for over 22 years is a tribute to its merits rather than a mark of success in solving this problem.

Outline of Orthopaedics. JOHN CRAWFORD ADAMS, M.D., F.R.C.S.
Third edition, Edin. and Lond: E. & S. Livingstone Ltd, 1960.
Pp. vii + 440. Price 35s.

It is only when the doctor enters general practice that he realizes that orthopaedics will constitute a large amount of his work and this book will certainly provide him with the answers to many of his problems. It is clear and lucid, well illustrated and is confined to orthopaedics, excluding fractures which are dealt with in a companion volume by the same author.

It is satisfactory to note that the author deplores the present day fashion of labelling a patient's symptoms as due to psychogenic factors when the truth is that in many cases the cause of the trouble has not been located.

This is an excellent, readable book for the general practitioner.

The Aetiology and Arrest of Pre-eclamptic Toxaemia with Early Ambulant Treatment. K. DOUGLAS SALZMAN, M.D., M.R.C.P.(ED.),
D.OBST.R.C.O.G. London: H. K. Lewis and Co. Ltd, 1960.
Pp. 69.

The author is in general practice in Reading and is in charge of the Delwood general-practitioner maternity unit. He devotes the first third of his book to his theory that toxaemia is a stress reaction caused by the entry into the maternal circulation of transplacental hormones from the foetus, a hydatidiform mole, or the placenta itself. He gives a plausible explanation of the principal features of toxaemia in terms of this theory. Less controversial is the author's brief but useful account of the symptoms, signs and early recognition of toxaemia.

The remaining two thirds of the book is an account of the ambulant treatment of the hypertensive patients in the author's series of 569 booked but not unselected cases, for which he uses and strongly recommends reserpine. A total of 160 patients was treated, commencing in some cases in the first trimester. Only two patients required induction and only 6.8 per cent of babies were premature. Two babies were lost; one probably not, and one certainly not, as a