

the arrhythmias and congenital heart disease have been enlarged and this edition contains 40 more pages. It costs 7s. 6d. more.

It is intended for students, resident medical officers and general practitioners who need a fuller presentation of the subject than is given by the text books of general medicine. It fulfills this purpose admirably and is well written in a clear and forthright style. There is no room for argument in a book of this size; the authors make unequivocal statements and avoid the discussion of pros and cons. It inspires confidence and seems to contain just what the 'general' general practitioner needs to know. The stress is on physical signs, bedside diagnosis and home management, with sufficient information on modern cardiological techniques to enable the general practitioner to appreciate what can be done for the patient in modern cardiac units.

As more group practices are formed, more general practitioners are becoming interested in cardiology and do their own electrocardiography. Although they require larger text books giving greater detail, this one is a valuable acquisition and is too modestly described as a guide.

It is very well produced, copiously illustrated, has a good index and is a convenient size.

Backache in women. Second edition. E. SCHLEYER-SAUNDERS, M.D., F.I.C.S. Bristol. John Wright & Sons Ltd. 1966. Pp. 90. Price 21s.

The author of this book had had the most valuable experience of all before writing on backache. In the first sentence of the preface to the first edition he claims experience of pain in his own back. The subject matter of the book covers backache in men as well as in women, save for the first chapter on gynaecological backache, but the author's understanding of the postural as well as the physiological and pathological difficulties of a woman's life makes an unusually useful short book. The brief foreword by the late Professor W. C. W. Nixon emphasizes this. The introduction reveals this general approach to the problem of 'The Back'. The value of the patient's story in her own words, especially of the onset of pain, her movements in sitting and undressing, the shoes and the belt that she wears are all included. A family history of backache, the result of skeletal pattern and especially of long femurs is not referred to, nor is the risk of flat heels worn on holiday in middle age, though the disadvantage of undue height of heel and ill-fitting shoes generally is emphasized.

It is to be expected that a gynaecologist gives full and sympathetic review of pelvic sources of backache, but the orthopaedic section of the book is equally useful and the rheumatic one has good suggestions. Causes of backache in pregnancy and the puerperium due to postural and tissue changes are well surveyed, and there is careful analysis of the risks of rotation when one leg at a time is placed in the lithotomy position, and of the exaggerated lumbar curve, causing pain, that can result from unsuitable stirrups. The chapter on intervertebral disc lesions has been rewritten for this edition, with clear diagrams and discussion of differential diagnosis and choice of treatment including surgery. Not all readers will share the author's support for osteopathy; he has been at

pains to explore the subject, noting the change in background principles and appreciating the technical skills to the full.

The general rules in the treatment of backache and especially the brief chapter on prophylaxis will be particularly useful to family doctors, who have so often to advise on how to live with a vulnerable back without allowing it to dominate their habits excessively or colour existence with fretful despair. This short book could be of daily use in family practice; it is concise and readable as well as serving for reference.

Glaucoma. Epidemiology, early diagnosis and some aspects of treatment. Proceedings of a symposium held at the Royal College of Surgeons of England. Edited by L. B. HUNT, M.A., M.B., B.CHIR., D.P.H. Edinburgh and London. E. & S. Livingstone Ltd. 1965. Pp. x + 127. Price 12s. 6d.

The belief that in a number of disabling diseases case-finding and early treatment are essential grows steadily and with it the conviction that it is among the patients of general practitioners that early cases must be sought. Once problems of definition of what constitutes early disease have been overcome, bronchitis, hypertension, arthritis and a number of other disorders come into the range of the field epidemiologist. The diabetes survey carried out by the Research Committee of Council was a typical example.

In recent years a number of proposals have been made that the prevalence of glaucoma be studied in the context of general practice and a number of studies are now in plan or progress, using tonometry as the case-finding method. Those concerned with such studies should regard the report of this symposium as compulsory reading.

The papers read at this meeting, by British and American contributors, are very valuable not only on account of their factual material but also because they illustrate the meticulous care which must have been taken in measuring, correcting for and overcoming biases in and between observers, practical difficulties to which some methods are more liable than others.

One outcome of the discussion was that raised intraocular pressure with cupped optic discs and a visual field defect, occurring in a patient aged over 60 was to be regarded as glaucoma. Discussion then followed on the research value of surveys to determine the natural history of the condition as opposed to case-finding campaigns where the object was to uncover presymptomatic cases to bring them under care.

There seemed general agreement that applanatic tonometry was capable of variability in interpretation and tended to give false positive readings. The ophthalmoscope, in the hands of an experienced person, received more general support as a diagnostic tool. Whether the practitioner, as opposed to the ophthalmologist or the optician, could develop adequate facility with this instrument was, curiously enough, not discussed at all.

The discussion following the papers is included in full, illustrating the uncertainty which still exists in many aspects of ophthalmic epidemiology. The report contributes to standardization of both definitions and