

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

methods, and indicates that there is scope for work on selected groups of those at greater risk. Certainly these groups should be identified in practice and, this done, we should consider the purchase of new ophthalmoscopes.

**The role of obstetricians in maternal and child health programmes.** Report of a symposium. World Health Organization. 1964. Copenhagen. W.H.O. Regional Office for Europe. Pp. 81.

This is a report of a seven-day symposium held at Copenhagen in October 1964 which was attended by representatives from most European countries. The meeting was an informal round-table conference and the 19 participants included obstetricians, paediatricians and Public Health administrators.

The conference concluded that there should be close co-operation between the paediatrician and the obstetrician who should also be a gynaecologist, including preconceptional consultation in some circumstances. Changes in obstetric and paediatric teaching to give medical students, midwives and nurses learning experience in the community as well as in hospital were suggested.

Standard definitions of causes of mortality and morbidity should be adopted in all countries and comprehensive surveys which disclose these causes are required. It was thought that fully equipped maternity units in association with large general hospitals should replace small isolated hospitals where a full range of modern services is not readily available. Emphasis was given to the need to select 'high risk' patients for special care, and the need to introduce health education into the training of the child from its earliest years.

Thirtyeight references to the subjects under discussion are given, together with a series of suggested definitions.

**Current diagnosis and treatment.** Fifth edition. HENRY BRAINERD, M.D., SHELDON MARGEN, M.D., MILTON J. CHATTEN, M.D., and Associate Authors. Los Altos, California. Lange Medical Publications. Oxford. Blackwell Scientific Publications. 1966. Pp. 916. Price 72s.

The 1965 edition which was also the first edition of this year book was reviewed in the January 1966 number of the *Journal*. Future year books will be published in January of each year. Essentially, it is a book for reference to current diagnostic techniques and treatment; or for rapid revision of disease states. The notes are short and precise and perhaps a little dogmatic. There seems to be a greater emphasis on laboratory investigations, x-rays etc., than one finds on this side of the Atlantic. Drugs are listed under approved names as well as their proprietary names which greatly helps to eliminate some of the difficulties in using textbooks from another country. On the whole a good book for the price and inasmuch as there is no similar type of book produced in Britain, it would be a useful acquisition.