

Hospital, near Edinburgh. The work has quite evidently been painstaking and thorough, and though many of the findings are such as one might expect, the report shows up some unexpected deficiencies and levels of attention given by local authorities to the problems on their doorsteps.

Accidents at work (all male, mostly miners) and on the road account for three-quarters of the patients studied. A surprising number return to work. The percentage falls with age and there is a correlation between those who do not work and the financial situation. Of 42 manual workers injured at work, 30 get compensation, of whom six now work, though 19 could do so. On the other hand, all the professional group who are fit, are at work; and of 15 others—a mixed bag—nine could work and only two do not.

Control of urine and bowels, muscle spasm and skin lesions are factors of great importance in producing peace of mind and ability to work.

Those who are injured apart from work usually suffer comparative and unjust financial strain; 29 of those seen were considered to be in real hardship.

There are sections on housing, transport, sport, holidays, hobbies and church connection. The booklet ends with 'Conclusions' which should be stimulating to those concerned.

French's index of differential diagnosis. Ninth edition. Edited by ARTHUR H. DOUTHWAITE, M.D., F.R.C.P. Bristol. John Wright & Sons Ltd. Pp. xi + 1034. Price £6 15s.

French's *Index of Differential Diagnosis* is now 52 years old. Apart from textbooks of anatomy the reviewer can think of no other medical textbook which has survived as long. The major alteration in this new edition has been the preparation by computer of the index; this runs to 169 pages. Several tests were carried out to see if symptoms, signs of diagnoses could be identified. The index worked each time. On the other hand, the reviewer has never found a personal need for such a textbook. It cannot, in his opinion, replace monographs or critical studies. Such a book tends to be dogmatic and in many places the reviewer found himself at odds with the opinions expressed in the book. To provide examples would be invidious.

Viewed from the point of view of the general practitioner there is an impression that the rare is given greater prominence than the more frequently met pathology seen in general practice. It may be argued that in a book of reference there is need for the rare. This may be so, but it is disquieting to find in close proximity only two columns on depression, three columns on dysmenorrhoea but 16 columns on dwarfism. (Even allowing for illustrations there appears to be a lack of sense of perspective). Yet the 52 years survival points to a need felt by a sufficiently large number of purchasers of this book. No doubt it will survive many more decades and editions.

Hamilton Bailey's emergency surgery. Eighth edition. Edited by T. J. McNAIR, M.D., F.R.C.S. Bristol. John Wright & Sons Ltd. 1967. Pp. xv + 1026. Price £8 8s.

This is the first edition of 'Hamilton Bailey' to be edited by Mr T. J. McNair. It is acknowledged by the editor that this book is not intended for the experienced general surgeon, rather it is aimed at the inexperienced surgeon working even alone under far from ideal conditions. Even less, therefore, is it intended for the general practitioner working in circumstances such as we have in Great Britain. Why then review it in this *Journal*?

There are two adequate reasons for this. First, there are members of the