

and what they consider most important; the more a patient is told the greater proportion he will forget; age and intelligence have no relation to memorizing, but the more medical knowledge a patient has the more he will remember. Getting the patient to write down what he is told gives him a record to consult and does not interfere with memorizing.

The research work described here was done on hospital patients and volunteers. General practitioners who read it may think at first that it does not apply to them. As they read on, I doubt if any will fail to have heart searchings about their own methods of communication. How many of us, for example, can count ourselves successful in getting patients to reduce weight or stop smoking?

Mr Ley and Dr Spelman suggest that group discussion methods may be more effective than individual instruction. Some general practitioners have used these, but individual instruction is still the commonest means of influencing patients and is likely to remain so. This book will help us to think about our own methods.

Treatment of common skin diseases. London. British Medical Association. 1967. Pp. 116. Price 10s. 0d.

This book contains 14 articles already published in the current practice section of the *British Medical Journal*. Fourteen well-known dermatologists have contributed up-to-date advice on the management of the commoner skin disorders.

In the last three decades no department of medicine has changed and developed more than dermatology. From being more or less a part-time hobby of a general consultant it has become a highly specialized subject. Yet in no other department of medicine is empirical treatment so widely used. For it is true that the majority of skin eruptions are expressions of disorders elsewhere in body or mind, and in consequence local therapy must deal largely with symptoms and signs. The advent of hydrocortisone and its derivatives, with their anti-inflammatory and antipruritic effects, has consequently proved an invaluable adjunct to the armamentarium of the dermatologist. Their external use is advocated in certain circumstances in each of the 14 articles—from atopic eczema to warts, from varicose veins to psoriasis. There is complete agreement that they should not be taken internally except in extreme circumstances. All the articles are good and together they provide an excellent refresher course on the management of the commoner skin disorders seen in this country.

This is the first book in the current practice series to be published in paperback. Its size and lightness makes it an easy book to handle in easychair and bed, the stiff paperback standing up well to the latter treatment.

A doctor's guide to court. Second edition. KEITH SIMPSON, M.A., M.D.(PATH.), F.R.C.P., F.C.PATH., D.M.J. London. Butterworths. 1967. Pp. ix + 197. Price 45s. 0d.

The first edition of this book was reviewed in these columns in 1963. Our opinion of it was high and we are not surprised it has achieved a second edition in so short a time for a book of specialist interest. The new edition is materially the same as the last but it has been brought up-to-date in places, and a further chapter on matrimonial causes will be welcomed by general practitioners who are so often consulted on these rather awkward and tricky matters and who have quite frequently to attend court.