

often delayed or inconsistent. If, alternatively, we could periodically monitor his body with a view to reassessing certain parameters accurately and assess their variation with a view to the detection of any exponential trends, we might hope to diagnose disease in the abstract at a much earlier state than we do at present.

Marlow.

BRENNIG JAMES.

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Velcro sphygmomanometer cuffs

Sir,

Two new velcro sphygmomanometer cuffs which we purchased a few months ago have been found to give intermittent abnormally high blood pressure readings. My suspicions

were aroused when one particular patient during an antenatal clinic, whenever she saw the nurse in a different building had a normal blood pressure and whenever she came to see me her diastolic was raised to 120. When I was treating another patient for hypertension which would not respond to a variety of hypertensive drugs, I became extremely puzzled when he repeatedly reported that he felt terrible with dizziness and fainting. This culminated in a diastolic pressure taken with the velcro cuff of 170/Hg and hypotensive symptoms.

As an example, three consecutive readings with both types of cuff were as follows:

Man aet 47 years
 Old style cuff 180/20
 Velcro cuff I 230/160
 Old style cuff 180/30

I would be interested to know whether anybody else has encountered this problem?

Magnolia House, DAVID. B. CONNELL.
 Sunningdale.

Book reviews

Modern trends in obstetrics 4. R. J. KELLAR, C.B.F., F.R.C.S., F.R.C.P., F.R.C.O.G. London. Butterworths. 1969. Pp. ix+370. Price £3 15s. 0d.

Modern trends in gynaecology 4. R. J. KELLAR, C.B.E., F.R.C.S., F.R.C.P., F.R.C.O.G. London. Butterworths. 1969. Pp. vii+274. Price £3 4s. 0d.

The fourth in the series of modern trends in obstetrics edited by the professor of obstetrics and gynaecology, University of Edinburgh, consists of 12 papers by 15 authors, seven from Scotland, four from London and one each from Newcastle-on-Tyne, India, Nigeria and Australia. Of importance to general practitioners are chapters on the social content of obstetrics, rhesus iso-immunization, hypertension in pregnancy and myometrial contractability in pregnancy and labour. But many new advances are made on the fringe of knowledge; even in these chapters there is not a great deal of new material which will be of immediate practical value to him. There are chapters on cytology of pregnancy and the foetoplacental unit in which are discussed advances in diagnosis by cytological and hormonal assay methods, procedures at present available in a few centres only perhaps to become more widely adopted in the future.

The summary of advice to rhesus negative

patients has an unfortunate opening sentence "A rhesus negative woman need not be concerned about anti-Rh antibodies until her first baby is born . . .". The first abortion may be more than enough! Indeed the lengths to which it is necessary to go, by way of amniocentesis and interuterine transfusion to obtain babies for some rhesus negative mothers suggest that a wise girl, when choosing a father for her children, should know her own group and those of the contenders, and if she is rhesus negative should seek expert advice before conception rather than after delivery.

Like the companion volume on obstetrics, *Modern trends in gynaecology* also is written partly by authors from abroad. There are ten papers by 12 authors, three from Scotland, two each from Birmingham and Hong Kong, and one each from London, Sheffield, United Arab Republic, U.S.A. and Australia. Of especial interest to general practitioners are chapters on antifertility drugs (from London) and intrauterine contraceptive devices (from USA), subjects in which he needs to be up to date to ensure that he is in advance of his patients. The tendency is, however, to deal with theory and research rather than established practice. Other subjects in which he needs a working knowledge and to which a chapter is devoted are psychosomatic aspects of gynaecology, urinary incontinence,