

drawings which in some cases are either too crude or too poorly labelled to be self-explanatory. However, urology is certainly an ideal subject to cover in this manner. The reviewer was particularly impressed by the sections on renal function and acid-base equilibrium.

Whilst not directed at the general practitioner, this book is an easy way to revise or bring oneself up to date with a non-controversial view of modern urology.

**Clinical Chemistry.** C. P. STEWART, D.SC. (DUNELM.), PH.D. (EDIN.), and D. M. DUNLOP, B.A. (OXON.), M.D., F.R.C.P. (EDIN.), F.R.C.P. (LOND.). Edinburgh and London, E. and S. Livingstone, Ltd, 1958. pp. 342. Price 27s. 6d.

This book is well known to Edinburgh students and housemen for whom it was primarily produced in 1931. That it is now in its fifth edition is clear enough indication that it fulfils the purpose for which it was originally designed, but if it were more widely known there would be a greater demand for it from general practitioners.

In general practice we lose our familiarity with clinical chemistry as time goes on, and laboratory reports not infrequently have little significance for us. If we take the trouble to refer to large books on biochemistry and applied physiology, we are dismayed at the discovery that so much has been forgotten, and no longer feel capable of the effort of relearning it. This book provides exactly the level of information that the general practitioner needs and makes a difficult subject seem easy. The object and purpose of chemical investigations are explained with emphasis on those of proven reliability, while those of lesser or doubtful value are given a minor place, and the reader is reminded that as these may be time consuming in the laboratory they should seldom be asked for. Only those techniques which are within the capabilities of the general practitioner are fully described, and this selection is very well done. Of the tests which must be done in laboratories, adequate explanation is given of the preparation of the patient, and of the reason for special precautions in the collection of samples. A book of this kind could easily be spoiled by oversimplification but this has been avoided.

The addition of a few pages in the appendix concerning statistical methods would be useful. As transaminases are mentioned in the text, it would be helpful to include "myocardial infarction" in the index. At page 120, anaemia might be added to the common causes of nocturia. The words are not in correct order at line 9, page 29. In the text, reference is made to "mean corpuscular haemoglobin concentration", whereas in the appendix, only the

method of determining the "mean corpuscular haemoglobin" is shown; these are totally different expressions and as they are numerically similar confusion could arise; as a probable source of ambiguity to those unfamiliar with haematology, this should be clarified.

The book is a convenient size, well produced, adequately supplied with charts and tables, and has a good index.

**The General Practitioner's Guide to the Treatment of the Chronic Rheumatic Diseases.** HENRY WARREN CROWE, D.M., B.CH. (OXON.), M.R.C.S., L.R.C.P. C. Reynolds & Branson Ltd, Leeds, 1958. pp. 47. 3s. 6d.

The recent report on morbidity statistics prepared and published by the General Registry Office, with the College's help, showed that a considerable proportion of attendances at general practitioners' surgeries was because of rheumatic diseases. The family doctor is usually the first to see many of these—often long before the specialist does—"rheumatism" following injury, sudden stiff neck, acute lumbago or sciatica from disc protrusions, "fibrositis", gout, rheumatoid arthritis, or osteoarthritis. The author of this little book has had many years experience in the management of these disorders, and the main object of the book is to help and encourage family doctors to diagnose these conditions accurately and quickly, and to carry out much of the treatment themselves; for they should take considerable responsibility for the arrest, and sometimes cure, of many of these disorders.

Heredity is stressed as one of the major factors in the aetiology of these complaints; they often skip a generation, so that it is worthwhile in every case asking particularly about the patient's grandparents. Pain in the knees is well recognized as an early symptom of osteoarthritis of the hip; and it is good to find in this book a short description of allergic hydrarthrosis. Pelvic tilt, from shortening of one leg, may cause symptoms in some patients, but often it does not. Many x ray appearances (osteophytes, or narrowing of joint spaces) may be symptomless too, especially when the patient is over 60 when these changes, especially in the vertebrae, can be considered to be almost within normal limits. They are described here as "arthrosis", rather than "arthritis". Quite marked spondylolisthesis, also may not cause symptoms. Serial x rays are valuable over a period of years to measure progress; but with the recognition of radiation dangers, especially when the pelvis of a young person is being investigated, overindulgence in this investigation should be avoided.

About half the book is devoted to treatment. A rapid cure for some cases of acute lumbago is described. The author believes