

Book reviews

Better medical writing. CHARLES THORNE. London. London. Pitman Medical and Scientific Publishing Co. Ltd. 1970. Pp. 8+96. Price 88p.

This little book is written to help junior registrars and other young doctors to get their papers published. It has come to this: unless the young doctor can get his name into print as the author of several articles his progress up the ladder of promotion will be impeded. It matters little what the subject is or its content so long as it is accepted and published in a journal. The great responsibility in this respect which rests upon editors is not always recognized.

Dr Thorne, an editor himself, in this book has set down a few useful hints on how best the young doctor may charm editors into accepting his papers. It is a fair commentary of the educational system of the schools that such a book as this is thought to be necessary; but it is, and Dr Thorne in a few short chapters gives much useful advice which can be studied with profit by anyone who intends to write a paper, for the average paper submitted for publication and many of those that are published could well be improved.

Writing in a simple chatty way he gives valuable advice on how to persuade an editor to look favourably on the papers he receives. There is a chapter devoted to writing MD theses, letters to the editor, and most useful advice on how to prepare and present papers at meetings. Every editor has his likes and dislikes and the list of words to avoid printed in an appendix is by no means exhaustive and should be taken as a sample of words and expressions that should not be used.

This is a most welcome addition to the books and articles devoted to the subject of good writing. A short list of essential books for those who intend to make writing their hobby is included.

The principles and practice of clinical trials. E. L. HARRIS, M.B., M.R.C.P., and J. D. FITZGERALD, M.B., B.Sc., M.R.C.P. Edinburgh and London. E. & S. Livingstone, 1970. Pp. 254. Price £3.00.

Though the Research Department of the College does not involve itself directly in clinical trials of therapeutic substances it is, and will always be, interested in the clear portrayal of the principles behind these trials for these are common to observational research in many different fields. Interest in this book, therefore, is likely to extend

Eraldin

Prescribing Information

'Eraldin' is indicated for the long-term management of angina pectoris, even when the patient also suffers from asthma or chronic bronchitis.

ADMINISTRATION AND DOSAGE

The initial dose is one tablet (100mg.) two or three times daily. This may be increased gradually if required. In practice the usual dose is one or two tablets two or three times a day. At present, clinical experience has been limited to an upper dosage of 12 tablets (1.2 grammes) daily.

PRECAUTIONS

'Eraldin' need not necessarily be withheld from patients with signs of heart failure. For such patients, however, it is recommended that the failure be controlled with digitalis and diuretics before treatment with 'Eraldin' begins. Caution is also advised with the administration of 'Eraldin' in the presence of metabolic acidosis and in cases of heart block.

ANAESTHESIA

In some patients, such as those with severe angina pectoris and some with controlled arrhythmias, it may be desirable to continue 'Eraldin' therapy in spite of impending elective surgery. In general, however, it is recommended that drugs of this type be withdrawn 48 hours before operation because of altered response to stress. Such withdrawal is also recommended before the use of some anaesthetic agents such as ether and chloroform with which 'Eraldin' like all beta-adrenergic antagonists, is therapeutically incompatible. 'Eraldin' is compatible with 'Fluothane' (halothane) anaesthesia.

PREGNANCY

No adverse effects have been seen in teratogenicity studies in animals but elective drug therapy should always be considered inadvisable in pregnancy.

SIDE EFFECTS

At the recommended dosage side effects are uncommon. Those observed include constipation, nausea, vomiting and rashes.

TREATMENT OF OVERDOSAGE OR IDIOSYNCRASY

In the rare event of profound cardiovascular effects such as excessive bradycardia or hypotension, atropine 1mg. intravenously should be given immediately. This should be followed if necessary by specific measures to reverse beta-receptor antagonism. For this purpose, isoprenaline may be given by slow intravenous injection (5µg. per minute) with constant monitoring until a response occurs. Alternatively, orciprenaline (up to 0.5mg.) may be used.

PRESENTATION

'Eraldin' 100mg. tablets (round, biconvex, 8.5mm. in diameter, blue, film-coated and printed 'Eraldin')—containers of 100 and 500.

'Fluothane' is a trade mark.

well beyond the limited readership of doctors in the pharmaceutical industry.

The book is logically divided into two parts; principles and practice are all described in 17 short chapters which between them leave no stone unturned. Each chapter is the work of an expert capable of reducing its complexities to understandable simplicity. The palm must go to Cyril Maxwell's chapter on statistical consideration in the design of clinical trials which is a veritable diamond among rubies.

The second part of the book is concerned with practical applications giving examples of evaluation of drugs used in treatment of cardiovascular disease, serum lipid control, leukaemia and, most difficult of all, the evaluation of psychotropic drugs. This merits two chapters, one by Professor Michael Shepherd and one by Professor Hamilton of Leeds. In no other pharmacotherapeutic field has the path been so beset with thorns and thistles, but the two authors between them clear a path to the relief of the depressed and the sedation of the anxious with agents which are demonstrably increasing in specificity and effectiveness each year.

More than a few practitioners have at one time or another been interested in therapeutic evaluation and assessment and many have found how easy it is to go wrong. The time to recognize this is during the planning of the trial and not in uncomfortable retrospect when a colleague shoots the published report as full of holes as a colander. To those who plan to set up trials this is required reading, to those who take part in the trials of others it gives understanding, with a measure of sympathy, too, for the efforts of the trial organizer to tame the chimaera of the perfect clinical trial.

Diseases of the nervous system. Eleventh edition.

Sir FRANCIS WALSHE, M.D., D.Sc., F.R.S. and Dr JOHN WALSHE, M.B., B.Ch., Sc.D. (Cambridge), F.R.C.P. (London). Edinburgh and London. E. & S. Livingstone. 1970. Pp. 381. Price £3.00.

This fresh edition of a fully comprehensive neurological textbook maintains its division into sections dealing with the general principles of neurological disease and those chapters that give a descriptive account of the commoner diseases of the nervous system. Two excellent chapters by Dr John Walshe deal with the relationship of the liver to disturbances of the nervous system, and with lead poisoning of the nervous system.

Dr Walshe emphasizes the importance of lead as an industrial hazard involving not only the worker, but also his family, through finely powdered lead salts which can be carried into the home on the clothing. Dr Walshe is critical of the existing factory legislation which needs tightening up, as lead poisoning remains a not uncommon condition especially in childhood. He draws our attention to the important fact that lead may be the cause, too often overlooked, of a failure to thrive, of backwardness, and even of

mental defect. This chapter should be of great interest to clinicians with children in their care, and to everyone interested in mental health in childhood.

An excellent section deals with speech function and its disorders, and there are clear explanations of problems posed by diseases of the pituitary hypothalamus complex. In his discussion of epilepsy Sir Francis Walshe gives wise and timely advice on the value of optimism combined always with therapy continued for at least two or three years after an incident.

This book is easy to read and there are many high quality clinical photographs and simplified diagrams to help the reader. In no chapter are the illustrations more brilliant than in that on the various forms of muscular dystrophy; but all have been carefully chosen and give great insight into the care that has been taken over the production of the volume. The publishers are to be congratulated on this very beautiful finish as well as on the moderate price of the book, which will be in great demand both in its English text, and also in the many European languages into which it has been translated.

The geriatric day hospital. J. C. BROCKLEHURST, M.D., F.R.C.P. London. King Edward's Hospital Fund for London. 1970. pp. 100. Price £1.50.

Geriatric day hospitals did not exist in the UK in 1950. Now there are over 100 serving some 60 per cent of the geriatric departments in the country. The concept is that of providing active hospital treatment and rehabilitation with the 'hotel' element removed. Inevitably some patients do attend primarily for social care but the rôle of the day hospital is distinct from that of a social day centre. In fact it has been found that the creation of a day hospital increases the demand for social day centres so that the patient on discharge from hospital does not become isolated.

This booklet reports the results of three studies of geriatric day hospitals in Britain—a national survey by questionnaire, a detailed description of five day hospitals in south-east England, and a six-year study in depth of the work of one of these—the Lennard Day Hospital in Bromley.

The main reasons for attendance are strokes, arthritis and rheumatism, and 'chronic brain syndrome'. Staffing and facilities vary considerably from unit to unit. Transport is a major item of expense so that day hospitals do not necessarily save money, but they do improve the quality of patient care. The appendix enumerating the geriatric day hospitals in Britain in 1970 is, in at least one detail suspect. A unit which is not yet open (Torquay) can scarcely have had 2,000 attendances in 1968.

Although at first sight a rather flimsy production for its price this must be essential reading for all those in any way concerned with the running or planning of geriatric day hospitals, containing as it does data and pooled experience which cannot be readily obtained from any other source.