

mentally deficient. This account of the determined work that is being carried out in this field should do much to reassure those sections of the public who have been disquieted by such reports.

The author hopes earnestly that this book will help to make readers aware that the subnormal personality is a real problem only as long as we avoid tackling it. It is not solved by certifying the subnormal or disposing of him in an institution, nor by evading institutional training and treatment to escape the "stigma". To the reviewer, at least, he has certainly succeeded in his task.

The book is pleasantly printed on good paper with 16 plates and numerous charts and diagrams. The type-setting shows a certain lack of imagination with lack of emphasis on chapter and section headings, which makes for more fatigue in reading than is strictly necessary.

Atlas and Manual of Dermatology and Venereology. W. BURCKHARDT. Translated and edited by STEPHAN EPSTEIN, M.D. London. Baillière, Tindall & Cox, Ltd., 1959. Pp. 1—281. Price 112s.

This is a translation of *Atlas und Praktikum der Dermatologie und Venereologie* by Professor W. Burckhardt, director of the Municipal Policlinic for Skin and Venereal Diseases in Zurich. It has been translated and edited for the American market by Dr Stephan Epstein.

In his preface to the American edition Dr Epstein explains that the book is intended for general practitioners, specialists other than dermatologists, and medical students. Emphasis is placed on the commoner diseases and rare affections are only briefly noted.

The chief value of the book lies in its superbly reproduced colour plates, though many readers may feel that its value would have been still further enhanced if the illustrations of such common conditions as freckles, impetigo, carbuncle and varicose ulcer had been omitted and their place taken by illustrations of less commonly occurring diseases.

Although Dr Peter A. J. Smith of the dermatology department, the London Hospital, has supplied information about medication used in Britain, the British reader will derive little help from the prescriptions given in the sections dealing with treatment, for many are available only in the United States, and the use of trade names adds to the confusion.

In view of the transatlantic approach to treatment and the high

price of the book it seems unlikely that it will have a wide appeal for British general practitioners and students, in spite of the magnificent colour plates.

Paediatric Prescriber. PINCUS CATZEL, M.B., B.CH., M.R.C.P., D.C.H., R.C.P. & S. Oxford. Blackwell Scientific Publications, 1959. Pp. v + 244. Price 16s.

No. Do not pass this book by because you do not treat children, for it is safe to say that anyone who prescribes for anybody will find it of value, and some will find it invaluable. The reason is that in every case the adult dose is given as well as the dose for children of varying ages. The comments are freer than is possible in an official formulary like the B.N.F. but they are always helpful and usually very sound, though one might not always agree on which is the stronger or better preparation. The comments on toxic effects, dangers and antidotes are especially useful. In nearly every case, the form in which the drug is available is given, together with the strengths and the makers' names, though Burroughs Wellcome may not be pleased to see migril described as a pill. But such lapses are very few, and I did not detect a single mistake in the great number of detailed dosages given.

The book is pleasingly produced, handy in size, and all the drugs are classified according to their pharmacological action. It is both comprehensive and selective, though I am surprised that somnos is not mentioned along with chloral hydrate, for it is a most useful variant for children, while the solid modifications, welldorm, might also have been mentioned. Its practical and judicious character may be gleaned from the following two quotations, which are typical of the whole: "Blood should be regarded as a dangerous drug".

Phensuximide. Prop. (P.D.). Available as capsules (500 mg.). Used in petit mal. It is less effective than troxidone, but it also appears to be less toxic. Toxic effects include nausea, vertigo, drowsiness, headache, drug fever and rashes. Microscopic haematuria occurs. Periodic blood and urine analyses should be done. Dose (all ages): Start with 0.5—1 g. daily and increase by 0.5 g. every 2—3 weeks. Max. dose 3 g. per day. Chlortetracycline (Aureomycin) is said to potentiate Phensuximide.

Altogether this is a book to be acquired and used by every general practitioner and most housemen, while physicians and surgeons would also find much of value in it.