

who has signs of marked root pressure, e.g. weak muscles, may have to be off work for a few weeks, the longest has been 4 weeks.

I am responsible for about 3,000 patients, and in 2 years I cannot think of any patient that has been referred to hospital for the treatment of low backache. The loss of work that occurs with the treatment mentioned averages 1 to 2 weeks (the longest period was 4 weeks) for severe cases, but the majority of patients carry on working.

I should be very pleased to discuss the regime with any doctor who is interested.

Hemyock,
Devon.

THOS. LOGAN.

Book Reviews

Taber's Cyclopedic Medical Dictionary, Ninth Edition. CLARENCE WILBUR TABER. Oxford. Blackwell Scientific Publications. 1962. Price 54s.

This dictionary contains a welter of snippets on medical, nursing, and ancillary subjects, and is written in American. The main stress of the entries is towards detailed nursing procedures, and some of the descriptions seem to fall behind the times or to lack balance. For instance, under *Meningitis*, *acute* is a section on treatment in which is mentioned a darkened room, ice-bags to the head, leeches to the neck, enemas for constipation, and sulfanilamide—in that order. Under *Laparotomy* the therapist is advised that an hourly dose of sulfate of magnesia is “the best course to pursue in relieving the patient and guarding against peritonitis”. Under *Diuretics* and *Edema* no mention could be found of the modern range of oral diuretics. Many other examples could be quoted.

It may well be that this book is of value to nurses, but it can be of little use to a doctor who possesses a normal collection of standard books and recent journals. The science of medicine does not lend itself to compression into a dictionary, however cyclopedic it may be.