

sant drugs. With such measures he predicts 80 per cent will have no more fits, and such early treatment is more likely to produce the best results. Few would cavil at such arguments but when it comes to telling the patient or his relatives that he is an epileptic after a single episode, as the author suggests, is a more debatable point. This is an excellent, instructive, and thought provoking book, but it is definitely *not* suitable for patients or their relatives as is suggested. It is far too technical and detailed. Brain tumour as a cause of fits is mentioned in the very first paragraph and four times in the first chapter—an excellent warning to a family doctor, but not surely something to suggest to the patient. On the other hand the reviewer has read many books on epilepsy and from the view point of the family doctor this is certainly the best he has met so far.

**A Primer of Medicine.** M. H. PAPPWORTH, M.D., M.R.C.P. Second edition. London. Butterworths. 1963. Pp. vii + 292. Price 32s. 6d.

The fact that this book after only 3 years (and 3 reprints) appears as a 2nd edition, is in itself a recommendation of a high order, if one accepts that popularity is proof of quality. Here however it obviously demonstrates usefulness, probably to the medical student revising for examinations. It sets out like a manual for a machine, the technical skill, without worrying about theory, presumably hoping that the student has other sources of information for this, if he is the kind who wants to ask "why". It is certainly packed with most valuable material and facts, particularly about important signs and symptoms. It will help to encourage clinical examination, which it makes appear so simple and logical. Of course, by necessity to make a useful and concise book, it had to run the gauntlet of generalizations and omissions, which under the circumstances Dr Pappworth has negotiated extremely well. For students and again for practitioners who wish quickly to revise, this is an extremely good book and good value.

**Genetics for the Clinician.** C. A. CLARKE, M.D., F.R.C.P. Oxford. Blackwell Scientific Publications. 1962. Pp. xiv + 294; price 47s. 6d.

This well-written book makes interesting but heavy reading. It aims—according to the cover—at stimulating in the clinician ideas for useful research. For obvious reasons, therefore, many other clinicians will be tempted to close it quickly.

Those who open it by mistake or out of curiosity, like those who come to it intentionally, will—if they persist—find many things easier to understand. Modern genetics are as different from first M.B. mendelism as jets are from toy aeroplanes. Scarcely any large sector of clinical medicine or surgery is outside the pale, a statement borne out by a glance through the long and excellent index—achondroplasia, bacteriophage, coeliac disease, diabetes, epilepsy, fibrocystic disease, gastric ulcer, hairy ears, isoniazid metabolism, leukaemia, muscular dystrophies, nail-patella syndrome, oxalosis, Paget's disease, renal tubular acidosis, suxamethonium sensitivity, twins, Wilson's disease, x and y chromosomes and, of course, zygotes.

There is an excellent glossary and the bare minimum of "mere

statistics". This is a book to dip into from time to time, rather than take out of a library for weekend reading. The author says the key word to statistics is "probability". From this book the probability is that all who read even a few chapters will learn to look at old problems with a fresh mind.

**Peptic Ulcer.** T. L. CLEAVE, M.R.C.P. (LOND.), Surgeon Captain, Royal Navy. Bristol. John Wright & Sons Ltd. 1962. Pp. vi + 151. Price 25s.

The author of this book has done much research into the causation, prevention, and arrest of peptic ulcer, and supports the theory that dietetic changes in the more highly civilized countries have, in no small measure, contributed to the high incidence of this disease in these countries.

Evidence is produced that peptic ulcer is a comparatively new disease and one that has rapidly increased in incidence in the last thirty years or so.

He discounts the stress factor and considers that "It is not the production of acid that is at fault, but its imperfect buffering by the altered foods of our present civilization, aided by disregard of the instinct of appetite".

This is a small readable book that should be read by general practitioners, and it is concerned with a subject that might well lend itself to further research by the College.

**The Theory and Practice of Anticoagulant Therapy.** L. POLLARD, M.D. Bristol. John Wright & Sons Ltd. 1962. Pp. viii + 143. Price 27s. 6d.

As the author says in his preface, in few general hospitals today is full advantage taken of therapeutic agents in the prophylaxis and treatment of thrombo-embolism. How much more does this apply to general practice. In this excellent little book the most interesting and important chapters for family doctors are those on the clinical incidence of thrombotic diseases, the oral anticoagulant drugs, and those on short-term and long-term anticoagulant treatment.

The opening clinical chapter is sketchy, and neither here nor elsewhere is enough stress laid perhaps on the importance of infection in the pelvis in determining the onset of postoperative venous thrombosis in association with gynaecological or other lower abdominal surgery. Thrombophlebitis as an early, and perhaps for a time the only, clinical manifestation of malignant disease is rightly mentioned; but the not uncommon association of venous thrombosis with high serum-uric-acid levels and gouty phenomena is omitted.

The value of anticoagulant treatment in intermittent insufficiency of the vertebrobasilar system is discussed. These symptoms often disappear spontaneously as a collateral circulation opens up, and in the particular work to which the author refers no control observations are given. Although the incidence of haemorrhagic complications of long-term anticoagulant treatment may, as the author says, be "quite small", the very serious nature of some of these haemorrhages when they do occur is not pointed out. Sometimes they are worse than the original illness, and