

## *Book Reviews*

**Cerebral Infarction.** A. BARHAM CARTER, M.A., M.D., F.R.C.P., D.P.M.  
Oxford, London, Edinburgh, New York, Paris, Frankfurt. Pergamon  
Press Ltd. 1964. Pp. xi + 209. Price 63s.

Cerebral infarction is an increasing problem due in part to an increasing number of old people in the population (cerebral infarction being more common in the elderly), and also probably due to a true increase in the incidence of the disease.

This book considers the problem from all angles. The author gives a report of his own experiences in dealing with the disease during the last ten years, and also presents a survey of the findings of other investigators. This is done in an impartial manner, the similarities and the differences being brought out and discussed. The first chapter deals with the anatomy and physiology of the cerebral circulation, it is brief but quite adequate. This is followed by chapters on pathogenesis, embolism, thrombosis, differential diagnosis, natural history and prognosis, treatment, results of treatment and rehabilitation. These are all very detailed and in some cases involved: however, the text is broken down into many subsections which makes reading a good deal easier. Many of the chapters overlap with repetition of information, this is done in an attempt to make each chapter complete in itself. Dr Carter states in his preface that "... it is my experience that more is to be gained by reading a chapter at a time, or by reference to individual points, than by reading a whole book".

This book is very well produced, and the subject matter well presented. Many x-ray photographs, drawings, tables and diagrams are included. These all give added interest as do the many illustrative case histories included from the author's own collection.

This is a most interesting and stimulating book; good reading for all doctors. However, at 63s. a book on such a limited subject could price itself off the general practitioners' bookshelf.

**The Encyclopaedia of General Practice.** Edited by G. F. ABERCROMBIE, V.R.D., M.A., M.D., and R. M. S. MCCONAGHEY, M.D. London. Butterworths. 1964. Volume 6. Pp. 526. Price £4 5s. per volume. (£29 15s. the set of 6 volumes with appendices and index.)

In this sixth and final volume of the encyclopaedia (sleep disorders to wrist joint) there is a smaller proportion of authors who are in general practice and no more examples of joint authorship of general and specialist experience in a subject, which can be so fruitful for the reader. The change in proportion of authorship adds to the authority of some of the sections but leads to loss of freshness and relevance in others. Sleep Disorders (F. A. Jenner) contains information not easily available in other text books of medicine, but is little related to the form in which complaints of disordered sleep reach us; the gnawing of anxiety in the small hours, loss of sleep habit from persistent disturbance by restless child or

chronic invalid, the light short sleep of the aged or examinee for instance.

Surgery (David Kyle) contains a section on after-care seen through the personal doctor's mind, admirable in approach, though the last sentence on hopeless prognosis will not be accepted as the only sound advice; "The family must know the truth, but the patient never". In Preoperative Preparation the general-practitioner author is shown at his best. Minor Surgery is restrained and instructive. Tremor (Reginald Kelly) offers just what we need for quick reference in relation to examination of a patient. Tropical Medicine (K. M. Cobban) is written with the richness of his experience in practice, first in this country, then in Africa, though with less first-hand knowledge of the East. His emphasis through 90 pages on the unfamiliar and the pitfalls that exist, is always related to the basic principles of applied medicine.

Tetanus (J. W. G. Smith) is presented with clarity and decisive instruction, and Tetany (C. J. Dickinson) gives the differential diagnosis in two vigorous pages. Tinnitus (H. Ludman) offers firm guidance for the treatment of the obsessional aspect that all too frequently complicates this symptom.

Tonsillitis (Stuart Craddock) is a competent and realistic review of all aspects of this condition which is seen frequently in family medicine. Wrist Joint (Ronald Furlong) includes paragraphs on the painful wrist in girls and young women, and the still more anomalous post-traumatic bone atrophy, but makes no reference to occurrence of torn wrist cartilage met on several occasions by this reader.

The completion of the six volume work is an achievement. The test of the index is to come, which will no doubt add much to the usefulness of the whole. And now what next, supplements or a future edition? The editors have given us a valuable new tool and are to be congratulated.

**Cystic Fibrosis—A Symposium.** Report of a meeting held on 28 May, 1964 at the Wellcome Foundation, London. Published by the Chest and Heart Association. Pp. 128. 18s. 6d.

Cystic fibrosis is a new entrant to the diagnostic stakes since many of us were at our medical schools but it is a condition with which general practitioners are going to be increasingly concerned. This applies immediately to members of the College whose interest and help is invited in a prospective study of this condition.

Cystic fibrosis of the pancreas is a genetically determined disorder the distribution of which can be calculated, and its occurrence predicted if certain marriage patterns take place. The diagnosis can be confirmed by a number of clinical features but it must first of all be suspected, and referred for close study, by practitioners who are alert to its existence.

In the report of this symposium the practitioner will find a complete refresher course, telling him nearly all he would like to know about the condition. The characteristic lung changes are described as well as those in the pancreas and other glands. No clinical feature is absolutely specific but recurrent whooping-like cough, loose stools and saltiness of sweat occurring together in an infant or child form a strongly suggestive pattern.

The management of the diagnosed case, as described in the later