

coloured by humane purposefulness. In reading his essays one feels that the man is best reflected in his several addresses to students. They are the work of a scientist who, in his labours, has never lost sight of their possible application to medical practice. Here is none of the remoteness of the traditional professor. These student addresses especially maintain the dignity of a fine literary tradition. They reveal much of the personality of the author, who, in his turn, must surely have felt their delivery as a call and a charge. They show Professor Corner as a wise and experienced physician in the true Hippocratic mood, for "where the love of Man is, there also is love of the Art."

CHARLES SINGER.

PATHOLOGY IN THE U.S.A.

Pathology. Edited by W. A. D. Anderson, M.A., M.D., F.A.C.P., F.C.A.P. Third edition. (Pp. 1,402+xv; illustrated. 6s.) London: Henry Kimpton. 1957.

The third edition of this standard textbook follows the general plan of its predecessors. Some parts have been completely rewritten, others revised, and a few shortened. The references have been brought up to date and the number of illustrations increased, and the binding appears to be more sturdy. As there are now 35 contributors, representing 17 of the 48 stars on the Union flag, "Anderson" can be regarded as fairly representative of the healthy state of pathology in the United States. Great Britain and the London Hospital are represented by one author, Professor Dorothy S. Russell, who contributes an article on the pituitary gland. In the words of the editor, "a thorough coverage of the subject has been attempted within the limitations of a single volume." The reader will agree that this attempt has been singularly successful and the editor's purpose achieved by the exceptionally liberal use of small print. Few, if any, single-volume modern textbooks contain so much accurate and relevant pathological information. Dr. Anderson suggests that the large-print sections can be used by the junior student, and that he will increasingly need the "small print" as he progresses. There is no doubt that the book will continue to serve as a reliable reference book for advanced students, clinicians, and pathologists. While "morbid physiology" is by no means neglected, the background of this book is the accurate correlation of descriptive morbid anatomy and histology with clinical signs and symptoms. This interpretation of the word "pathology" in the United States is very probably related to the firmly established and highly commendable practice of holding clinico-pathological discussions on the majority of patients who die in their teaching hospitals. It is not improbable that we are tending to neglect this approach in Great Britain.

GEOFFREY HADFIELD.

WHITLA'S DICTIONARY OF TREATMENT

Whitla's Dictionary of Medical Treatment. Ninth edition, by R. S. Allison, V.R.D., M.D., F.R.C.P., D.P.M., and T. H. Crozier, M.D., B.Sc., F.R.C.P., and twenty-six contributors. (Pp. 854+xiii. 52s. 6d.) London: Baillière, Tindall and Cox. 1957.

This is the ninth edition of a book which first appeared in 1891, and the authorship has grown from a single man to 26 contributors. It is now the product of the Belfast school as a whole. While the authorship has increased, the territory covered has diminished; surgical topics have been omitted and the material is confined to medical therapeutics. The arrangement is alphabetical, and in general the items can be classified in four groups—the names of recognized diseases or syndromes, common presenting symptoms and signs, therapeutic procedures, and finally therapeutic principles underlying medical treatment. There are a detailed list of contents and a good index, so that the book is easy to read. The book is addressed to the senior student and practitioner, and does what it sets out to do extremely well. The instructions are modern and practical, and there are none of those relics of a bygone day which so often intrude

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in texts of this age. Common diseases like coronary thrombosis are well handled. There is an excellent section on the painful lesions of the neck, arm, and shoulder, which are apologetically classified under the heading "brachial neuritis." Prescriptions are given in both the English and the metric system, but figures for the latter have been so literally translated that they would be extremely annoying to the chemist. For example, 15 minims becomes 0.9 ml. instead of 1 ml., and the equivalent of a dose of $\frac{1}{4}$ oz. is given as 14.2 ml. instead of 15 ml.

L. J. WITTS.

INTRACTABLE HEADACHE

Management of the Patient with Headache. By Perry S. MacNeal, M.D., F.A.C.P., Bernard J. Alpers, M.D., Sc.D.(Med.), F.A.C.P., and William R. O'Brien, M.D., F.A.P.A. (Pp. 145. 26s.) London: Henry Kimpton. 1957.

Intractable headache or frequently occurring headache is not an uncommon problem in most types of medical practice. To those concerned with questions of differential diagnosis and of treatment this little book may be of some interest, and even perhaps of limited value. The attainment is uneven, as might be expected when such a wide subject is tackled by multiple authorship. The sections dealing with psychopathology and with the personality traits of the migrainous sufferer are frankly unconvincing, naive, and unacceptable. One feels at times tempted to protest, like Oscar Wilde: "You must not find symbols in everything you see. It makes life impossible." With much of what the authors have to say about the medicinal treatment of migraine—both in and between attacks—no one can quarrel, and many medical men will indeed appreciate the clear exposition of the present position of drug therapy. Some of the *obiter dicta* are shrewd: . . . "History is far and away the most important part of the study of a patient with headache. The physical examination helps some [*sic*] and laboratory studies least of all. The skull x-ray, ordered so frequently, is almost uniformly a waste of time and money. We have seldom seen a simple x-ray study of the skull reveal anything of importance in the study of the patient with the chief complaint of headache." None the less the wise physician will continue to utilize routine radiology, not only of the skull but also of the chest, in the investigation of his patients with intractable headache.

MACDONALD CRITCHLEY.

THE ADRENALS IN DIABETES

Cortico-surrénale et Diabète Humain: Relations entre le Diabète Stéroïdien et le Diabète Ordinaire. By P. Bastenie with eight contributors. (Pp. 506; illustrated. 4,000 frs.) Paris: Masson et Cie. 1956.

This is a comprehensive review of the role of the adrenals in human diabetes. Virtually the whole range of human diabetes is discussed, from the rarer syndromes of the Cushing and Achard-Thiers type to the more commonly occurring disease encountered in everyday clinical practice. The earlier part of the book has chapters devoted to the basic physiology and biochemistry of diabetes, and these are exhaustively dealt with. Succeeding chapters are concerned with methods used in investigating the metabolism of glucose and steroids and the fate of steroids in man. After chapters dealing separately with acromegaly and Cushing's syndrome, space is devoted to the classification of human diabetes. Some interesting analogies are drawn between the obese type of human diabetes (the Continental *diabète gras*) and Cushing's syndrome on both clinical and experimental grounds. The possible part played by the adrenal cortex in the genesis of diabetic vascular complications is discussed at length, as is both the surgical and medical therapy used in this condition. The volume is well produced, with some good diagrams and clear photographs. Even though at times it is provocative, this book, with its wealth of references, will be very valuable to clinicians and research workers alike in this highly controversial field.

K. W. TAYLOR.