

BOOK REVIEWS

MacKenna's Diseases of the Skin. Revised by R. M. B. MacKenna. 5th ed., 1951. Pp. xii + 612, 215 figs. Baillière, Tindall, and Cox, London. (42s.)

The last edition of this book came out 15 years ago. Dr. R. M. B. MacKenna, who has revised the last three editions and has now produced a fifth edition including the many advances of recent years, has added to the reputation of his distinguished father's original work. The early chapters on anatomy, physiology, and treatment are intelligent and intelligible, not just the usual string of bone-dry, seemingly unimportant details which are usually served up in so unappetizing a fashion. The chapter on radiotherapy is adequate in its content but perhaps a little too detailed; it is surprising to find lupus vulgaris listed among conditions which may be treated by x rays. Diseases due to infective factors are very well covered; among them is syphilis, to which 45 pages are given. From the clinical viewpoint everything is here but it is made to seem complicated; as long as there is a "latent awareness of syphilis", its diagnosis should not often be difficult in the early stages. The description of the treatment of early syphilis begins rather curiously with an account of three different intensive methods using Mapharside. Penicillin combined with arsenic and bismuth is given as the treatment of choice. The Army routine treatment before the arrival of penicillin is also presented, as is an alternating, continuous scheme. Syringe sterilization in the prevention of what still seems to be called "post-arsenical" jaundice receives no mention. BAL is described as a specific in the treatment of arsenical dermatitis, a claim which has surely not been proved. It would be wiser to have recommended readers to consult specialist books on syphilis for detailed accounts of treatment.

The book then continues on a reasonably logical course through the other sections of dermatology. It must be difficult to know whether a note on, say, erysipeloid ought not to have been included, or whether the skimpy references to such conditions as incontinentia pigmenti or the poikilodermas might not have been left out. The style is a little erratic, with sudden variations from personal to impersonal, and passive to active, and unexpected imperatives. One longs for a little healthy iconoclasm born of the author's experience. The book could be shorter and suffer no loss. The black-and-white photographs by any standard are beautiful and beautifully reproduced; some of the colour plates are awful.

It is only too easy in reviewing a book to look for the weaknesses, and the pleasures of destruction, as any child knows, are not to be despised. It must be realized, therefore, that herein there is much virtue and much, particularly as regards therapy, of very great practical value. The undergraduate and the general practitioner will enjoy it and will be improved by it.

D. I. W.

Synopsis of Genito-urinary Diseases. By Austen I. Dodson and Donald L. Gilbert. 1952. Pp. 313; illus. Kimpton, London. (30s.)

This handy-sized American book has now run into five editions and presents a useful summary of all genito-urinary conditions from calculus to enuresis. The opening chapters deal with standard methods of investigation, instruments, minor procedures, and medication in general, including the use of terramycin. Some will not agree with the statement that "circumcision should be done on all male children when a few days old", nor with the old-fashioned "text-book" treatment recommended for enuresis. But between these widely separated pages is much sound information. It is a pity, however, that the authors of such a book as this felt it essential to include a large section on the venereal diseases, about which even specialists fear to write, so rapidly do their treatments become out of date. There is a quotation from Keyes to the effect that gonorrhoea is the cause of the majority of major gynaecological operations of to-day and of 50 per cent. of sterile or one-child marriages; this, of course, is no longer even approximately accurate. Treatment of gonorrhoea remains somewhat traditional with mention of sandalwood oil; and to say that while "the infection is frequently eradicated by one dose of 300,000 units of penicillin, it is usually advisable to administer two or three such doses at 24-hour intervals" is surely dangerous advice. For non-specific urethritis arsenicals are favoured to a degree that indicates how difficult and lingering this condition may be unless streptomycin is used. Plainly, the venereal diseases should be dealt with by venereologists and not by urologists.

Urethral stricture is well done and in the pages devoted to dilatation will be found some excellent practical advice and many of the tricks of the expert. There are also good chapters on tuberculosis of the genital tract, on injuries, and on calculus disease with a most useful