especially appreciated the chapter on the ethics of resuscitation which contains helpful guidelines for taking difficult decisions.

My observations over the years have shown that some doctors understand when and why to give drugs, defibrillate etc while others follow some arbitrary reasoning (Have we tried adrenaline ... or calcium yet?). A knowledge of the contents of this book and adherence to the clear flow-charts should introduce precision and logic to the practice of a ‘crash team’ in hospital.

There are some changes between this edition and its predecessor. Current recommendations include the reintroduction of the precordial thump. The use of bicarbonate early in the treatment of a cardiac arrest is not now advocated and adrenaline is the first-line agent for ventricular fibrillation refractory to three rapid DC shocks.

This book emphasises that training in resuscitation skills should be an essential part of an induction course when a doctor takes up a new post. How many hospitals do this regularly? It also emphasises the need for continued training so that the skills are retained. How many doctors with permanent appointments can honestly claim to be doing this.

The book is well illustrated with tables, photographs and diagrams relevant to the adjacent text. It is far too large to be called a pocket-book; anyway there is never time to refer to a book when faced with a collapsed person. A knowledge of resuscitation is now tested in many professional examinations and I recommend this book as a clear, comprehensive and up-to-date guide to current teaching on resuscitation.

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Popular medicine in thirteenth-century England: introduction and texts. By Tony Hunt. Brewer, Cambridge, 1990. 466 pp. £39.50.

The discovery of plants useful in medicine has often depended in the first place on experience derived from the community and based on doubt on long and at times dangerous self experimentation. We have little idea as to how some of these remedies were initially found because even the earliest evidence, which came with the invention of writing around 3000 BC, shows that medicinal plants important to us now such as the opium poppy were already well known. Evidence from the Ebers Papyrus of 1500 BC and from the Enquiry into plants written by Aristotle’s pupil Theophrastus in the 3rd century BC shows a continuing development of knowledge of botanical remedies which the introduction of the herbal did much to refine. A herbal was a book that enabled one to identify a named plant and to learn its medical uses — a mixture of botany and therapeutics. The great herbal of Dioscorides, written in 64 AD and illustrated later, was influential for many centuries. After about 1475 the invention of printing enabled the herbal to enjoy wide distribution until it was superseded after 1700 by separate books on botany and materia medica.

This book is concerned with one part of this long and continual refinement of therapeutic knowledge, specifically with the Anglo-Norman medicine of the 13th century. But it is not, as previous works have been, a commentary on the herbal of the time. Instead it sets out to collect, analyse and edit many of the medicinal prescriptions to be found in the manuscripts of that era. In other words its aim is to present the primary materials of a period ‘when medical knowledge began to be disseminated in the vernacular’ so that these texts may be preserved and made available for study. The language of the time was trilingual and the texts are in Latin, French and Middle English. They have been selected as displaying a wide view of what the author prefers to call ‘popular medicine’ rather than folk medicine or ethnomedicine, and he designates them as ‘receipts’ which was then the word for what we would now call a prescription.

This reminds one of the sentence in Chaucer: ‘What shal this receyt coste? telleth now’. They are separated into eight chapters covering 275 pages; therefore most of the book, as is the intention, consists of the receipts presented in their original language. Each chapter has introductory comments together with extensive notes. Whilst some of the ingredients of the receipts were animal, mineral or chemical, the majority were from plants and this gave the author a big initial problem of accurate identification. It was necessary to surmount this problem before any progress could be made and Tony Hunt’s remarkable study of more than 600 species has for the first time related the botanical language of the English Middle Ages to modern scientific names. This study appeared as the book Plant names in Medieval England prior to the present volume. As a result it has been possible to provide a detailed glossary of plant names for each chapter.

Chapter 1 consists of a valuable 62-page introduction dealing with the history of the medical receipt, its form and content, and its place in medieval England, together with useful sections on the preparation of compound medicines, the collection of herbs, the system of weights and measures and archaeological evidence. It provides an excellent account of the early development of therapeutics and is the best available commentary on popular medicine in the years 1100–1300.

As will have been gathered, the other chapters are not ones that can be read through since they consist of the receipts in their original language. They serve as an invaluable source of reference to many of the medicinal plants in use at that time.

This book is an impressive piece of scholarship which does more than justice to the author’s declared aim of rescuing Anglo-Norman medical texts from oblivion.

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