TREATMENT OF WHOOPING COUGH

Sir.

In the 1950s in a village practice in East Anglia I had to deal with a full-scale epidemic of whooping cough in the prevaccine era. I was forewarned since an epidemic in the nearest town preceded its introduction to my own community.

At that time deaths from blood dyscrasia in children had been reported. which had been treated repetitively with chloramphenicol. Paediatricians voiced their great alarm at its use in children, generating a fear which, I believe, still exists. I decided, however, not to go to the extreme of withholding this drug from cases of whooping cough, as it was reported to be the only available effective treatment. Therefore, as soon as the symptoms placed the diagnosis beyond doubt, each child was given a single five-day course of chloramphenicol graduated according to age. The effect of this was dramatic and gratifying to all concerned. Food loss from vomiting rapidly ceased, and sleep loss (by both mother and child) from coughing spasms was greatly reduced. Every child remained ambulant and it was my impression that the total duration of the illness was less than in previous epidemics. No toxic side

effects were observed.

It saddens me to hear in 1978 of deaths in children resulting from this most distressing of diseases. Were I in practice today I would have no hesitation in reverting to this simple therapeutic procedure in preference to a resumption of mass vaccination.

G. L. McCulloch

Moorfoot Bathpool Launceston Cornwall PL15 7NW.

AREA MEDICAL OFFICERS

Sir.

I note that Dr Vaughan adds two more to the number of college members who are area medical officers (July Journal, p. 441). In Scotland we do not have area medical officers, but the chief administrative medical officers of our Health Boards carry broadly similar responsibilities, as well as many of those which in England and Wales are carried by the regional medical officer.

Dr J. C. G. Mercer, FRCGP, who retires from the post of Chief Administrative Medical Officer of Fife Health Board shortly, is a foundation member of the College.

J. S. PATTERSON Scottish Home and Health Department St Andrew's House Edinburgh EH1 3DE.

KING'S FUND PROJECT

Sir,

Your readers may be interested to know that a simple, low-cost method of keeping track of elderly patients has been developed and is in use in Devon.

The method uses record cards which are inserted into patients' medical wallets. Most elderly patients are assessed once a year during routine consultations and their completed cards are filed separately. Unseen patients are easily identified at the end of the year because the cards are prominent in their wallets. This group, averaging 20 to 30 patients aged over 75, is followed up.

I will be glad to give readers who are interested further details if they write to me at the address given below.

J. Rowe

Institute of Biometry and Community Medicine Royal Devon & Exeter Hospital (Wonford) Barrack Road Exeter Devon EX2 5DW.

BOOK REVIEWS

COUNSELLING PARENTS OF CHILDREN WITH HANDICAPS

Owen Nettles

Tappenden Print Crawley (1978) 56 pages. Price £1.50

'Counselling' is one of those activities that we now discover we have all done for years without realizing it! Once recognized and labelled, such activities can be analysed, experts can advise on them, and entire new jargons can coalesce around them.

All praise, then, to Owen Nettles, a paediatric chartered physiotherapist, and the author of this first-rate little book. She has succeeded in putting down in clear, simple English a great deal of commonsense and advice. By keeping to non-technical language, the book offers as much guidance as many others which are written at greater

length and in flabby jargon.

Health visitors, nurses, trainees, as well as established general practitioners, would do well to read this booklet. The author discusses perceptively such topics as the reaction of siblings to the birth of a handicapped child, stressing that the usual jealousy is heightened by the extra attention this baby needs. She also reminds us that the parents will inevitably pass through a period of mourning after the birth—mourning for the normal healthy child they had expected. On a more practical note, she stresses prevention of obesity. Parents often give sweets and food as a substitute to the child who is not allowed to go out to play, and well-meaning friends may offer chocolates and biscuits as gifts, not knowing what else to give.

Separate chapters are devoted to education, leisure, and help available for the handicapped child, but the section on "Looking Ahead" to the child's future gives only five lines to sexual problems, though this may be

considered an unfair complaint about a book on children. My only other criticism is the absence of an index or suggestions for further reading.

This book highlights a neglected topic and would therefore be a most welcome addition to any practice library. One wonders how many more neglected subjects will be unearthed in the years to come!

DAVID HASLAM

THE NEW SEX THERAPY

Helen Singer Kaplan

Penguin Books Harmondsworth (1978) 589 pages. Price £3.95

Many of today's general practitioners arrived in practice without having had any formal training in sexual counselling. The importance of this subject