

those showing the retina. Those of us who have always had difficulty recognizing what we see with the ophthalmoscope would do well to brush up our knowledge with the aid of pictures of the diabetic eye, central retinal artery occlusion, retinal detachment, or hypertensive retinopathy.

There is also an interesting chapter on eye diseases in children and some remarkable pictures of injury to the eye. The section on neuro-ophthalmology is short and concise and perhaps could do with some expansion, but the chapter on refractive errors should be more than sufficient for a general practitioner's needs.

One of the most useful features of the book is a table of the common therapeutic eyedrops which compares the main uses and usefulness or otherwise of the products.

This is a useful book to have in the consulting room and should stir someone somewhere to produce a companion book on dermatology.

E. K. KOH

### TRENDS IN MORTALITY 1951-1975

*Office of Population Censuses and Surveys*

HMSO  
London (1978)

44 pages. Price £1.50

The latest in the Office of Population Censuses and Surveys' booklets identifies clearly the increasing gap that is developing between male and female mortality. It suggests that the causes are probably environmental rather than innate and that the excess of male mortality can be regarded as potentially preventable deaths.

Three causes of death which are given special study because they are increasing are ischaemic and related heart disease, cancer, and accidents and violence in children and young people.

Figures are given for the previous hundred years showing, for example, that children's deaths accounted for almost a half of all deaths between the years 1838 and 1944, and conversely that by the age of 65 there has hardly been any change in life expectancy during the last 130 years.

Despite the complexity of the mathematical assumptions, the Office of Population Censuses and Surveys can be congratulated on presenting the main findings and tables in clear and simple English with well chosen supporting tables.

This is not a book that will be needed in most general practices but it is one that ought to be available in postgraduate medical centre libraries.

D. J. PEREIRA GRAY

### LEGAL AND ETHICAL ISSUES IN HUMAN RESEARCH AND TREATMENT— PSYCHOPHARMACOLOGIC CONSIDERATIONS

*Donald M. Gallant and Robert  
Force (Eds)*

*SP Medical and Scientific Books  
New York (1978)*

186 pages. Price £10.50

The reviewer can be forgiven for being daunted by such a title, and receives no comfort from the dust cover which explains that the book includes "a statement of principles for ethical conduct for neuropsychopharmacologic research in human subjects". The small print within divulges that this is a collection of papers presented at a symposium of the American College of Neuropsychopharmacology in 1976, which partly explains the unwieldy layout of this expensive volume where the papers are followed by lengthy and repetitive commentaries from many of the other participants.

This is not a book for the general practitioner's bookshelf but perhaps one which those embarking on research should be able to borrow from a local medical library. The principles mentioned above certainly merit consideration and could be applied with some textual modifications to all research involving people, whether patients or not, a distinction discussed in the book. I would pick out particularly Principle 5: "The scientific investigator engaged in neuropsychopharmacologic research with human subjects shall take all reasonable precautions for preserving the dignity, rights and safety of his subjects"; and Principle 7: "Research studies with patients shall be conducted only when the expectation of anticipated results will justify the experiment."

The matter of 'informed consent' is a thread which runs throughout the book and is a subject that I would like to see discussed in this *Journal* in relation to both research and treatment in this era of new drugs and questioning patients. The legal considerations relate, of course, to the American Constitution

and are of little or no interest to the British reader. The emphasis throughout is on psychiatry but there are many concepts of relevance to the general practitioner if he has the time and inclination to extract them from the mass of words.

JANE RICHARDS

### PRIMARY MEDICAL CARE AND THE SINGLE HOMELESS IN LIVERPOOL

*Liverpool Central and Southern  
District Community Health  
Council, 57-59 Whitechapel,  
Liverpool L1 6DX*

73 pages

One of the many facets of inner city problems is the provision, or rather, lack of provision, of primary care facilities for the single homeless. Few general practitioners accept them as patients other than as temporary residents, and few of the single homeless can or want to register with general practitioners. Their health needs are by and large unmet and their health expectations are low. These are the conclusions of a praiseworthy study carried out by the Liverpool Central and Southern District Community Health Council in 1976.

The booklet draws attention to the excessive use of accident and emergency departments by the single homeless, when general practitioner services would suffice. In Inner Liverpool there are some facilities in a day centre and at a night shelter where sympathetic general practitioners provide a few surgeries nearby, and where these are provided, more people use them—but whether this results in reduction of use of accident departments or, more importantly, in better health or even less chronic ill health, has not been evaluated yet.

The recommendations include an extension of surgeries, to include nursing and social work support, as well as co-ordination of local authority and welfare services. The recommendations that the FPC should take sustained action to ensure that homeless single people register with family doctors is somewhat unrealistic, since it is up to the individual to register with a doctor. The fact that the lifestyle of the single homeless in many instances is an attempt to escape from the net is unrecognized. The report makes it clear that continuity of care by general practitioners is desirable, but regards as "stable" those who live in hostels for six months or even a year. Few general