

and the other with severe pulmonary hypertension, and different management is suggested for these two types of failure. Dr Oswald, writing on management, suggests that a combination of penicillin and streptomycin is the best anti-bacterial measure in acute exacerbations, with chloramphenicol and oxytetracycline next best. Dr John Horder puts the problems of the family doctor very well and suggests certain possible solutions, or partial solutions, to some of these problems.

This is a book that every general practitioner should read, for after all chronic bronchitis is *par excellence* a disease of general practice.

Textbook of Medical Treatment: by various authors: Edited by D. M. DUNLOP, B.A. (OXON.), M.D., F.R.C.P. ED., F.R.C.P. LOND.; SIR STANLEY DAVIDSON, B.A. (CAMB.), M.D., F.R.C.P. ED., F.R.C.P. LOND., M.D. (OSLO) and S. ALSTEAD, M.D., F.R.C.P. ED., F.R.C.P. LOND., P.R.F.P.S. Seventh Edition. E. & S. Livingstone Ltd., Edinburgh and London, 1958. pp. xix and 924. Price 55s.

This favourite standard work, first published in 1938, has now reached its seventh edition. With the passage of years old names have disappeared from the list of contributors and new ones have appeared. Sir James McNee has retired and his place as associate editor has been taken by Professor Alstead. The continued rapid advance in therapeutics since the publication of the sixth edition four years ago, has necessitated a revision of every page and large sections have been completely re-written. In spite of this the editors have managed for the first time in eighteen years to compress it into a hundred fewer pages than its predecessor. Three new chapters deal with corticotrophin and cortisone, anticoagulant therapy, and the principles of prescribing. This last is packed with useful information for the student and young practitioner. We welcome, particularly, the advice that the metric system should be used, and the wisdom of the remarks on the quantity and frequency of prescribing:—

“Drugs which are to be used for long periods, such as, for example, digitalis, iron or insulin, should be supplied in quantities sufficient for at least a month, because shorter intervals involve increasing costs due to dispensing charges, and inconvenience due to frequent visits to the doctor. Dangerous drugs such as barbiturates should be supplied in the smallest reasonable amount for the circumstances; and expensive drugs which are being used for the first time should be ordered in small quantities.”

These are common sense working rules which, if universally complied with, would in themselves materially lower the nation's drug bill. We are not so impressed with the advice that Latin titles should never be used in prescriptions. There are still patients

who, for one reason or another, are best left in ignorance of the nature of the preparation that they are taking, and Latin—or pseudo-Latin for that matter—is preferable to the alternative of illegibility (also condemned by the author).

In a work as comprehensive as this it is impossible to do more than mention a few of its merits. The section on disorders of the blood in which Sir Stanley Davidson is joined in authorship by Professor H. W. Fullerton is extremely good. As an indication of the changes which are occurring even in this, one of the most recalcitrant of subjects, it is interesting to find that liver extract as a treatment of Addisonian pernicious anaemia is mentioned only to be dismissed as inadvisable and unnecessary. (Liver extract is mentioned only once in the index, for the treatment of sprue.) The sections on heart disease and on psychotherapy in general practice are of exceptional merit and the whole work continues to hold its place as the best textbook on treatment for general use.

The publishers deserve a word of praise for the general format of the volume. It is stoutly bound and yet light to handle and easy to read.

The Family Life of Old People: An enquiry in East London: PETER TOWNSEND. Foreword by J. H. Sheldon. London. Routledge & Kegan Paul. pp. xvi + 284. Price 30/-.

It is significant that this book has been sent for review to a medical journal. It is sociology, not medicine; but the publishers thought it our concern, and they are right. Sociology contributes as much to general practice as does endocrinology.

If an example is needed, the family doctor frequently finds himself deciding whether he ought to advise a man to retire. This book shows that, in Bethnal Green, retirement is “a social disaster.”

It is relevant to us in other ways too: “The plain fact is that nearly all old people prefer to be looked after by members of their families even when seriously ill,” p. 202. “The family has the care of a far larger number of the infirm, aged and chronic sick than all our hospitals, welfare homes and domiciliary services put together,” p. 194. It is important that these statements are made by an observer who is clearly unbiased on the basis of facts which are set out in detail. For this is a source-book about a field study.

But because we are doctors we must not imagine we are necessarily good sociologists. One of the most important conclusions of the book is *against* an opinion which we frequently express: “Widespread fears of the breakdown of family loyalties and of married children’s negligence seem to have no general basis in fact. Doctors, social workers and others who express such fears may sometimes forget they are in danger of generalizing from an extremely atypical