

The record has also been devised so that physical, neurological and social development can be charted with minimal burden to the physician himself. It will therefore prove most useful where doctor, health visitor and secretary work as a unit—though this is not essential.

Supplies of this record card are available to any doctor interested in its use, from: the secretary, Records and Research Advisory Unit, Royal College of General Practitioners, Birmingham Regional Hospital Board, Hagley Road, Birmingham, or Dr H. J. Wright, "Woodlands", Nailsea, nr Bristol.

It is hoped that the experience of such doctors may in time define common problems which are at present inadequately recognized.

Nailsea.

H. J. WRIGHT.

Jenner museum

Sir,

Dr J. L. Loakes has pointed out in his letter (published in the *Journal* of April 1968) that Benjamin Jesty, a Dorset farmer, vaccinated his wife and children some 20 years before Dr Jenner carried out his first vaccination.

Dr E. A. Underwood and Dr A. M. G. Campbell refer to this in their booklet "Edward Jenner, the man and his work", published by the Jenner Trust. Jesty did not inoculate his wife and children with smallpox after the vaccination, to prove their immunity nor did he (nor anyone else before Jenner) have any notion of perpetuating the cowpox from one human being to another. In this regard it is to be noted that Jesty vaccinated directly from the cowpox lesion in a cow, and Jenner from a similar lesion affecting the dairy maid, Sarah Nelmes. Jesty's wife nearly died, perhaps from a faulty technique leading to septicaemia, following the vaccination, this, maybe, being one of the reasons which led Jesty not to publicize his experiment.

Jenner put vaccination on a scientific basis, and is honoured as its original and greatest advocate. The Jenner Museum, in Berkeley, seeks to illustrate this.

Berkeley.

G. L. WYLIE.

Book Reviews

Essentials of fluid balance. Fourth edition. D. A. K. BLACK, M.D., F.R.C.P. Oxford and Edinburgh. Blackwell Scientific Publications. 1967. Pp. 182. Price 30s.

This book is a well presented approach to an inherently complicated subject, and while not a practical bed-side manual does well in its exposition of the principles involved. New advances in terminology are clearly explained, e.g. the latest concept of acids and bases as proton-donors or acceptors clarifies the issue of their chemical and ionic relationships. In general practice, understanding of fluid and electrolyte balance is helpful when dealing with malnutrition, renal

disease, and many circulatory disturbances. Oedema is, after all, a common symptom, and can be too superficially regarded. This book will be helpful to those who feel their ignorance in this rapidly developing area of knowledge.

Buildings for general practice. General Practitioner Advisory Service Limited. London. Her Majesty's Stationery Office. 1967. Pp. 36. Price 6s. 9d.

Unfortunately this paperback may prove to be the first and last publication by the General Practitioner Advisory Service Limited, as its future is doubtful. The 36 pages are crammed with a tremendous volume of facts, in small print arranged in double columns, with clear systematized diagrams of general practice function.

Reading through these concentrated pages, is a 'crash course' for any general practitioner wishing to reassess his own organization and building. No architect being briefed by practitioner could do without it. Dr G. A. Adams, the director of the General Practitioners Advisory Service Limited has produced a distillate of his work and experience based on the many organizational studies supported by Nuffield and Ministry of Health. A first-rate job.

It is a trifle frightening to find everything brought down to black or white, 'so many square feet', 'so many sessions', 'so many patients', 'so many minutes', 'so many examinations undressed', 'so many weighings' and 'so many this and that'. However the feeling of inadequacy engendered in the reader is perhaps only because he has never really analysed his movements and his secretary's actions, having regarded his own outfit as the natural outcome of successful practice. Yet, after ploughing through the small print, the feeling of incompetence creeps up nastily, and a re-appraisal will have to start on Monday in the light of all the skittled fond concepts and ideas which allowed one to jog on comfortably and muddle through.

Still in the face of such obvious competence and authority one would quarrel with the 'rack for repeat prescriptions', and the indicated need 'that if the patient brought a bottle labelled "N.P."' this would constitute his rightful claim for a further script. Surely the medical record must be consulted by the secretary to find out if the doctor has indicated that he wishes to see the patient before a repeat prescription is sound. Even the doctor signing this may wrongly assume the record has been consulted.

Minor improvements for the next edition, which is inevitable, might be that not only English and Welsh Regulations and E.C.N. be quoted, but the equivalent Northern Irish and Scottish ones added. However, these minor niggles are completely lost in the praise of the accumulation of factual knowledge between these covers adding a most useful companion volume to the earlier publication of the Design Guide for Medical Group Practices (obtainable from the Royal College of General Practitioners) which discusses and reasons the facts collected and goes into some greater detail of alterations and fittings.

Treatment of common acute poisonings. First edition. H. MATTHEW, M.D., F.R.C.P. and A. A. H. LAWSON, M.B., CH.B., M.R.C.P. Edinburgh and London. E. & S. Livingstone Ltd. 1967, Pp. viii+151. Price 16s. 0d.

Acute barbiturate poisoning. S. J. LOENNECKEN. Bristol. John Wright and Sons Limited. 1967, Pp. ix+78. Price 17s. 6d.

Acute poisoning has become a common emergency accounting for nearly ten per cent of all medical admissions to many general hospitals. Modern treatment