

limit to the time one can spare in reading long articles. By the same token the reports of meetings in the different regions are unnecessarily verbose.

So please consider becoming quarterly. The impact would be greater.

Wells.

J. SHED.

Community hospitals

Sir,

We thought it might be of interest to your readers to know that the Oxford Regional Hospital Board have recently opened a ward of 15 beds for the use of this group practice in this hospital. The purpose of the experiment is to determine the possible future pattern

of peripheral hospital units and the part that general practitioners and their community health team should play in these units. The ward takes acute medical cases, geriatrics and pre-convalescent transfers from the surgical wards of the acute district general hospital. It is unique in that the nursing team is the same as that providing the district nursing care and is headed by the senior district nurse for the group practice.

If any of your readers would be interested in seeing the ward please write to or telephone the Ward Secretary, Mrs J. Seegers, Norman White Ward, Peppard Hospital, Nr. Henley on Thames, telephone Rotherfield Greys 371, extension 45.

Sonning Common.

J. C. HASLER.

Book reviews

The multiple health screening clinic, Rotherham 1966: A social and economic assessment. A report prepared by the Social Science Research Unit. London. Her Majesty's Stationery Office. 1969. Pp. vii + 110. Price 10s. 6d. (52½p).

The clinic analysed took place over a period of nine days and was attended by some five to six per cent of the population of Rotherham. Previously a field-sample had been taken to discover the attitude of the population to screening tests. Fifty per cent of those interviewed were willing to attend, but only seven per cent of the total actually took part. Eleven tests were offered; anaemia, breast cancer, cervical cancer, chest radiography, diabetes, glaucoma, hearing, vision, heart, lung function and mental health. Few persons took all the tests for which they were eligible, and in aggregate, clinic clients took only 63 per cent of their total eligibility. It follows from this that there may be undiagnosed disease among those attending the clinic. Analysis of the clients attending shows that they were not typical of the population of Rotherham in the following respects; approximately one third did not live in the borough, and twice as many women as men attended; they tended to consult their general practitioner less, and were more worried about their health; they were of slightly higher social class rating and tended to be nearer middle age. One fifth of the sample were worried about an existing symptom and should in fact have been seeking consultation and not screening. Clients were significantly selective in the tests that they

took, having previously made their decision on this, and there was not a great deal of 'opportunity' testing. The clinic was popular with both patients and staff, and it was generally agreed that it would be best to hold such clinics annually and not at shorter intervals.

A staff of 131 was employed in the exercise, consisting of medical, nursing and professional, clinical and voluntary workers; the number on duty at any one time being sixty six. This naturally resulted in some disruption of the normal activities of the health department, and in considerable extra work for some members of the staff. It was found that non-medical personnel could be rapidly trained in the performance of some of the tests, which they carried out skilfully and accurately. Voluntary workers manned the reception desks, and were keen and efficient.

The operation was costed as accurately as possible, and the cost for a full attender worked out at £3 per head. Extrapolated to cover the total eligible population of Rotherham this figure would approach a total of £180,000—nearly 70 per cent of the annual budget for the local health department. The cost of positive detection varied from £2 for a case of bad vision, to nearly £1,000 for cervical pre-cancer, and it is assumed that post-referral costs would be not inconsiderable, varying from the relatively cheap treatment of poor vision to the long years of control required by diabetes and glaucoma.

It is recommended that further study should be made of the categories of people who are attracted to screening arrangements, and of those

who should be and are not; and that in particular, study should be made of the comparative costs of referral and treatment of cases found by screening, and those which arise from normal consultation. The motives of those with symptoms who choose this method of diagnosis should also be examined.

Geriatrics and the general-practitioner team.

M. K. THOMPSON, M.B., Ch.B., D.R.C.O.G., M.R.C.G.P. London. Baillière, Tindall and Cassell. 1969. Pp.ix+127. Price £1.

This is a short, useful and very readable book which has been modified from the scripts which the author used for a series of tape-recordings for the Medical Recording Service of the Royal College of General Practitioners.

The handbook does not provide a systematic review of diseases in detail as they affect the older person but is rather a collection of essays. The chapters include material on examining the elderly patient, the mind in old age, vision and hearing, cerebral syndromes in the elderly, accident hazards, incontinence, pressure sores and heart disease in old age, and the end of life. There is a particularly useful section on the general practitioner and the social services. Throughout the book there is much practical wisdom based on the author's considerable experience and wide background reading.

The book would benefit by a more comprehensive index, and the addition of sub-headings in each chapter would help to systematize the subject better in the reader's mind.

This is the type of book which should prove valuable to the young principal setting out on his practice career and also to the experienced health visitor and district nurse.

Man, medicine and morality. A. E. CLARK-KENNEDY. London. Faber and Faber. 1969. Pp. 214. Price £2 (£2.00)

A number of books explaining medicine and health to the public has been published. So long as they do not frighten the reader they serve a useful purpose, but it may be assumed, although it cannot be proved, that most readers of books of this nature are introspective and may tend to be worried by what they read. Dr Clark-Kennedy has written a book which will be understood by the intelligent general reader, and will be useful for the sixth former who is contemplating medicine as a career. The main message that Dr Clark-Kennedy has given is that man, medicine and morality cannot be separated. There are sections on physiology—how the body works, how some diseases are capable of amendment, and how the attitude of the patient, the doctor and the public is affected by the advances in medicine and the changing climate of opinion on conception,

birth, living and death. Dr Clark-Kennedy seldom leads with opinions but states the facts on which his readers can form their own ideas.

Care of the newly born infant. W. S. CRAIG, B.Sc., M.D., F.R.C.P. Edinburgh & London. E. & S. Livingstone Ltd. 1969. Pp.749. Price £3 5s. (£3.25).

This book is intended for midwives, family doctors, obstetricians and children's physicians. From the point of view of the general practitioner it seems to have fallen between several stools. A large proportion of the 750 pages is taken up with elaborate descriptions of the obvious. There are however few other books which cover this subject, and none in as much detail. As well as a description of the development of the newly born infant there are chapters devoted to the statistical and administrative backgrounds. Other chapters are given over to full details of nursing care. In addition there are descriptions of the acute illnesses liable to befall the new-born infant and congenital diseases. A chapter has been added on the problems of immigrant babies.

There are three appendices covering laboratory and therapeutic aids, the requirements of a special baby care unit and conversion tables from decimal to metric. The last typifies the unnecessary parts of the book. There is a glossary, which I doubt if even midwives will find useful.

This is the fourth edition and if there were any errors in the previous editions they appear to have been corrected. The quality of the illustrations is usually very good though some points could have been illustrated better if diagrams were used rather than photographs.

The intersexual disorders. CHRISTOPHER J. DEWHURST, M.B., F.R.C.S., F.R.C.O.G. and RONALD R. GORDON, M.C., M.D., M.R.C.P. London. Baillière, Tindall and Cassell. 1969. Pp. vii + 154. Price £3 10s. (£3.50).

This book, written by the professor of obstetrics and gynaecology at Queen Charlotte's Hospital and by a distinguished Sheffield paediatrician, brings light and hope into an area of human experience that, hitherto, has all too often been dominated by frustration and despair. At a time when our society is increasingly educated to accept the full facts of sexual relationships in Man, it is of practical importance to follow with attention the work of experts who are striving with success to bring help to those suffering from abnormalities of development which involve the structure of the sex organs.

The adrenogenital syndrome is fully discussed, and sex abnormalities that may be discovered at birth are well set out. The intractable problems that arise in later childhood, when failure of early diagnosis has led to error and wrong determination of sex, are wisely emphasized. The tragic problems