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Psychiatric course

Sir,

Psychiatric courses convened by the Oxford Institute of Psychiatry still enjoy subsistence

allowances and postgraduate training allowances for general practitioners on the basis that general practitioners wishing to take advantage of these facilities must first have approval of the local director or dean of postgraduate studies in Oxford.

I would like to thank all members of the College who in any way have helped to maintain these facilities for general practitioners.

The new address of the Oxford Institute of Psychiatry and Postgraduate Fellowship of Psychiatry is 5 Walton Street, Oxford, and courses are still convened by Dr R. R. Tilleard-Cole.

Norwich.

R. INNES MUIR.

Book reviews

Planning local authority services for the elderly.
G. SUMNER AND R. SMITH. London. George Allen and Unwin Ltd. 1969. Pp. 406. Price £4.

This book is timely in its appearance as there is now increasing concern about the medical and social needs of the elderly and to what extent these needs are known or unknown, met or unmet. Accordingly, any person who is to be involved in the future planning for the care of the elderly in the local authority field, will find this volume a mine of information. The work is based on a survey project, carried out from the Department of Social and Economic Research in the University of Glasgow.

The authors selected a number of health and welfare authorities in England and Wales, and in Scotland, and examined in these areas the level of provision of local authority services at the end of 1965 in respect of residential accommodation, housing and domiciliary services. Part I of the book reports the result of these surveys. Parts II and III are based mainly on discussion with officials in these selected local authorities, part II being concerned with how the level of need can be estimated. Part III deals with the problems caused for planning by the limited availability of resources.

The reader will remark how variable is the extent to which the different local authorities allocate resources for the elderly, how often such resources appear insufficient to meet the known need, and how little is known or attempted to be known by these authorities to discover what the future requirements of this section of the population is. For example, housing needs are based on waiting lists, which the local authorities are the first to admit are misleading and inaccurate. It was interesting to have the impression confirmed in this

factual report, that the use of health visitors in the care of the elderly is under-utilized.

The comprehensive report discussed in this book is designed primarily for the local authority official who is involved in the health and welfare services and it will be of lesser interest to general practitioners. However, the latter may find it of value and interest by reading the useful summaries at the end of each chapter and by consulting part IV of the book in which the authors put forward their conclusions and recommendations for the future. In this latter respect it is of especial interest that one of their recommendations is a plea for the Royal College of General Practitioners to form a group of general practitioners, geriatricians, and experts in record systems, to create a system for linking data based on a medical assessment with the data of social needs. This is something that general practitioners have been doing, in a way unconsciously, for years, without always recording the information. There is no doubt that regularizing this information by an accepted universal recording method would yield a wealth of basic information which would be invaluable to the local authority in their forward planning. It is hoped that those concerned with planning local authority services for the elderly in the future will follow-up the stimulus from this book in supporting and carrying out more of the surveys which are necessary.

The mechanism and management of headache.
JAMES W. LANCE, M.D., M.R.C.P., F.R.A.C.P.
London. Butterworths. 1969. Pp. xii+167. Price £2 5s. 0d. (£2.25).

The family doctor deals with symptoms; they may be trivial or severe, they may be signposts to grave organic disease or the manifestations of

minor maladjustment to the stresses of daily living. Although the number of symptoms about which the sick person may complain are many, they may be classified into a few large groups—chest pain, wind, constipation and headache are perhaps the commonest. It is from these presenting symptoms that the doctor works out his diagnosis. Of all the various complaints that a patient may make the group vaguely described by the patient as headache is probably the most common and has the greatest number of causes, nearly all of which are insignificant from the point of view of pathology. Cerebral tumours seldom occur but their importance makes their exclusion from the diagnostic field the first thought of the clinician. There are a myriad of other causes—occasionally a temporal arteritis will present—essential to spot early to prevent the onset of blindness—but the majority fall into the unsatisfactory categories of migraine and stress. The patient is often unclear as to what he means when he says he has a headache. The doctor has to think rapidly through the whole gamut of pathology to exclude the killing diseases before passing on to the more common causes, and of these migraine is the most disabling and the least amenable to treatment, and it is the least understood. There is much literature on the subject which the student may consult. Unfortunately nearly all has been written by specialists who are, quite understandably, unaware of the true incidence of the complaint. A recent addition to these is *The mechanism and management of headache* by Dr James W. Lance, who is a neurologist. However, Dr Lance has written a very good account of a difficult subject and on many occasions remarks that being in specialist practice his impression of the frequency of the various syndromes may be falsified by the fact that he only sees those patients who are referred to his hospital outpatient department.

Dr Lance gives a short introduction on the causes of headache and a sensible classification according to their source; intracranial, extracranial, vascular, muscle contraction, cranial nerve disorders and local cranial disorders. He has a chapter on referred pain mentioning the common cause, cervical spondylosis, and deals briefly with psychogenic headache. All that he has to say is well-written and worth reading. The book is well-produced and though short is by today's standards not expensive.

Simpson and Syme of Edinburgh. JOHN A. SHEPHERD. Edinburgh and London. E. & S. Livingstone. 1969. Pp. xv+288. Price £2 2s. (£2.10).

This is a study in contrasts. All that these two men had in common were their christian names and the fact that they spanned roughly the same period of history. The Edinburgh School of Medicine was famous before Simpson or Syme came to it. The Monros, Cullen, the Bells and many others had added distinction to the school before them. Edinburgh throughout the eighteenth century had

provided many of the most distinguished practitioners in London. In the hands of Mr John Shepherd, Syme comes forth as a dour, uncommunicative Scot whose operative skill and ability to teach, advanced surgery at a time when medicine itself was moving slowly forward. Simpson stands out as the brilliant and dazzling obstetrician and gynaecologist who, discovering after many trials the benefits of chloroform, proceeded on to triumphs in many fields. It is not surprising that for long stretches of time Simpson and Syme were not on speaking terms. It is not surprising that their quarrels were bitter and prolonged. They seem to have inherited some of the vitriol which came naturally to their predecessors in the chairs that they occupied.

One of the fascinating and little understood ventures of James Simpson was his advocacy of acupuncture, that is, the controlling of haemorrhage by using the pressure of long needles which were left in the wound for some time after the operation. It was Simpson's belief that this was his greatest contribution to surgical practice and he felt rather bitter when Lister produced the soluble catgut ligature. In other ways Simpson was quick to adopt the antiseptic practices of Lister and was himself an advocate for the improvement of hospital buildings. Indeed he suggested at one time that temporary buildings be erected for hospitals which could be moved to new sites, or fresh ones erected after about ten years of use, thus diminishing the fatality from hospital gangrene. Syme's daughter married Lister and it is probable that had not Lister been his son-in-law he would never have adopted antiseptic or aseptic principles. He was essentially a conservative where surgery was concerned.

One of the great advantages in describing two such opposite characters in one book is that it enables the biographer to portray very accurately medical life in the mid-nineteenth century in the city of Edinburgh. Mr Shepherd has done this well. His book is well-illustrated, and, for an Edinburgh graduate, an ideal present. At two guineas it is cheap.

Introduction to psychology. D. E. JAMES. London. Panther Books (Science). 1970. Pp. 400. Price 10s. 0d. (50p.).

This book sets out to be an elementary but comprehensive introduction to psychology for students who have everyday experience only on which to draw—particularly student nurses and student teachers. Great care is taken to keep the language and illustrative examples very simple. The people at whom the book is aimed should find it most useful, though perhaps not all will appreciate such a marked emphasis on neuroanatomy and neurophysiology.

How far it will be of value to doctors is another matter. Though teaching in psychology varies in depth from one medical school to another, most