

ful—and not as hitherto a suspicion of passing the buck. The buck now stops with me.

I would commend this development of group practice to all those partnerships who have iatrogenic problems.

E. THEO GRIFFITHS

General Practitioners' Unit,
The Health Centre,
Risca,
Monmouthshire.

Sir,

In the *Daily Mail* of 7 August 1972 an article by John Stevenson, Medical Correspondent, states you published a report by an American-trained business efficiency-expert, Mr Frank Honigsbaum, saying that the average general practitioner maintains a badly equipped surgery and fails to spend adequate time examining his patients. I would like to know what it is Mr Honigsbaum knows about treating patients and running a surgery.

Here in Cornwall we have an excellent service and our doctors ... are excellent, kind and thoughtful to their patients, especially one, whose life is dedicated to his work. How dare our English doctors be insulted by an American businessman?

... We in Cornwall are very happy with our doctors and other services and want doctors *over 40 years old* as they are more reliable. So do not judge all by some of your big towns and cities of mixed races of doctors. Tell John Stevenson to stop printing sensational headings about doctors on the front page of the *Daily Mail*. A word about the secretaries at the surgery—they work hard and show great patience and they have to deal with difficult patients at times. I am writing to the Editor of the *Daily Mail* to complain.

E. TYRRELL
Patient

33 Penarwyn Road,
St. Blazey,
Par,
Cornwall.

REFERENCE

Daily Mail (1972). 7 August.

BOOK REVIEWS

Sir,

In your edition of July 1972, there is an unsigned book review on *Eighty years on call*, which is "for the most part anecdotal", describing the experiences of a doctor and his father before him in rural Wales. It is noted that the author republished letters which he has had published in the medical journals. The reviewer concludes "it is doubtful whether there is any real value in this".

Indeed, sir, we know that—and the author knows it too—but does your reviewer have to be so unnecessarily unkind in saying so? But to tar the reviewer with his own brush: what, pray, is "real value"?

The *Journal* reviews will do general practitioners

no credit, Sir, if they lack insight and compassion. Let's leave the nastiness to the hospital magazine.

ROBERT H. M. LEFEVER

2 Pelham Street,
London, SW7.

ROYAL HUMANE SOCIETY

Sir,

Dr Norah Schuster's article about the Royal Humane Society was interesting, and specially to me, since Dr W. Hawes was a remote ancestor. We have a record in the family of some lines written by Dr Lettsom:

"When any sick to me apply,
I physics, bleeds and sweats 'em;
If after that they chance to die,
What's that to me? *I. Lettsom.*"

J. R. SCOTT

Cornwall House,
Cornwall Avenue,
Finchley,
London, N3.

REFERENCE

Schuster, Norah. (1971). *Journal of the Royal College of General Practitioners*, **21**, 634–644.

Book Reviews

Sudden and unexpected deaths in infancy (cot deaths) (1972). Report of the Proceedings of the Sir Samuel Bedson Symposium held at Addenbrookes Hospital, Cambridge, 1970. Pp. 129 + xi. Bristol: John Wright & Sons Ltd. Price: £2.00.

Once in approximately every ten years the 'average' general practitioner in Britain will be confronted by a "sudden and unexpected death in infancy"—a "cot death". It is not an experience he will ever forget. For at each subsequent visit to the family he will find recreated for him, in some degree, the atmosphere of incredulity in which he examined a dead child of ten weeks old who—about nine hours or so previously—apparently healthy, had been settled down for the night by his parents. No sign of anoxia or struggle; no history of abnormality; a normal child of normal affectionate parents, lying normally in an undisturbed cot. But dead. The doctor will recall not only his total incapacity—and that of the coroner—to offer any explanation: but also his awareness of inadequacy at that moment in counselling the child's mother and father.

"As scientists", comments Wedgwood, "we may be more comfortable in studying the biological process, but we are negligent if we disregard the psychological and social implications of this disease". This monograph reports the proceedings

of the Sir Samuel Bedson Symposium held in Cambridge in 1970. It is divided into four sessions.

The first session reviews the present epidemiological knowledge relating to general risk factors, and to neonatal physiological changes that may constitute age dependent factors. It also summarizes in some detail the hypothetical precipitant factors connected with sleep, posture infection and allergy.

In session two, these hypotheses are commented on by an immunologist, zoologist, and physiologist. There follows a discussion from which the concept emerges of multiple independent factors operating via a common pathway of death—as yet unknown. This is disputation at its best, with scarcely a sentence wasted.

Session three is largely devoted to papers by Cross, Kempe, Shaw and Porter dealing with various possible major precipitants. It is here that the depths of the problem, and the range of possible mechanisms, really becomes apparent. Kempe, presenting the work of Shaw, suggests that perhaps 30 per cent of children are obligate nose breathers up to the age of six months; and draws the implications of this derived from experience with choanal atresia. Cross discusses clearly the effects which reduction of nasal cavity size have on air flow, in the young child: but leaves open the relative importance of such upper respiratory obstruction on the one hand and lower respiratory obstruction produced by reflex bronchospasm on the other.

By contrast, Porter's concept of aetiology is based on inborn errors of metabolism, coupled with the immaturity of the neonatal liver and the excessive concentrations of protein in milk powders as compared with human breast milk. This, he suggests, may provoke an aminoacidaemia, in turn provoking hyperinsulinaemia, hypoglycaemia, and anoxic death. This is a beautifully presented contribution.

None of the participants of this seminar, it seems, expected to come away with the answer. Nor must the reader. But in her summing up, the Chairman remarks that "it has been possible to review most of the medical knowledge to date on sudden infant deaths and to collate the various theories on the causes and mode of death". It is precisely this that makes this monograph of such considerable interest and value. (*See Editorial, correspondence and insertion*).

The elderly in residential care—report of a survey of homes and their residents. (1971). Vera Carstairs, B.Sc.(Econ.) and Marion Morrison, B.A. Pp. ix + 125. Scottish Health Service Studies No 19; Scottish Home and Health Department. Price: 80p.

This is an extremely detailed and factual survey, the report of which is presented principally by means of a very large number of tables and figures with short relevant comments. This type of presentation does therefore make it difficult and concentrated reading. The aims of the survey were

to provide more information about the use of residential homes for the elderly and to furnish both central and local authorities with detailed management information.

In this survey the authors also collected data about the standards of accommodation and the staffing of the homes, and they examined the level of provision of the service and the manner in which it varied in the different local authority areas. This method for collection of data was by means of two questionnaires, one of which was concerned with the home, its admission policy, the discharges, the staffing and the fabric of the home. The second questionnaire dealt with information about the residents, such as age, sex, marital state, occupation, previous residence and mental and physical condition. These two questionnaires are reproduced in Appendix A of the report.

The information obtained from these two question sheets is analysed with a separate chapter devoted to each aspect. Thus, the chapter headings were fabric and facilities, staffing, admissions and discharges, the residents, dependency of residents and allocation to care. The final two sections dealt firstly with a total view of all institutional care in the South-west Scotland area and secondly with a look at the variations in provision and performance between different local authorities all over Scotland.

For the reviewer and possible readers, this report could have been improved if the authors had attempted, difficult although it might be, to round off each chapter with a few paragraphs devoted to a summary and conclusion on the data presented in the preceding paragraphs. Also it would have been valuable to have the authors' conclusions and recommendations on the whole report presented as a final section at the end. It is only in chapter seven, out of the nine chapters, that there is some discussion, and this mainly in a sub-section entitled 'epilogue'. Here they do raise some interesting and important points. For example, their data has shown that many residents could live in the community if there was available proper purpose-built sheltered housing for the elderly, e.g. with warden supervision. There is a lamentable shortage of such in Scotland at the moment.

In this part of their report, they make one or two other interesting points. They suggest that homes should be prepared to undertake a greater degree of nursing care or be organised to do so. They also mention that sometimes it may be an advantage to have residents in the home with varied degrees of dependency, as the less dependant are encouraged with benefit to give help to the more dependant. Such purposeful activity gives a level of personal satisfaction. This point is made because there is a tendency to provide specialised care for specific groups, e.g. those with behaviour problems. Such grouping leads to a much more restricted environment for the individual.

The report provides a good reference for factual data for all those who may be concerned in future planning of homes for the elderly. One would,