

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,

however, like to make a final point. No such survey of homes and their residents can be complete without also a medical and psychiatric assessment in greater detail than the broad classifications used in this report. With this proviso, the study is a most useful one.

Mother and child health. Delivering the services.

CICELY D. WILLIAMS & DERRICK B. JELLIFFE.
Pp. 164 + ix. Oxford: O.U.P. Price: £2.20.

There can be few Europeans who have a greater experience of tropical paediatrics than the joint authors of this book: and the book points the lessons of their experience. It is, however, 'not intended to be an inclusive textbook nor to give details of programmes or clinical management' but 'rather to present a point of view and a practical philosophy'. What interest, other than as travellers' tales, can such experience possibly have for European maternal and child health services?

At first sight there may appear to be little that the health problems facing the Yoruba and the Liverpoolian mother have in common. It is the major achievement of this book that, out of the experience of the tropics, it throws new light on many of the problems we face ourselves in organising medical care.

Themes run through the book. The worldwide importance of intelligently defining local health needs, of establishing priorities, and (often) of simplifying health care. "Until recently it was assumed that 'teaching hospital' medicine was the only worthwhile goal. Developments all over the world clearly show that adaptive services, aimed to identify and help those most at risk, to simplify health care and to train and supervise auxiliaries are vital." The necessity to match skills to needs thus constantly emerges.

Medicine is set firmly in its social context. 'Medical care exists not merely to treat disease but to look after man in his environment'. Practice must be adapted to its social setting—must understand the inbuilt attitudes and values of those it serves. Here the expatriate worker is at an advantage—for it is easier to notice the 'peculiar' customs and behaviour of an alien society than to see one's own presuppositions. (He is forced, also, to realise that charity of itself solves few problems of any size—that while it may be comfortable for the donor it is often degrading to the recipient, and is not so effective as the intelligent harnessing of local resources—some lessons for the welfare state here).

Medical care is a unity; there are no valid lines to be drawn between 'preventive' and 'curative' services. Where, for administrative convenience, such lines are drawn they have a habit of producing gaps, inadequacies, and overlap. Medical care is a

unity with other social activity—it cannot be divorced from issues of population control, environment, and food production: the temptation to 'oversell' it at the expense of these must be resisted. Medical care is a unity in that it must be concerned with the whole person not simply his disease.

The implications of such themes for medical education extend right across the board. Are we, in the western world, really providing the most relevant patterns of education for nurses, health visitors, midwives, social workers, and auxiliary health workers of all sorts? Are we educating the embryo physician to see a bit further than the blood sugar level or the end of the microscope? The answer inevitably is often 'No': and experience derived from less highly developed countries has much to teach us in the refashioning of priorities.

One is left with the conviction that to spend some time working in the tropics as a preparation for practice in this country is perhaps not as crazy as it looks at first sight. And left, too, with the hope that this book will be read widely.

Treatment and care in mental illness (1971).

Edited by EDITH RUDINGER. Pp. 168. London: Consumers' Association. Price: 75p.

This paperback is written for the layman. The foreword states the intention of counteracting the fear of mental illness and the shunning of the mentally ill by describing what is known of the subject.

This it does admirably, avoiding unnecessary technical terms and giving a great deal of factual information about agencies helping the mentally ill and their families. It gives clear descriptions of most psychiatric illnesses, and the various forms of treatment available are discussed without evident bias. The chapters are anonymous, but much has obviously been written or inspired by a sound psychiatrist. The sections on old age and on drug dependence are particularly good.

Few criticisms need be made. No mention is made of the fact that the Marriage Guidance Council is a voluntary body, though that status is correctly awarded to Alcoholics Anonymous and the Samaritans. An amusing misprint occurs on p. 67, where increasing age is said to bring with it an increasing realisation of ones own *morality*. On p. 162 psychoanalysis is said to occupy five sessions a week of an hour each: in most analyses it is 50 minutes.

All in all, this is a safe and excellent book to put into the hands of an intelligent patient or those of his family who may have the responsibility and anxiety of his care.