

BOOK REVIEWS

Paediatrics. (1973). APLEY, JOHN. Pp. 432. London: Bailliere. Price: £2.50.

This book is written first and foremost for medical students and was largely drawn from "a batch of fragmentary lecture notes". Its style therefore, is linguistic rather than literary and the cheery personality of the author is present on every page.

Family doctors will be delighted that Dr Apley's attitude and approach to paediatrics is so similar in many ways to their own. As a guide to the student about to begin his first paediatric firm, this book would be invaluable. It is doubtful whether its clinical content, however, would get a student through the paediatric part of his final examination and for that reason it might be better entitled 'An introduction to paediatrics'.

That the book is not for the general practitioner can be highlighted by stating that 'where to treat?' (home or hospital) is dealt with in two sentences; how many thousands of hours are spent by anxious general practitioners deliberating over that one question. Perhaps more fundamental, however, is that Dr Apley's description of his patients arise largely from outpatient department contact. Hence long tracts on the various circuitous outpatient tricks and foibles necessary for the strange doctor to acquaint himself with the new patient. To the general practitioner the child arrives "not as a stranger" and his personality, his family, his life style are in the general practitioner's mind as the consulting room door is opening; against that background few tricks and foibles are needed.

The book demonstrates, even at this fairly elementary level, the problems that beset the generalist attempting to cover an entire field and, therefore, inaccuracies occur; acute tonsillitis does not "have to be looked for"—in a large proportion of cases in general practice (where the vast proportion of cases are seen) the mother makes the diagnosis and the child enters the consulting room almost with mouth open ready; in acute bronchiolitis all cases are not treated with antibiotics as any Newcastle graduate knows; the giving of tetracyclines for acne vulgaris has little to do with its anti-infective properties. Medicine is becoming so complicated that one can but wonder how long it will be before generalist books of this type disappear from the shelves.

In summary then, this book is a splendid introduction for the junior medical student—but its value to the family doctor is limited.

G. N. MARSH

Care of the Elderly—An exercise in cost benefit analysis (1972). WAGER, R. Pp. 74. London: The Institute of Municipal Treasurers and Accountants. Price: £1.00.

This slender booklet contains the report of a highly competent piece of original research, undertaken

on behalf of the Essex County Treasurer's Department to the comparative costs of domiciliary and residential care of elderly persons. By using social survey techniques, and ascribing monetary values to services provided to old people in their homes, the author has succeeded in using the techniques of cost-benefit analysis in relation to domiciliary and residential methods of care of old people in his Council's area, by using for study those applicants on a waiting list for residential accommodation. He has tackled the involved problems of ascertaining the optimum balance between the various programmes of care for the elderly, and of giving substance and value to what have hitherto been regarded as "intangible" factors, in a quite admirable fashion.

He begins by clarifying the policy alternatives by a detailed analysis of the personal attributes of applicants to residential care, their health and incapacity, financial situation, housing standards, the reasons underlying their application, and their potentiality for continued domiciliary care as assessed by social welfare officers using an extensive questionnaire, which is set out in an appendix.

The comparative costs of domiciliary and residential care are then considered as an important, but not the sole, factor in the decision-making process, and calculated on the basis of actual expenditure for the financial year 1969/70. Thus we find the average cost of the distributed meal comes out at approximately 16p, while the estimated average cost per home nursing visit is 69p, and that of attendance at an occupational centre £2.45, with 35p for transport.

It is concluded that a larger proportion of elderly people in need of substantial care could obtain it in the community, if intensive domiciliary care was provided; although this could, in some situations, be substantially costlier to the community than residential care, depending on the cost of sheltered housing or lower value housing. The marginal difference overall between the two forms of care suggested a greater 'return' would be obtained by the relative diversion of resources from the future expansion of residential facilities into a selective domiciliary care programme.

From the general practitioner's point of view it is important to note that this influential document suggests that the social case worker would be a vital link in the care of elderly people in assessing the client's suitability for residential or intensive domiciliary care, and should be the co-ordinator of supportive services in developing a domiciliary care programme for each client, where necessary negotiating with housing and social security authorities, while ensuring that the necessary medical attention has been sought. Many general practitioners will feel that this would make important inroads into their traditional sphere of action, and that the role of the social case worker, even in emergency situations, would displace them.

I feel that it is important for general practitioners to study carefully the conclusions drawn from this important report, for its impact on the planning authorities could be considerable, and result in practitioners being divested of their overall authority in the management of their elderly patients.

M. K. THOMPSON

Sexually Transmitted Diseases (1972). SCHOFIELD, C. B. S. Pp. 248. Edinburgh & London: Churchill Livingstone. Price: £1.25.

This reasonably priced small format paperback is an excellent general treatise on sexually transmitted diseases. After a no-ball first sentence of his preface 'Sexually transmitted diseases are the commonest communicable diseases found in the world today', which is untrue, Dr Schofield has written a text for which he must be congratulated.

His chapters on history taking and examination, and on serological tests for syphilis and their interpretation are especially good. All aspects of the diagnosis and treatment of the statutory venereal diseases and the commoner sexually transmitted diseases are covered, and each chapter has appended a short list of key references for further reading.

Having been on both sides of the counter, and to resolve that ambiguity the reviewer means general practice and a large hospital department of venereology, a word of prudence for general practitioners is apposite. While it is possible to obtain materials from the Public Health Laboratory Service for the proof of diagnoses of venereal diseases, to have serological tests performed, and to treat patients without referral to a hospital venereology clinic, it is unwise to do so unless it is for various reasons unavoidable.

Although it may appear that diagnosis, treatment, and surveillance 'by simple blueprint' is possible, in many cases it is not, and a lengthy apprenticeship in this specialty is needed to gain the knowledge and experience necessary to cope with the many cases that do not go according to plan. Furthermore, contact tracing and treatment is usually impossible in general practice and this is an absolutely vital part of the process for both the patient and the community. Defaulters too are not easy to cope with in a busy practitioner's time table.

In chapter 2 the author misuses the word when he writes (p. 19) that 'urine should next be screened for the presence of protein and sugar' when he means 'examined'. He does not make it clear that Reiter's disease, often a most terrible and costly catastrophe for the patient, can follow any type of 'dysentery'—bacillary, amoebic, or non-specific, as well as being most commonly associated in the U.K. with non-specific urethritis. His suggested treatment of scabies, now on the increase, is not up to date, and the use of malathion in the treatment of pediculosis is not mentioned.

Allowing for some other points of argument

inevitable in so compact a work, this volume is a highly recommended, easily readable and valuable book.

NEVIL SILVERTON

A Clinical Study of Infectious Mononucleosis and Toxoplasmosis. CAMERON, D. and MACBEAN, LENA. Pp. 56. John Wright & Sons Ltd.: Bristol.

This short book is a description of the clinical manifestations and various changes which occur in the diseases of infectious mononucleosis and toxoplasmosis.

The observations are based on the authors' experience during ten years of 270 patients in the infectious diseases unit at Cambridge.

It is interesting to be reminded that the original clinical description of "glandular fever" by Emil Pfeiffer in 1889 was referring to cases occurring in children aged five to eight years. The emphasis is now placed upon its clinical manifestations in the university population and its effect on the patients' examination performance.

During the past two or three years great strides have been made in the knowledge of the part played by the EB virus in the production of infectious mononucleosis. For example it is now known that the rather mysterious way in which some persons develop the illness while others in very close contact do not, is due to the fact that the person concerned is either EB virus positive or negative. This depends on the person having suffered exactly the infection in childhood which Pfeiffer described 80 years ago. Those who do not get "glandular fever" in childhood get infectious mononucleosis as adolescents. Unfortunately most of this new knowledge is too recent to be included in this book and the EB virus gets only a mention.

It is also rather a pity that the treatment of this illness, particularly with steroids, is discussed rather casually in three pages, which also includes the bacteriology and prognosis! Not all clinicians would agree with the statement that steroids lengthen the period in hospital and that patients given steroids do not progress clinically as rapidly as those not given steroids.

The comments on toxoplasmosis infection are based on only five cases in the same ten-year period. It must therefore be considered a rare disease despite the fact that it is considered as an alternative diagnosis in atypical cases of infectious mononucleosis and its main importance must continue to be in its consideration as a cause of abortion in early pregnancy.

K. J. BOLDEN

Medical Geography, Techniques—Field Studies (1972). Ed. MCGLASHAN, N. A. Pp. 336. London: Methuen and Co. Ltd. New York: Barnes and Noble. Price (U.K.): £4.50.

At an accelerating pace in the last two decades general practitioners are coming to recognise their