

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