

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

unique position as incubators of the golden egg of epidemiology. They have clinical information which can be recorded accurately for populations whose size and characteristics can be precisely defined, and whose exposure to environmental factors can be noted and documented. They can, through their records, add the dimension of time. All these are characteristics of the kind of observers so badly needed by the medical geographers whose work Dr McGlashan has brought together in this book.

Medical geographers have sophisticated skills and technologies at their disposal. They can make good use of material when they can get it, and they range far for sources, often accepting mortality data when they would have preferred morbidity or figures from large bulked populations when those from smaller and more precisely located ones would serve better. It is the pre-occupation of medicine with its traditional hospital orientation on the one hand and with the Public Health notification systems of the sanitary revolution that has limited their scope in the past, and greater awareness of their responsibilities by doctors in general practice must offer the geographers great hope for the future.

In his book Dr McGlashan has combined discussion of the latest methods used by geographers to portray the distribution and spread of illness with accounts of the ways in which these methods have been applied both in this country and overseas. In paper after paper there is the unspoken wish for better data, and the practitioner will realise that in these days of diagnostic indexes and morbidity surveys, it lies within his power to provide it. General practitioners should read the book, even if only to find themselves faced with this statement—albeit one inevitably inferred—of what could be expected of them. They would be stimulated to consider their own potential as observers and that of their practices as media for data acquisition, and the stimulus would be an enjoyable one.

Some of the chapters, especially those about overseas countries, may at first sight have little direct relevance to doctors in this country, but doctors in practice in every continent receive this *Journal*. A second reading of the chapters on overseas applications, furthermore, shows that they contain expositions of principles which can be applied, maybe, on our own doorsteps, in our own practices. The account of the isolation of dimethyl-N-nitrosamine as possible causative factor of oesophageal cancer in liquor drinkers in Zambia makes fascinating reading as does the story of the socioeconomic and population effects of flybone riverblindness in Northern Ghana. General practitioners in Leeds will find a study of the distribution of chronic bronchitis in their city necessarily carried out by an interview technique for lack of more sophisticated data.

There are some books which, a reviewer is tempted to suggest, should be read twice, and this is one. Without specifically setting out to do so it

makes the case for the kind of interdisciplinary bridge-building that science needs for its own sake and medicine needs to help it lose its blinkers. Reading it for the second time will confirm the reader's recognition of the part that he and his colleagues have to place in medical geography in the future—it offers the general practitioner great scope to contribute to environmental health.

R. J. F. H. PINSENT

Patients, hospitals and operational research (1971).

LUCK, G. M., LUCKMAN, J., SMITH, B. W. and STRINGER, J. Pp. 210. London: Tavistock Publications. Price: £3.75.

One of the characteristics of any evolutionary system is that it retains features which, with the passage of time, have become solely atavistic, fulfilling no discernibly useful function, at the particular stage of development which may be under consideration.

The hospital services in this country have evolved from several different sources. The oldest establishments were originally charitable foundations set up by the Church and more recently others were set up by public subscription to serve the growing urban populations of the industrial revolution. In later years small cottage hospitals were built in what were then country districts and many of these have increased in size and scope in response to the gradual urbanisation of the formerly rural areas to which they were built to serve. In addition the Boards of Guardians, whose functions were later taken over by Local Government bodies, created a large number of poor law infirmaries, many of which still remain as active units of the present hospital system.

The welding of these diverse institutions into a unified service has not been achieved easily and improvement and expansion of the hospital services has been *faute de mieux*, to a large extent a matter of endeavouring to graft new building on to existing institutions or of endeavouring to adapt old buildings to fulfil functions which were undreamt of when these were originally designed. However, with the advent of new hospital building there has come the need to examine critically the structure and layout of these buildings in relation to the services which they are intended to provide.

In this recent publication, G. M. Lask and his colleagues examine the various ways in which the methods of operational research can be applied to the activities carried out in the hospital setting. The authors illustrate the problems first of all by studies of an intensive therapy unit and the operational policies for a new hospital, proceeding from this to the exposition of model construction and statistical method as tools of operational research.

On first reading, much of the content of this book appears to be abstruse yet it would well repay careful study by anyone interested in the most efficient and economical application of the limited material and human resources available to the National Health Service.