

Scottish Health Service Studies No. 32: The value of the day bed unit in general hospital practice by KEMP, I., M.D.

This 95 page study of a day-bed unit examines the evolution of day bed care and early ambulation, discusses day-bed procedures in the United States and Britain, and reviews the work of a Scottish day-bed unit in comprehensive detail with 33 tables and eight appendices, covering 3,261 patients in one year.

The integration of general practitioners into the hospital service by sharing in postoperative care is mentioned, but the importance of practitioners participating both pre-operatively and post-operatively is either under-emphasised or distorted. To suggest that "a visit by the general practitioner is necessary in relatively minor operations soon after the return home to confirm that clinically all is well, to reassure the patient, and to establish liaison between the patient, general practitioner and district nurse" reveals both poor confidence in the unit's efficiency and an under-estimation of the commitments of busy practitioners.

An analysis of various agents used for general anaesthetics would have been more beneficial in table 28 instead of merely recording anaesthetics as 'general' or 'local', since the recovery of patients after general anaesthetics varies according to the various agents used, some of which are less suitable for day cases than others.

To increase the bed occupancy of the unit, under-used at 38.7 per cent, by considering cases suitable for 24-hour care diminishes the value of day beds, which could have been more fully used by undertaking more major cases than those recorded. This unit, in fact, appears to fall short of the more enterprising surgery undertaken elsewhere as mentioned in Chapter 1. Greater efficiency would result if the unit was entirely separate from the casualty department, in the charge of one clinician, with its own independent administration.

Nevertheless, this report is a valuable addition to the literature on early ambulation and day-bed care, well documented and comprehensive with 116 references. The patient follow-up questionnaire (appendix viii) is exhaustive, with 50 questions revealing the thoroughness of care for the patients. More useful to the hospital clinician using such a unit, it also serves a need for the general practitioner in providing him with information on the working of such units, and his liaison with them.

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Migraine—Evolution of a common disorder (1973).

SACKS, OLIVER. Pp. 220. London: Faber. Price: £1.60.

Oliver Sacks' book on *Migraine* was first published in 1970, this new abridged paper-back edition is

a salutary reminder of the rapid changes that can take place in the medical world in four years. Although the author claims to have "added a third", there is still no mention of hypoglycaemia, tyramine and the other vaso-dilating amines, nor the place of clonidine in prophylaxis.

A book which has been written for three widely differing groups is in danger of failing to satisfy any of them. However, it is easy to read, well illustrated, and certainly never dull. Migraine sufferers and their physicians; students and investigators of migraine; and general readers of a speculative turn of mind should be well satisfied, unless they have formed, set, and irrevocable ideas on the subject.

It contains exhaustive descriptions and over 50 well chosen case histories to illustrate the innumerable variety of auras, symptoms, types, equivalents of migraine and migranoid attacks, as well as the alternations and concomitances with other disorders. Many laymen may well be left wondering if there are any symptoms which may not at some time, under some circumstances, be included in the omnibus title. But the medical readers will see it in a true perspective and be satisfied that they have been reminded in such a pleasant and informative manner of the many possibilities and combinations which may occur.

It is refreshing to be lifted out of the realms of study by the illuminatingly descriptive accounts of the migranous visions experienced by the nun, Hildegard of Bingen, and described by her in 1180. The photographic reproductions of Gower's variants of migraine scotomas dating from 1904 are excellently produced and still apt today. Indeed, I have observed more than one layman pointing to them and exclaiming with obvious relief 'that's mine', as he suddenly appreciates he is not alone in his suffering.

Sacks makes no attempt to conceal his psychological bias. He reminds his readers that many migraine attacks are 'drenched in emotional significances' and that they express a physiological and emotional need of the patient. His therapeutic bias to psychotherapy is revealed by the fact that only one tenth of the book deals with the general management and specific measures and drugs for use during and between attacks.

The findings of a recent nationwide survey into the hormonal aspects of migraine in women, carried out in this country conflicts with his dogmatic statements "there is a strong tendency for patients to adhere to a given clinical pattern, patients with classical migraine rarely have a common migraine and *vice versa*" and "remission of migraine in late pregnancy is less common in common migraine than classical". But perhaps the pattern in British women differs from those sufferers across the Atlantic.

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