management of such familiar problems as warts and leg ulcers. Neither is the nurse allowed to forget the all-important claim form.

The photographs of laid-up trolleys are of poor quality and too small to be of use, but the photographs and diagrams of procedures are relevant and useful.

A section on physiotherapy suggests exercises for many common disorders, but in parts is not very clear.

Finally, the lay-out of the book has some pleasing features. For instance, each procedure is described on facing pages so that there is no need to turn over, and the spiral binder allows the book to lie flat and stand up to repeated use. This is both useful and effective and is obviously the result of careful planning.

RUSSELL STEELE

The Health Care Dilemma or Am I Kranken, Doctor (1976). Pp. 24. London: O.H.E. Price: 25p.

The Office of Health Economics is financed by the British Pharmaceutical Industry to " undertake research on the economic aspects of medical care and to investigate other health and social problems ". It is as independent of its sponsors as is the BBC of the government. It is a great pity that its publications are not known to a wider audience, especially as any doctor can be put on its mailing list for a modest fee.

Number 53 in the series of papers on current health problems is entitled *The Health Care Dilemma* or " *Am I kranken, doctor?* ". In this short paper of 24 pages arguments are presented which are of fundamental importance to the organisation of the health services of this country and to the whole philosophy of British primary health care; arguments which even though they have been largely ignored by the establishment medical press require to my mind serious examination and consideration by the College.

The paper argues that government funded medical care should be essentially rational and that there is a need to develop a different and more appropriate attitude to ill health than exists in society at present. The paper's most valuable contribution is a clear consideration of the concepts of " health and ill-health ". It rejects the WHO definition of health as " a state of complete physical, mental and social well being " as totally unrealistic and offers a much more logical and acceptable definition of its own.

In its fearless examination of some of the problems of our health care dilemma this paper looks at all the Marinker modes of " unhealth " and much more. It looks at the medicalisation of social problems and at the need for more, rather than less " self care ". It makes some trenchant comments which are worthy of real debate. For example, it states: " In the search for the chimera of perfect well-being health care resources are being squandered on treatment which in medical terms are unnecessary and ineffective "; or again, " The population has recently been educated to expect unrealistic levels of well-being; doctors need first of all to re-educate the public to accept that unwellness in the sense of failing to achieve the WHO state of perfect well being is normal".

As with most OHE papers this document is clearly written and concise. It should become required reading for trainees as well as their trainers and university teachers. Finally, the authors of *The Future General Practitioner* would be well advised to incorporate its definition of health and some of its philosophical thinking into the next edition of the book.

LEN RATOFF

REFERENCE

Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: British Medical Journal.

Cerebrovascular Disability and the Ageing Brain (1975). G. F. ADAMS. Pp. 157. Edinburgh: Churchill Livingstone. Price: £4·50.

The combined effects of primary age changes and cerebrovascular disease on the nervous system present those concerned in clinical practice with the care of the old people with a formidable and increasing task. Yet it has been in some way paradoxical that Man's most prestigious organ has been accorded a relatively low priority in the clinical field.

Professor Adams and his colleague, the late Louis Hurwitz, have been highly influential in advancing our knowledge of the anatomical, physiological, and psychological principles involved in the management of disability from strokes, and in particular the elucidation of those barriers to recovery resulting from impaired comprehension, apraxia, and verbal dysphasia. The diffusion of this knowledge, in particular, has led to the rapid disappearance of the " unco-operative " patient in every modern unit where the principles of geriatric medicine are properly taught.

The introduction, which is a fascinating historical review of contributions to our present knowledge, serves to show that we are really only now emerging from standards of treatment practised by Paul of Aegina, who introduced the word hemiplegia in the sixth century A.D. The pathogenesis of neurological disability in old age is described, and there follows a useful chapter on the assessment of mental capacity in old age. It is important that other clinical syndromes which fall more usually in the field of psychiatry are not confused with neurovascular disorders, and these are discussed briefly. There is a useful chapter on normal reflex control of posture and movement, as well as those postural disorders related to common pathological conditions.

The second half of the book is devoted to minor stroke, the management at the onset of major strokes, and subsequent residual disability.

Dr Hurwitz' views on aphasia are to be found here, with a forward-looking section on alternative means of communication.

A vast subject, with all the relevant information, is covered in this small volume, with an extensive bibliography for those who wish to read more widely on the subject.

No book is perfect, and sedation of the restless patient with amylobarbitone is now to be considered debatable. Further, when considering prognosis, the importance of normal respiratory pattern and blood gas tensions, the work of Rout, Lane and Wollner, is not considered, which is odd in a book which seems to underline the importance of treating stroke in special units, because it is a serious disease.

M. J. K. THOMPSON

UNDISPENSED PRESCRIPTIONS IN A MINING GENERAL PRACTICE

Seven per cent of prescription forms issued in a mining practice were not presented at chemists for dispensing. The people least likely to present their prescription forms were men aged 25–34 years, particularly miners. To get sickness benefit these men have to consult a doctor, but the medical content of the consultation in these circumstances is often perceived by them as irrelevant and the medication rejected. Children and old people nearly always presented their prescriptions.

The percentage of undispensed prescription forms for the trainee doctor was higher than for the trainer, but age may have been a factor: older patients tended to consult the established doctor, whom they knew.

Drugs affecting the cardiovascular system, moderate or strong analgesics, hypnotics, sedatives, tranquillisers, and antidepressants were rarely rejected, but mild analgesics and drugs prescribed for symptomatic relief, such as those affecting the alimentary system, cough mixtures, and skin preparations, were more often rejected.

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Waters, W. H. R., Gould, N. V. & Lunn, J. E. (1976). *British Medical Journal*, **1**, 1062–1063.

MAJOR ADVANCE IN THE TREATMENT OF BREAST CANCER

" Fifteen years after surgery and adjuvant chemotherapy were shown to be of value in mice with spontaneous breast cancer, properly designed trials in the human disease now show dramatic effects."

In the *New England Journal of Medicine* of February 1976 Bonadonna *et al.* report a work of monumental importance. The foundations for this advance are fourfold, the first being an understanding that breast cancer is fundamentally not a local disease. The rapture of " five-year cures " has given way to a recognition that the risk of death from disseminated breast cancer metastases continues for more than ten years, with a death rate approximating eight per cent per year (the rate is even higher in the first three years.) At ten years, 24 per cent of women in whom metastases were not found in axillary nodes at the time of operation have already relapsed; those with one to three, or four or more nodes have recurrent cancer in 65 per cent and in 86 per cent respectively. Death is not long delayed.

Justification for radiotherapy in the adjuvant treatment of breast cancer now appears even more tenuous. Aimed at protection from local recurrence, and shown to be unaccompanied by other benefits in sex controlled trials, and to increase mortality by one to ten per cent, its continued use must be interpreted in the context of the present results. Bonadonna's data show a sharp decrease in mortality and in chest-wall recurrences.

REFERENCE

New England Journal of Medicine (1976). Editorial, 294, No. 8. 440–1.