

use of diagrams) which, though written for the Australian scene, will be particularly helpful to course organisers, regional advisers in general practice, staff of university departments of general practice, and a growing number of especially interested trainers. The Plain Man's Guide still remains to be written, but this challenge can be more confidently met by standing on the shoulders of such pioneers as the authors of this work.

J. D. E. KNOX

Epidemiology of Head Injuries in England & Wales (1976). J. H. FIELD. Pp. 109. London: H.M.S.O. Price:

Head injuries are an important cause of morbidity and mortality. Annually they result in about 70,000 patients consulting their general practitioners and in over 140,000 hospital admissions. General-practitioner management is mainly concerned with the neurological and psychiatric sequelae.

This work is one of the first reports to emerge from the Research Liaison Groups of the Department of Health and Social Security which have been set up to stimulate research in certain 'priority areas'. It is an excellent literature survey and review of current research but it contains no original work. Dr Field skilfully handles a vast amount of data, although I feel continuity suffers by placing all the illustrations and graphs at the end.

One of its main functions is to highlight deficiencies in present knowledge and suggest where further research is needed. Much of this is best done by general practitioners, for example on the sequelae of minor head injury and on rehabilitation.

It will be a necessary addition to the libraries of clinical research and postgraduate medical centres and of individuals with a particular interest in head injuries. It is, however, too specialised to be recommended to the majority of general practitioners and trainees.

R. PEPIATT

Doctors and Old Age (1976). Ed. J. T. LEEMING. Pp. 71. Mitcham: British Geriatrics Society. Price: £1.

As a contribution to Age Action Year the British Geriatrics Society have published a paperback in which 15 doctors describe the challenge and stimulus they find in their work with the elderly.

Their aim is to explain the attraction of the specialty of geriatrics, with three younger doctors commenting on the lack of training in geriatric medicine in most medical schools and the relevance of such training to all young practitioners, whether they continue with a career in hospital or in general practice.

General practitioners will echo many of the sentiments expressed but will, I think, feel sad

that, with most of the care of the elderly taking place in the community, there is no contribution from a general practitioner.

R. V. H. JONES

Geriatric Care in Advanced Societies (1975). Ed. BROCKLEHURST, J. C. London: Medical & Technical Publishing Co., Ltd., Lancaster. p. 160. Price: £6.50.

Faced with increasing numbers of very old people, advanced societies are faced with big problems in developing medical and social services for a group with the highest consumption. In this survey distinguished practising physicians each give a historical and contemporary account of geriatric care in Great Britain, the Netherlands, the United States, Sweden, U.S.S.R., and Australia.

Professor Brocklehurst, who edits this volume, ably describes the progress made in this country in promoting geriatric medicine as a new medical specialty, and emphasises the place of the general practitioner. While there is a lack of purpose-built long-stay accommodation in Britain, this country has pioneered the pre-admission assessment visit programme and developed the idea, originally conceived in the U.S.S.R., of the psychiatric day hospital, to serve the interests of aged patients.

In the Netherlands, useful research has been carried out among general practitioners, or former general practitioners turned social geriatrician. Special geriatric hospitals are not favoured here, but old people are admitted and treated just as younger ones in general hospitals.

In the United States the Medicare enactment of 1966 has gone some way to alleviate the plight of the elderly, who were recognised as a particularly hard hit group affected by the adverse financial aspects of medical care; but although Medicare and Medicaid offer access to hospitals and some doctors, many difficulties remain. Unfortunately, geriatrics is not a recognised subspecialty in the United States and is neglected in the educational structure.

Although as yet there is only one professorial post in geriatrics in their country, the Swedes are beginning to show more concern for long-term geriatric care, and are encouraging the further education of general practitioners in this field.

In the U.S.S.R. a highly organised system is reported, based on the home, including patient education. Long-term medicine is recognised as a specialty and training is detailed. Prophylactic work in 'health zones' provides for therapeutic physical training, and many other imaginative facilities.

The medical care of old people in Australia, because of its colonial origin, and for geographical reasons, has developed along different lines in different States. The philosophy underlying concepts of care is turning away from 'disability orientated' programmes to 'function-orientated' where retraining is directed to daily living.

The book will interest all those concerned with

patient care, particularly those involved with health care planning teams, but its great value lies in the variety of approaches offered in the solution of the formidable problems foreseen for the latter part of this century.

M. K. THOMPSON

Rita Greer's Extraordinary Kitchen Notebook (1976). RITA GREER. Pp. 110. Portsmouth: Rita Greer. Price: £2.15.

It would be easy to discuss this book as just another contribution to the cookery cult beloved of the Sunday colour supplements, but it is more than this. It is a sincere attempt to make a very restricted diet interesting and palatable for those who are unfortunate enough to have to eschew gluten, wheat, cane sugar, cholesterol, and saturated fats.

There cannot be many patients who are advised simultaneous restriction of carbohydrates and lipids, but even if foods in one group are to be restricted, Mrs Greer's recipes will give the cook a very good start. It is surprising where a large onion fried in margarine can lead. Conventional dishes for all meals, for patients of all ages, can be simulated.

The recipes described were arrived at by trial and error. They are clearly set out. The book is produced and published by the authoress herself and is obtained from her at 44 Wallisdean Avenue, Portsmouth, Hants. Would it be considered male chauvinism to suggest that a more convenient form of binding could be adopted for the next edition, one that would enable the book to lie open, flat on the kitchen worktop?

R. J. F. H. PINSENT

Practical Contraception (1976). RAMASWAMY S. & SMITH, T. Pp. 149. Tunbridge Wells: Pitman Medical. Price: £3.50.

This must be *the* book for all general-practitioner family planners. It covers the entire subject concisely and in an interesting manner and gives accurate information, not only about contraception, but also about allied topics such as vaginal discharge and psychosexual problems. The authors are to be congratulated on a book pitched at exactly the right level in content and style for its potential readership.

We particularly liked the early chapters on strategy at the first consultation. These contain good, sound advice and are obviously written with the benefit of long practical experience. The chapters, indeed the whole book, reflect a greater appreciation of the general practitioner's role in family planning than we might expect from a specialist author. We also thought that the three-yearly vaginal examination and smear as recommended in the chapter on oral contraception was in tune with modern thinking and

a good guide for those who have not made up their minds on this issue.

Nothing is perfect, however, and it is a pity that the chapter on I.U.D.s seems weaker than the rest of the book. One would like some cervical dilators to be included in the necessary fitting equipment, and there is surely a place for a hook for difficult removals; not all are as easy as is suggested in this chapter. No sources are quoted for the table regarding I.U.D. annual event rates and in some respects the figures in this appear to conflict with the text. More stress might have been given to the need for expert training in I.U.D. techniques and for practice under supervision.

As responsibility for contraception falls increasingly on the general practitioner's shoulders, it is ever more important that his standards and techniques should be beyond reproach. Saroja Ramaswamy and Tony Smith have produced a book which defines both. Armed with it, an informed and sympathetic doctor should be able to give his patients a better contraceptive service.

JOHN LLOYD
MARGARET LLOYD

Clinical Examination (1976). JOHN MACLEOD. Pp. 491. Edinburgh: Churchill Livingstone. Price: £4.95.

Medical education is customarily divided into three parts: undergraduate, vocational, and continuing postgraduate. The teaching of physical signs to undergraduates is not usually considered to be the main task of general practitioners, but there is usually a plethora of signs and *Clinical Examination* is an excellent reference book to settle arguments about the fourth heart sound, how high the sphygmomanometer should be pumped in Hess's test, and what the significance of bilirubin or urobilinogen in the urine might be.

There is a welcome increasing awareness of the importance of being good clinicians in the vocational training schemes, and I enjoyed re-reading the hospital method of history-taking and full physical examination, though I felt that more should have been included on interviewing techniques. General practitioners rely heavily on pattern recognition and hypothesis testing but occasionally the 'full works' are essential.

The section on psychological examination was well worth reading and introduced in an easy way the concept of the doctor's feeling as a diagnostic tool and the doctor as a drug. The description of taking a sexual history seemed strangely inhibited and formal and the chapter on the respiratory system a little remote from the bedside. The description of vaginal examination was limited and very clinical and the rich information to be gleaned from the patient's behaviour quite ignored. It would be more helpful to explain the feelings engendered in the patient and the doctor than