

to describe it as "difficult to combine with abdominal examination".

I also found the chapter on the locomotor system disappointing. In examining the spine the clues from the skin creases and shoulder heights were not mentioned. Measuring leg lengths is indeed difficult, but confirmation by finding a smaller foot is most reassuring.

The neurological examination of the infant was sketchy and should surely include cervical stretch and rooting reflexes at least. The scheme for developmental assessment would be clearer and more valuable if grouped under the usual heading of gross motor, fine motor, perception, verbal, and social. Much can be learnt of the psychological status of the family from observing the child's behaviour in the surgery.

I was delighted to see the inclusion of problem orientated medical records, though this section could be expanded.

The introduction states that it is hoped the book will be of value to general practitioners, and *Clinical Examination* could well be the book of choice for the practice library, especially for teaching practices. Would it not be helpful, however, to include a general practitioner among the authors? I hope the next edition will recognise the validity of general-practice methods without sacrificing the discipline of the students' model and that it will use the relevant knowledge from the behavioural sciences.

PETER TOMSON

Medical Aid at Accidents (1974). ROGER SNOOK, Pp. 130. London: Update Publications Ltd. Price: £5.75.

Over the years casualty departments have been neglected by most hospital authorities and certainly by most hospital doctors, while the poor staff, usually would-be surgeons needing to have 'done the job' to qualify for their Fellowships, were left to flounder with cases

ranging from splinters to acute medical, surgical, gynaecological, obstetric, or psychiatric emergencies. It has never ceased to amaze me that the numbers of patients who left these departments alive and well under these conditions were ever as high as they were.

Dr Snook has done as much as anyone to update the image of the Accident and Emergency Department. This book, the subject of an M.D. thesis, was first published as a series of articles by *Update*, when they created such interest that the articles have now been published in book form.

Dr Snook covers many aspects of immediate care. There is advice on how to set up and equip an accident unit, and there are first class descriptions on the techniques of most life-saving procedures. Other chapters are devoted to care of the drowning and the poisoned, and procedures for dealing with multiple accidents and hospital fires are also described. Altogether, Dr Snook provides instruction supported by some most interesting facts from a very broad spectrum of the accident scene.

The book should be of great help to general practitioners involved in this work and to the junior, and indeed senior, staff of casualty units.

I should very much hope that Dr Snook would now devote some time to writing a sequel covering, with the same authority, some of the more mundane problems met in general practice and hospital casualty units. There are plenty of specialist books on the secondary care, but few if any on the immediate care of the injured and such subjects as the management of foreign bodies, ingrowing toe-nails, epistaxis, overdoses, and worried casual attenders.

Dr Snook's book goes a good way towards filling a badly neglected area of medical education.

M. MARTIN

WHAT DOES THE GENERAL PRACTITIONER WANT TO KNOW ABOUT THE CANCER PATIENT?

A review of the contents of 80 discharge letters about patients with cancer suggests that, although diagnosis and treatment were quite well covered, the letters gave the general practitioners very little information about what the patient or his relatives had been told. Where a social worker had written a report on the case no details were given in the letter. On an experimental basis an 'immediate discharge letter', set out as a form and giving the information a general practitioner needs, is being used.

REFERENCE

Calman, K. C. & Murdock, J. C. (1974). *Lancet*, 2, 770-771.