

heart disease—and the pharmacopeias of France and Spain continue to use mistletoe for the treatment of hypertension.

Herbal drugs are also used in the treatment of neoplastic disease: garlic, blood wort, podophyllum, autumn crocus, and periwinkle (the latter being the source of vinblastine and vincristine), and 70,000 species of plants have been screened in the USA for antinuclear activity. The original use of liquorice in the treatment of gastric ulcer has led to the present therapeutic use. Liquorice has a cortisone-like action, and was used in the 1950s for the treatment of skin disease, and even now the production of sex hormones and cortisone is dependent on plant sources.

Herbal pain relievers include henbane (hyoscyne), coca leaves (cocaine), poppy (opium), and deadly nightshade (belladonna). Chamomile (as in lawns and tea) is big business in Italy (a million cups of the tea are drunk yearly). It is used by ladies to ease their stomach troubles and by their menfolk as a night-time hypnotic. Even the basis of aspirin (as salicin) was originally isolated from willow bark.

Other chapters in the book are devoted to ergot (and the uterus), problems of blood clotting (sweet clover and garlic), and fertility problems, closing with the story of the insecticide pyrethrum which, though harmful to insects, conserves our food supply.

Though not essential as a text book for the general practitioner, *Herbs that Heal* is fluently presented and can be highly recommended as light reading.

ERIC BLOOMFIELD

HEALTH CARE—AN INTERNATIONAL STUDY

Robert Kohn and Kerr L. White

Oxford University Press
London (1976)

557 pages. Price £10

This is not a book for the general practitioner in his surgery but rather for general reference purposes, giving information about a study of health care in different communities all over the world. As such, it should be available at centres where general practice is a matter of study or research and as an occasional reference for those organizing vocational training schemes.

While some of the information is interesting in the international sense, and comparison of one centre with another is sometimes useful, conclusions about differences in health care systems between countries are of doubtful

validity: for example, few would accept that the care available in Liverpool (the UK centre) was representative of Great Britain. To be fair, the study does not actually attempt this comparison, but the title *Health Care—an International Study* does imply some matching of standards of health care in the various countries studied.

Although the surveys which form the basis of the report were conducted in 1968/69, the information shows fascinating variations in the use of medical care. Attempts are made to relate these observed variations to the differences between the health care system in the countries studied, and perhaps one of the most valuable sections is the large Appendix A, which details the characteristics of the study areas and their health services.

M. S. HALL

THE TONSILLITIS HABIT

G. R. Osborne &
N. Roydhouse

W. P. Roydhouse
New Zealand (1976)

100 pages. Price \$12

Many myths are dispelled in this book and a sound pathological basis for tonsillectomy described. The authors show that the pathological changes in tonsillitis are reversible or irreversible, and that tonsillectomy is needed for irreversible changes only. A method of clinical management is described to help maintain reversibility. Irreversible lesions are shown to comprise structural changes which impede the normal crypt cleansing mechanisms, thereby enhancing the possibility of recurrent bacterial infection, and the authors detail the hitherto unrecognized role of *Actinomyces israelii* in promoting irreversibility.

Acknowledging the clinical difficulty in recognizing an irreversible lesion and that tonsillectomy may be done unnecessarily, the authors have devoted two chapters to preoperative, operative, postoperative, and anaesthetic detail, with a view to ensuring a safe operation.

Evidence is presented to show that adenoids have a useful physiological function, a different pathology from tonsils, and that adenoidectomy can be harmful and is rarely beneficial.

Much emphasis is placed on the maintenance of normal physiological mechanisms as a means of preventing disease, and in this context the authors show that prevention begins at birth or earlier. Cow's milk intolerance is shown to be associated with respiratory and

alimentary disorders, cot deaths, and even the start of coronary artery disease. While breastfeeding itself does not prevent tonsillitis, it is shown to help prevent disordered physiological mechanisms and thereby indirectly prevent both tonsillitis and otitis media.

In the final chapters, the authors enlarge on the role of *Actinomyces israelii*, showing that cross infection can occur in infancy and upwards, sometimes causing irreversible tonsil damage at a very early age, and that silent tonsillitis so caused can explain Reye's syndrome and cot deaths. The main source of *Actinomyces israelii* is shown to be periodontitis, present in those attendant on an infant and later in the child itself. Fallacies in preventing cross infection are described.

This book not only deals with pathology and ENT surgery, but contains material which is of practical value to the clinician. The pathological understanding provided will enhance clinical management and, where clinical precision is lacking, it will provide a stimulus for clinical research. This book is worth buying, worth reading, and worth thinking about.

M. T. EVERETT

THE MEDICAL ANNUAL

Sir Ronald Bodley Scott
& Sir James Fraser

John Wright & Sons
Bristol (1976)

492 pages. Price £11

I welcome the arrival of my medical annuals, despite the rising cost. There can be few more enjoyable ways of keeping up with the specialties, and a quick look through the relevant sections of recent annuals is the best way I know of preparing for the inevitable awkward question when giving a talk.

The best of the three special articles this year is about terminal care. Dame Albertine Winner and Dr Cicely Saunders describe, with what can only be called eloquent sensitivity, how dying can be made more comfortable, and they append a "list of drugs most commonly used at St Christopher's Hospice", which all of us should learn by heart.

Dr Brian Webb, a paediatrician at Taunton, provides a superb review of breastfeeding. He describes with great clarity the irrefutable argument in favour of suckling, and concludes by calling for an end to the unholy alliance between maternity hospitals and the artificial milk companies.

Professor James Knox from Dundee

is the welcome new contributor for general practice. He uses the now widely accepted job definition of the general practitioner as a framework which I found resulted in a sketchy and rather disappointing review. I hope that in future he will cover fewer aspects in greater depth. There is much to be said now for general practice having its own annual.

Two useful reviews of beta-blockers help towards more rational prescribing; and the myocardial risks of the contraceptive pill and tricyclic antidepressants are clearly pointed out. Fegan's injection technique for varicose veins turns out to be rather more disappointing in the long-term than was thought five years ago, but the safety and heartvalve replacement have never been better, with only a five per cent mortality. Umbilical hernia in infants should no longer be considered entirely benign; the five per cent incidence of major complications and safer paediatric anaesthesia demand the same attention as inguinal hernia at the same age.

Placebo 'hypnotics' are disappointingly ineffective, but the humble aspirin is gaining ground as a useful prophylactic for those who have had transient ischaemic attacks.

The "Books of the Year" section at the end of the annual should have a separate section for general practice, at present considered by the editors as part of general medicine. These gentlemen are also a trifle confused about geriatrics, under which heading they include principles of genetic counselling. Better late than never, I suppose.

T. F. PAINE

COMMON SYMPTOMS OF DISEASE IN THE ELDERLY

H. M. Hodkinson

Blackwell
Oxford (1976)

147 pages. Price £4

One of the most difficult but stimulating challenges in the care of the elderly is the establishment of a diagnosis. The student is indoctrinated by his medical school to arrive at a single diagnosis. This is often impossible in the elderly because of the multifactorial nature of illness. The problem is further accentuated by the altered signalling of common diseases and the effects of the ageing process on the pattern of disease. The elderly, because of apathy and a willingness to accept disability as a normal concomitant of growing old, tend to delay presentation of their illness until it has reached an advanced

state. Failing mental function may cause obfuscation of symptoms. It is not surprising that the inexperienced practitioner may find the problems daunting and experience the uncomfortable insecurity of insufficient knowledge.

Dr Hodkinson in *Common Symptoms* has tackled the task of making a diagnosis in a thoroughly practical way. He has concentrated on conditions which are potentially treatable. This functional approach will appeal to the general practitioner who is concerned with the preservation of the independence and quality of life of his patient rather than compiling a catalogue of disease from which he is suffering. In addition to describing well defined symptoms from the various systems of the body, the author has not neglected the vague symptoms, interpretation of which so often causes difficulty. The chapters on how disease differs in old age and non-specific presentations of illness and its routine investigation are particularly valuable. The final chapter comprehensively covers perhaps the greatest single danger to the elderly patient—the administration of drugs. Indeed every chapter in the book contains references to drug-induced symptoms.

The style and language of the author makes this a book which can be read with ease either as part of general reading or for help with a specific problem. The vocational trainee and established practitioner alike will find much information which will be of practical value. The course organizer will have an abundant source of material for post-graduate meetings and discussion groups. Undoubtedly the book will fulfil the educational needs of a wide range of readers and achieve the success of its predecessors in the series.

AUSTEN ELLIOTT

DRUG TREATMENT

Ed. Graeme S. Avery

Churchill Livingstone
Edinburgh (1976)

1048 pages. Price £16

It is refreshing to find a clinical pharmacology textbook written with a view to combining a thorough scientific basis of pharmacology with a practical approach to drug prescribing and disease management.

The initial chapters discuss in detail pharmacokinetic principles and then show clearly how a basic knowledge of these processes enables one's day-to-day

prescribing habits to be modified in a logical manner.

Following chapters detail theoretical and practical considerations in prescribing for the neonate, child, pregnant woman, and geriatric. In many cases, for example the chapter dealing with the neonate, the detail must obviously be of most interest to the specialist. However, a clear synopsis of important principles is included at the front of each chapter, which is of tremendous value to the generalist who feels the need of basic understanding.

Further chapters discuss adverse drug reactions and pharmaceutical considerations relevant to drug action. Again these chapters are detailed but clearly written, and knowledge of these basic principles must be recognized as necessary, especially when one is exposed to drug company advertising.

The remaining chapters deal with the clinical pharmacology of diseases classified according to particular systems, for example the cardiovascular and nervous system. There are also chapters devoted to the therapeutics of such varied topics as ENT, ophthalmology, and even obstetrics and gynaecology. Again, the pleasing combination of general considerations is followed by detailed disease-by-disease, practical but logical prescribing advice.

There are little or no diagnostic guidelines and accordingly therapeutics are discussed in terms of established concrete diagnosis. This may be considered a disadvantage from the general practitioner's point of view, where the doctor finds himself often dealing with a symptom complex rather than a certain diagnosis.

Another disadvantage is that when referring to a specific disease often no distinction is made between treatment safely carried out in the general practitioner's surgery and that requiring hospital supervision. However, a few minutes' reading will clarify this.

This is a valuable and interesting book for all doctors. It is comprehensive, well written, and has an excellent index which makes its thousand-page length less clumsy than it first appears. Its great advantage, therefore, is that it makes available logical advice on management about almost any situation a doctor may meet.

A. P. KRATKY

CORRECTION

In the book reviews section of the February issue of the *Journal*, the address of Kluwer-Harrap Handbooks (*Practice—a Handbook of Primary Medical Care*) is given as Isleworth but should be Brentford, Middx.