

family doctors are the quarterbacks of the medical system. But this is superficial criticism because the book is just what it sets out to be—a very good guide to medical care for the ordinary patient.

The main section contains page-long descriptions of 68 common conditions or problems with suggestions for home treatment and notes of what to expect if a visit to the doctor is needed. On each opposite page is a simple chart showing the development and possible complications of the illness and the steps that should be taken. For example, if you were to look up chickenpox you would find that home treatment or advice on the telephone is usually adequate unless there is lethargy, convulsions, or a stiff neck, or the lesions appear seriously infected.

With few exceptions the advice is sound, easy to understand and easily accessible. Common sense abounds and there is little dramatization, but quite a lot of wit. This is most noticeable in the opening section, which gives advice on medical care in general. The authors scorn the myth of the annual check-up but believe that blood pressure readings and cervical smears are useful. The patient can do much more for his own health than any doctor but should seek advice promptly if he is really worried. He should shun multiple investigations and expensive treatment without adequate listening or examination from his doctor. These words of wisdom come, not from the Royal College of General Practitioners, but from two doctors in California.

Is this the book on lay medicine we have been looking for? With quite a lot of editing (for quarterback read scrum half) it could be!

C. P. ELLIOTT-BINNS

SCOTTISH DRINKING HABITS

Susan E. Dight

HMSO
London (1976)

315 pages. Price £10.50

Traditionally Scotland has a higher incidence of alcohol abuse than England and Wales. The Scottish Home and Health Department as part of its programme of health education aimed at reducing this problem commissioned a survey into drinking habits and attitudes towards drinking. A representative sample of almost 2,500 people living in Scotland was interviewed in 1972 and the results are now published.

The first part of this extensive report is concerned with drinking habits and there are chapters on the prevalence of alcoholic drinking in Scotland, the

social and demographic background of regular drinkers, parental drinking habits, origin and development of drinking behaviour, and a detailed analysis of alcohol consumption in the week prior to the administration of the questionnaire.

The second part of the report is concerned with attitudes towards drinking and enquiries into people's perception of their own drinking, whether heavy or light, their motivation for drinking, their general attitudes towards drinking, drunkenness and alcoholism, their attitudes towards drinking and health, their experience of public drunkenness and attitudes towards its control, and their knowledge and experience of alcoholics. The report concludes with an analysis of the characteristics of groups with a high prevalence of heavy drinking. This last group contains six per cent of the total adult population but 15 per cent of those aged 17 to 30 in the manual classes. As this group is easy to identify it is suggested that health education should be primarily directed towards such people.

The survey found that the best single indicator of heavy drinking was heavy smoking.

A considerable amount of effort has gone into the administration of the questionnaire and the analysis of the results, which are clearly presented. However, the extent of the report (and the expense) will probably mean that it is likely to be bought only by university departments or medical libraries.

The book contains a nine-page summary which might be of wider interest if published separately.

D. G. GARVIE

MODERN DRUG TREATMENT IN TUBERCULOSIS (5th EDITION)

J. D. Ross & N. W. Horne

The Chest, Heart and Stroke Association, London (1976)

124 pages. Price £1.80

The fact that this little red book has reached its fifth edition is surely evidence that it fulfils a need for the specialist in tuberculosis for whom it is written. What though does it offer the general practitioner? On the whole family doctors are unlikely to have more than half a dozen tuberculosis patients under drug treatment at any one time, and therefore will have little opportunity to acquire a good working knowledge of the drugs involved. There is a natural tendency to leave the intricacies of drug combinations, doses and side-effects to the consultant clinic from

which the drugs were originally prescribed.

Dr Ross and Dr Horne aim to provide a detailed knowledge of the antituberculosis drugs, including their proper use in combination. They wisely start with a chapter on bacteriology with a discussion of drug resistance and sensitivity tests. The first-line drugs, which now include ethambutol, rifampicin and thiacetazone are then described. Further chapters deal with hypersensitivity reactions, the reserve drugs and the place of corticosteroids.

The tone of the book is practical rather than theoretical. There is a useful index. Only four recommendations for further reading are made, which I found a disappointment.

The target readership is presumably those doctors in chest clinics who are daily concerned with the drug treatment of tuberculosis, but the book will also be useful for doctors in training grades and doctors overseas where tuberculosis is a major health problem. I cannot see it acquiring a place on the bookshelf of every family doctor although it will be a useful addition to the libraries of large health centres and district hospitals.

TOM KENNEDY

TODAY'S TREATMENT

British Medical Association, London (1976)

411 pages. Price £4 (including postage).

The ever increasing number of textbooks on current medical treatment presents the average clinician with an increasing problem of choice. The changing scene of British prescribing habits often means that many textbooks are out of date by the time they are published. It was therefore very interesting to review this book, based on articles published in the *British Medical Journal* in 1974 and 1975.

This first volume covers many subjects related to blood and neoplastic diseases, psychological medicine and diseases of the nervous system. The various chapters are by different authors most of whom have had wide experience in medical publishing. The subjects covered are wide and varied although by no means exhaustive. However, they deal in some detail with many common and current problems. The book is nicely presented in paperback and the paper and printing is of a high quality.

In view of the overabundance of books reviewed for general practice, I felt it was important to be as objective as possible about this first volume of *Today's Treatment*. It says a great

deal for the quality of the *British Medical Journal* that it should publish such a volume as a vehicle for carrying up-to-date information about general practice.

There will doubtless be other volumes in the same series and together they will make a formidable set. However, whether one can justify paying £4 for each volume when one can get the same information by reading the *British Medical Journal* each week, is a matter for the individual doctor. For those doctors who do not read the *British Medical Journal* these volumes would obviously be of great value. One great advantage is that the references are easily available and save one ploughing through several volumes of the *British Medical Journal*.

I certainly think it more appropriate that these volumes should find their way onto the shelves of general practice libraries, rather than some of the more usual standard textbooks which are probably out of date. I therefore congratulate Dr Stephen Lock in compiling this edition and recommend it to our readers.

ARTHUR PRINCE

AT RISK

NSPCC Battered Child Research Team

Routledge & Kegan Paul, London (1976)

200 pages. Price £3.75

This book records the work and findings of the NSPCC Battered Child Research Team, set up by the NSPCC in 1968 and financed by four different charity grants and a four-year urban aid grant.

The first year of the study was concerned with a review of the literature and a retrospective study of 78 cases previously dealt with by the NSPCC. During the summer of 1968 Denver House was set up as the base from which the research study would emanate. Cases were to be accepted from hospitals, health departments, children's departments, general practice, health visitors and social workers. The area covered was confined to three London boroughs, and between January 1970 and September 1973 25 cases were chosen.

The team consisted of a head of department, deputy head, a research officer, three research social workers, a project co-ordinator, three secretaries and a telephonist. Later, a further research social worker joined and by 1972 two part-time clinical psychologists and a consultant forensic psychiatrist worked on a sessional basis. The

nursery was staffed by a matron, three nursery nurses, a mothering aid, a 'drop-in' foster mother and two lay workers.

After acceptance into the study and information searching, an initial case conference was held at which a therapy plan was made. The children and parents (usually the mother) were invited by social workers and decisions regarding the children's safety were usually made in consultation with other agencies. An attempt was made to establish a therapeutic relationship with the families over a minimum eighteen-month period. The attendance at the day nursery was helpful in achieving this aim in many cases. From the outset, the team decided to have no dealings with the police and all legal formalities and procedures such as care orders were dealt with by outside agencies. At the end of the study the families were handed over to outside agencies, usually social workers.

The report gives details of the children—their age, sex, severity of injuries, development and progress. Facts regarding the age, social class, and ethnic origin of the parents are shown. The housing facilities and environmental conditions of the families are noted. As would be expected, a high degree of disrupted childbearing and emotional immaturity was found among the parents of the battered children. It was found that certain districts of the boroughs had a higher incidence of battering than others.

The authors conclude that there is no single factor in child abuse, but that it is "an interplay between emotional undernourishment and rejection in childhood, unwilling parenthood, frustration and loneliness in adult relationships, particularly marriage and the confinement and stress of modern urban living". They further conclude that early protection of the children, a psychiatric assessment, individual psychotherapy and attendance at a specialized nursery, with intensive long-term treatment of the parents, are the essential ingredients of treatment.

The study concerns only 25 children and their families and for this reason conclusions must be drawn with caution. It may seem a pity that so much time, money, skill, care and thought which this study involved was aimed at symptomatic care and so little on pre-diagnosis and prophylaxis. The meticulous analysis of the cases is to be admired. However, it has to be admitted that on the whole the findings confirm the evidence already provided by previous authors and workers in this field.

The phenomenon of battering, the findings and conclusions of this study will come as no surprise to the experienced general practitioner, and city

family doctors will doubtless recognize in the conclusion regarding the aetiology quoted above all the ingredients of the battle which they daily fight on behalf of all their patients, old and young. Perhaps it is the knowledge of the impossibility of any simple solution that has caused apathy because, although the study received a great deal of interest from many disciplines and countries, the lack of interest—in some cases, hostility—of general practitioners is noted. For a branch of the profession which prides itself upon its concern and care of families, it surely behoves us to consider the reason for this apathy. It is often the case that invitations to case conferences are given at short notice without prior warning. Perhaps the subsequent non-attendance can be taken as apathy, but the criticism in this study suggests more substantial evidence than this. We would do well to consider our role in this very difficult subject.

Alas, no one person—and certainly no one discipline—holds the key which opens the door to psychological, emotional and intellectual happiness in childhood, which, in turn, may engender the unselfishness of loving and caring parenthood. Until that Elysium arrives, the plague of child battering will remain with us.

MARGARET POLLAK

CIBA 43: HEALTH CARE IN A CHANGING SETTING

Ciba Foundation

Excerpta Medica, Amsterdam (1976)

188 pages. Price US \$14.25

This latest symposium report from Ciba constitutes an earnest, intelligent and erudite attempt to increase understanding of many of the thorny problems of the NHS, problems chiefly of economics, roles of personnel, efficiency and, of course, change. All are debated in a most stimulating way, making for far easier reading than in most such reports.

General practitioners who are grappling with the formation and functioning of primary care teams will find much of value. Perhaps the most telling point is that which calls for not only a willingness to change, but for making a fundamental and permanent commitment to the need for continuous change in a health service which serves a nation undergoing rapid economic, social and consumer change.

Whether it provides an answer to those who would like to reappraise the health service is left to the reader.

B.S.COLE