

Book Reviews

If those who are interested would please write to me, a meeting will be arranged to discuss these proposals.

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NIGHT CALLS

Sir,
Dr M. F. O'Ryan (October *Journal*, p. 623) is right to take me to task for classifying childhood croup as a "reasonable but not unnecessary" night call.

I agree that it should have been placed in the "genuine emergency" group.

DERRICK MORTON

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DECEPTION IN MEDICAL PRACTICE

Sir,
The problem of deception in medical practice, which I personally feel is important, has been sadly neglected in your *Journal*. However, it has been dealt with extensively and admirably by Naish (1979). He points out that deception may be conscious, partly conscious, or subconscious and often involves the patient's family in addition to the doctor.

Doctors, as he says, are flattered by large attendances and for this reason may actually encourage the playing of manipulative games. Neuroticism is often just such a ploy and, if it were recognized for what it is, far fewer tranquillizers would be prescribed.

Financial considerations are also, of course, of considerable importance and

not only in compensation cases. The 'sick' certificate represents an entitlement to an income while unemployed and I have often found that if I agree to have a patient registered as "Disabled" so that he is officially unfit for any work that he is likely to be offered, he will cease to attend the surgery and to demand certificates once he realizes that he is getting as much from 'Social Security'.

In conclusion, I would urge all my colleagues to read Dr Naish's article.

R. N. HERSON

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Reference

Naish, J. M. (1979). Problems of deception in medical practice. *Lancet*, 2, 139-142.

URINE MICROSCOPY IN GENERAL PRACTICE

Sir,
Your issue of February 1979 has just reached me. I was delighted by Dr J. M. Wilks' article (p. 103) confirming the validity of urine microscopy in general practice, and would like to make three comments.

First, the value of such microscopy in children with dysuria and frequency is emphasized by the report of Dickinson (1979), who found that only 18 per cent had bacterial infection. He also mentioned the common association of such symptoms with concurrent upper respiratory tract infection—50 per cent in his series.

Secondly, I can recommend the Cooke-MacArthur microscope for the doctor's bag. This small instrument can readily be set up and used when visiting patients in their homes.

Thirdly, a cross etched with a diamond on the upper surface of the microscope slide helps speedy focussing with the high power lens on specimens which are relatively free of suspended matter.

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Reference

Dickinson, J. A. (1979). Incidence and outcome of symptomatic urinary tract infection in children. *British Medical Journal*, 1, 1330-1332.

A4 RECORDS

Sir,
Dr Acheson (October *Journal*, p. 622) asks what happens to A4 folders when patients transfer from a practice which does use them to one that does not.

In fact, the folders are not transferred but the contents are forced back into standard EC6 envelopes. In the process they are always muddled, often damaged, and sometimes bits appear to have been lost. In short, the notes are converted into some of the most useless records in the country.

As this matter is of some practical importance and there are sometimes delays in publishing letters in the *Journal*, I am also going to write to Dr Acheson privately. I am surprised he has not met this comment previously.

M. L. BOWEN

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BOOK REVIEWS

THE UNDER FIVES IN HOSPITAL 1979

Dermod MacCarthy

NAWCH
London

20 pages. Price £1

Although the care of children in hospital has improved significantly during the past three decades, the fact that Dr MacCarthy's report was thought necessary

should alert us to the dangers of complacency.

The report concentrates on the stresses suffered by the under fives in hospital, and the practical commitment of the author to their welfare is evident.

Family doctors will, I am sure, readily subscribe to the author's view that in hospital highly skilled medical care must be supplemented by equally skilled attention to the social needs of children, especially those under five.

Whilst I feel that on the whole the

book is for hospital-based nurses, doctors, and administrators, few general practitioners will fail to benefit from reading it. After all, most children enter hospital on the advice of their family doctors and it does us no harm to remind ourselves of the potential for causing emotional trauma which our decisions carry.

For such an easily read booklet, £1 represents a very modest investment.

C. WAINE