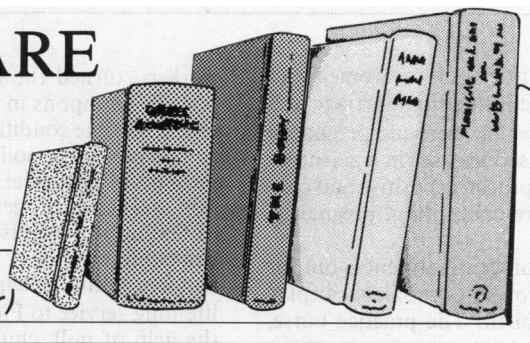


PRIMARY CARE BOOK SHELF



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INCONTINENCE

Patient handbook no. 18

R.C.L. Feneley and J.P. Blannin
Churchill Livingstone, Edinburgh (1984)
66 pages. Price £1.75

DIET AND DIABETES

Patient handbook no. 21

Briony Thomas
Churchill Livingstone, Edinburgh (1984)
97 pages. Price £1.95

INFERTILITY

Patient handbook no. 22

Gabor Kovacs and Carl Wood
Churchill Livingstone, Edinburgh (1985)
68 pages. Price £1.80

PREGNANCY AFTER THIRTY

Mary Anderson
Faber and Faber, London (1984)
124 pages. Price £2.95

THE DEAF CAN SPEAK

Pauline Shaw
Faber and Faber, London (1985)
176 pages. Price £3.95

ASK THE FAMILY

Shattering the myths about family life
Jeanette Longfield
Bedford Square Press, London (1984)
36 pages. Price £2.95

HOWARD FLOREY, PENICILLIN AND AFTER

Trevor I. Williams
Oxford University Press (1984)
404 pages. Price £17.50

AS YOU WERE

VE day — a medical retrospective
Stephen Lock (Ed)
British Medical Journal, London (1984)
181 pages. Price £6.00

Primary care groups are offering more and more services to patients and the rapid growth of information for patients is making consultations increasingly demanding with respect to information sharing. Books which inform the public about health matters are a new growth industry and a good selection should be available in every treatment room. The practice nurse, health visitor or doctor can then lend an appropriate text to the family or patient when the occasion arises. Unfortunately, many such texts are not suitable as they are written with the wrong

motives, and so a recent series of 'better books' are reviewed below to help you to make a choice for your treatment room.

Incontinence. Patient handbook no. 18, one of a series published by Churchill Livingstone, provides a useful range of physiological, pathological and management information for women and men who suffer from this embarrassing problem which possibly affects as many as two million people in Great Britain. The authors use the text and line drawings to illustrate modern concepts and inform potential clients about the range of helpful aids available. In addition, information on how to use the various statutory and voluntary services is provided.

The text is organized into a series of problem-focussed chapters and sub-headings so patients will be able to dip into the relevant section without reading the whole book. District nurses, practice nurses, health visitors and doctors will find the diagrams useful to help discussion of the options for incontinence management with sufferers.

Diet and diabetes. Patient handbook no. 21 is a most useful little text for your treatment room nurse to lend to patients with diabetes or weight problems. The modern approach to diabetic diets advocates less fat and more complex carbohydrate. This represents a radical shift in traditional medical thinking but many diabetics are continuing with unsuitable diets because the shift in emphasis has not percolated through to them. The so-called 'modern diabetic diet' largely includes a reduction in highly processed foods and the substitution of more unprocessed foods. This simplifies many of the issues for the insulin-independent diabetic and brings diabetic diets much closer to recent recommendations for the population as a whole. The author is an experienced dietician and this book will prove valuable for diabetics to read for themselves.

Infertility. Patient handbook no. 22 comes from two Australian authors and, like the other texts in this series, is organized under sub-headings which pose questions like: 'How do I get pregnant?' or 'What are fertility pills?'

The anatomical and physiological basis of fertility is discussed from the male and female angles. Primary care approaches to dealing with infertility are well covered up to the mid-point of the book. The second half of the text becomes more technical with quite detailed consideration of specialist procedures, culminating in chapters on the test-tube baby, rare causes of infertility, anxiety and adoption. In this topic it is difficult to achieve the balance between optimism concerning simple measures and undue focus on the specialized treatments for infertility. All-in-all the authors have weighted the text towards the specialized aspects and this will probably reduce its value for the primary care team, as high technology really plays a small part in most consultations for perceived low fertility. Nevertheless, the book will be useful to lend to those patients who like to 'know it all'.

Pregnancy after thirty is a reassuring little book for women who have established their careers before considering marriage and a family. Numerous fears and myths which surround pregnancy after the age of 30 years are reappraised and set in a scientific and humanitarian perspective. The approach is positive and constructive with sensible sections on pre-conception, pregnancy, childbirth and after-care.

This book should be on the shelf of the treatment room for loan to women who while attending for other problems display fears about being too old for childbirth. The practice nurse, health visitor and doctor are likely to encounter many women who will benefit from this book, with its explosion of many myths about childbearing and the older woman.

The deaf can speak is a sensitive and hopeful book in which the mother of a deaf child describes, with the help of diary entries and letters, her daughter's development and education up to her graduation day. Practical chapters on hearing aids, lip reading, use of music, memory training, schools, sources of support and ways to foster speech form the second half to this unusual book.

Primary care groups will approve of the focus on the involvement of the whole family in stimulating normal communication and negotiating tough hurdles in a world which can hear but seldom listens.

The style is refreshingly unusual but it will not be readily understood by people who are not accustomed to reading medical books.

Ask the family is a booklet designed to explore many of the myths about family life in our society. The style is an easy reading combination of cartoons and text and the reference sources vary from standard works like *Fit for the future* to newspaper anecdotes. The message is that British family life is alive and well but is adapting in response to social change. The notion of the over-protected, over-pampered, selfish family is dispelled by showing how the major carers in society continue to be the family. The young, the elderly and the handicapped benefit from this arrangement and governments need to do more to recognize it and facilitate family-centred care.

Who should read this booklet? Anyone who has simplistic ideas or stereotypes about the lives of their friends, colleagues or patients. The caring professions are often so besieged by problems that it is hard for them to remember how many heroic people live around them. The professionals (or their students) could find this little text stimulating. It is factual, brief and clearly presented. Receptionists should certainly have a copy to read as part of their continuing education.

N.C.H.S.

In 1922 Alexander Fleming at Saint Mary's Hospital, London, published his findings that lysozyme was a powerful bacterial solvent. This inspired Howard Florey at Cambridge to investigate the lysozyme content of mucus, wherein lay the hope of a non-cytotoxic antibacterial agent. In 1930 he published 'Some properties of mucus, with special reference to its antibacterial functions'. Florey and Fleming were showing similar interests in what was already known as antibiosis, a term used by H. Marshall Ward, Professor of Botany at Cambridge, as long ago as 1899. There were others. Scientists do not think in isolation and discoveries and developments are part of a continuum.

In 1928, Fleming made the significant observation of the antibacterial effect of penicillin, which has since received unprecedented publicity and has made his name almost synonymous with the discovery in the public mind. Within the next dozen years, Howard Florey, Boris Chain and their co-

workers, turned the laboratory finding into one of the most powerful weapons in the medical armamentarium. They did it under wartime conditions of scarcity and restriction which make complaints of the political strictures now imposed upon research seem positively trivial. N.G. Heatley, with his flair for improvisation and technical genius, in 1940 searched the grocers' shops of Oxford to find biscuit tins in which to increase the yield of penicillin broths. A solvent extraction plant built by A.G. Sanders, with the help of J.H.D. Kent, the technician who gave life-long service to Florey, was adapted from milk coolers with the help of milk churns.

Trevor Williams, the biographer of Florey, has written a book which is historically and scientifically satisfying to read. *Howard Florey, penicillin and after* explains lucidly the laboratory, industrial and clinical development of penicillin. The clashes between the principal actors are sympathetically considered as the author traces Florey's path from his bootmaker ancestors in a village outside Oxford, the family's emigration to Australia, and his 'first generation' birth in Adelaide, to his return to the triumphs of Presidency of the Royal Society, the Nobel Prize, a life peerage and the Order of Merit. All achieved within a few miles of the home of his forbears.

Florey's complex personality emerges clearly from the book. His sometimes stormy courtship of Ethel Read, largely by correspondence, later mellowed to allow her an independent clinical career in a marriage often threatened by her ill health and deafness. His second marriage, to his co-worker Margaret Jennings in 1967, was after Ethel's death in 1966 and when he himself had but a year to live. Lord Florey was then Provost of The Queen's College, Oxford, where he formed an excellent relationship with the Chaplain, David Jenkins, who he remarked was the only man on the governing body with 'a scientific approach to things'.

It was Carlyle's belief that history is 'the essence of innumerable biographies'. This is one of a man whose epitaph in Westminster Abbey reads: 'His vision, leadership and research made penicillin available to mankind'.

J.C.

As you were, commissioned by the *British Medical Journal*, is in essence a book of short stories by 41 contributors, but is unique in that the common subject of the stories is VE day: 41 individual reminiscences of VE day and the events in the lives of those contributors in the period leading up to the cessation of hostilities in Europe. To those of us who lived through that time the personal memories come flooding back, and at the same time there is the fascination of detecting through the narratives, the very individual characters of the contributors.

The authors are, however, united in their objective — a memorial to their remarkable contemporary, Elston Grey Turner. The forty-second chapter is the address given by Sir Ferguson Anderson at the service of thanksgiving for this outstanding and talented gentleman, held on 7 March 1984.

Elston Grey Turner's course at Cambridge was contemporary with my own, and I remember him well as a most competent and fluent President of the Cambridge University Medical Society. One year later all of us were embroiled in one way or another in the Second World War, going our separate ways, so the contributors span the world in their experiences.

After the War, instead of emulating his father, who was a distinguished surgeon, Elston Grey Turner used his talents to the full in his subsequent career in administration and diplomacy in the medical field, culminating in his outstanding service with the British Medical Association. He was indeed a far-seeing character, and this book is a fitting tribute, in that with all his wide-ranging activities, he did not cease to care for the individual. Profits from the sale of this book go to BMA charities; again a fitting tribute to a most remarkable man.

D.H.A.