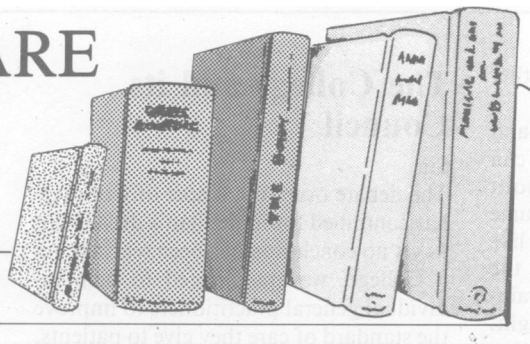


PRIMARY CARE BOOK SHELF



GORDON LLOYD
RAPHAEL CANTOR
WENDY J. JONES

WAR IS GOOD FOR BABIES AND OTHER YOUNG CHILDREN

A history of the infant and child welfare movement in England 1898-1918

Deborah Dwork

Tavistock Publications, London (1987)

307 pages. Price £27.00

CHILD CARE THROUGH THE CENTURIES

John Cule and Terry Turner (Eds)

STC Publishing for the British Society for the History of Medicine, Cardiff (1986)

223 pages

FROM BIRTH TO FIVE

A study of the health and behaviour of Britain's five year olds

B.R. Butler and Jean Golding (Eds)

Pergamon Press, Oxford (1986)

439 pages. Price £24.95 h/b, £14.95 p/b

CHILD PSYCHIATRY

A developmental approach

Philip Graham

Oxford University Press (1986)

465 pages. Price £25.00 h/b, £12.50 p/b

HEALTHY RESPECT

Ethics in health care

R.S. Downie and K.C. Calman

Faber and Faber, London (1987)

266 pages. Price £5.95

PHILOSOPHICAL MEDICAL ETHICS

R. Gillon

John Wiley, Chichester (1986)

189 pages. Price £8.50

RIGHTS AND WRONGS IN MEDICINE

King's College studies 1985-86

Peter Byrne (Ed)

Oxford University Press for the King Edward's Hospital Fund (1986)

199 pages. Price £12.95

LIAISON PSYCHIATRY

Mental health problems in the general hospital

Joan Gomez

Croom Helm, London (1987)

276 pages. Price £22.50 h/b, £10.95 p/b

AFFECTIVE DISORDERS IN THE ELDERLY

Medicine in old age

E. Murphy (Ed)

Churchill Livingstone, Edinburgh (1986)

235 pages. Price £28.00

THE MAN BEHIND THE SYNDROME

Peter Beighton and Greta Beighton

Springer-Verlag, Berlin (1986)

240 pages. Price £19.90

Despite its title, *War is good for babies and other young children: a history of the infant and child welfare movement in England 1898-1918*, the emphasis of this book is on the first decade of this century, not the second. The history of child welfare is a topical subject, touching on public health issues, the origins of the welfare state, and the connection between medicine and women.

Dr Dwork illuminates two neglected areas: the emergence and failure of the clean milk movement, and the vital presence of Victorian-style philanthropy alongside scientific, medical and political interests in policy making for the health of children. Nevertheless, the book as a whole is disappointing. The author relies heavily on medical journals in her treatment of subjects as diverse as bacteriology and the school medical service. She pays little attention to the vast amount of relevant material in public and local record sources, thus obscuring the wide variation in practice created by permissive legislation. Her interpretations seem misled by the rhetoric of the times, and she falls into the trap of using official sources uncritically. Although Dr Dwork shows awareness of present-day research in her field, a stylistic trick of consigning any mention of existing ideas to an after-note leaves the reader uncertain of the weakness of those she attacks, and of the strength of her own contribution.

ELIZABETH PERETZ

Child care through the centuries is a collection of papers originally presented at the Tenth British Congress on the History of Medicine together with other invited contributions. It has taken two and a half years to reach the book stands and it gave me entertaining, interesting and valuable insights into the history of child care.

Wallace's extensively referenced paper on the evolution of developmental medicine with special reference to cerebral palsy provides a stimulating and intriguing overview of cerebral palsy's history, its recognition and its treatment. The excellent and fascinating account of child care in mediaeval Islamic society by Isaacs, and Russell's paper on Ibn Tufayl demonstrate the quality of the Arab contribution to European medicine in the middle ages.

As in all books of this kind some of the contributions are better than others. The paper on the history of child abuse does not draw on Masson's recent discovery of Freud's dissembling of child sexual abuse at the end of the last century which put back by perhaps 100 years our ability and willingness to accept its presence in our society today.

However, Collacott's account of neonatal tetanus in the Hebrides is a model of its kind — well researched, full of human interest and of importance to those who think neonatal tetanus is a unique problem of the poorest parts of the third world. Hatch's paper on the health of the school child contains a delicious cartoon from *Punch* (1909), and illuminated for me the beginnings of preventive child care in this country. Brandon's account of the early history of psychiatric care of children carries the story of Guggenbühl's work on cretinism in the last

century which even today is a salutary lesson to all who believe they have the answer to the problems of the handicapped child.

This book provides an excellent introduction for those of us who want to know more about the origins of our concepts of child care. I can recommend it.

GRAHAM CURTIS JENKINS

From birth to five describes the third in a series of cohort studies which have looked at children born in 1946, 1958 and 1970. This book gives details of the health and behaviour of more than 80% of 16 567 children born between 5 and 11 April 1970. It was a considerable administrative feat to trace 13 961 five-year-old children whose parents were then interviewed at home by health visitors and the completion of the study would not have been possible without the cooperation of many health visitors throughout the UK.

Many of the findings confirm the results of previous studies and show for example that boys in general have more medical problems in the first five years of life than girls and that there are considerable regional differences in terms of children's health. The positive associations between smoking among parents and the prevalence of wheezing, bronchitis and pneumonia among children provide further evidence of the harmful effects of passive smoking.

Among the more interesting findings was that once account is taken of the many diverse social and geographical variables that determine whether a child is breast fed, there is little evidence of beneficial effect. On the other hand there was no evidence that breast feeding has a deleterious effect.

A particularly apt quote in the book is 'statistics are like a bikini, what they reveal is suggestive but what they conceal is vital!' Studies of large populations certainly help to provide a firm foundation on which to link events but, as the authors point out, large scale epidemiological studies rarely provide positive proof of the cause of an event. In this respect the findings in this report are more likely to create hypotheses which can be tested by prospective research than to answer many of the questions about children's health in the first five years of life.

Although the book has a mass of statistical material, the text is easy to read and the authors have been selective in the use of references. I am sure this report will be referred to when health care professionals wish to consult an authoritative source on the health and behaviour of preschool children in Britain.

JOHN BAIN

If your heart sinks at the thought of children who fail to sleep or eat, have temper tantrums and are disruptive or have learning difficulties, then you will find *Child psychiatry: a developmental approach* a reviving and rewarding book. Its trademark is a welcome pragmatism with a refreshing lack of dependence on theoretical models.

It starts by looking at the prevalence and assessment of psychological disorders in childhood, and this is followed by a description of the effect of family and parenting disturbances, including sexual abuse. The bulk of the book is then devoted to normal patterns of development together with abnormal patterns and their management.

There are useful sections on psychological aspects of physical conditions and on treatment. The pragmatic approach is much in evidence here, with emphasis on the sort of informal psychotherapy, together with case studies, which can be provided by a general practitioner.

The penultimate chapter describes services available for children, and the book concludes with an excellent chapter on preventive approaches. For those who find this subject fascinating, and regret that nothing in their training prepared

them for the demands which behaviour problems in children make on their skill and resources, I unreservedly recommend this book.

CHRIS DRINKWATER

The study of ethics has been sadly neglected by the medical profession. Most of the scholarly work has been done by philosophers, lawyers and theologians and their difficulty in gaining medical attention for their findings has been in part due to their relative remoteness from the clinical 'hot seat', and in part from the usual reluctance of doctors to learn from those outside the profession. *Healthy respect: ethics in health care* is an excellent and timely book. Written by a moral philosopher and an oncologist it succeeds in achieving the difficult balance between establishing a theoretical basis, and applying its conclusions to clinical situations.

There is now increasing concern about the way patients are treated. On one side there is disease-centred medicine rather than person-centred care and on the other side is the rising lay assertiveness for autonomy and respect. There is no doubt that the teaching of ethics at undergraduate level leaves much to be desired, both in terms of quantity and quality; at postgraduate levels there is virtually none.

There are probably two main reasons for this shortfall. One is that 'ethics' as a subject seems very different from the 'hard' sciences of anatomy, physiology and biochemistry, or even the 'softer' sciences of psychology and sociology. It smacks of religion, personal morality and value judgements, and is immune to experimental verification. The other reason is that most public and professional attention has been paid to what might be called 'macro-ethics': the dilemmas arising out of such things as brain death, experiments on fetuses, surrogate motherhood and so on, most of which are a long way from everyday practice. However, when we realize that ethics is centred on proper respect for the patient as an autonomous person, it becomes an important component of every doctor-patient encounter. We cannot avoid the ethical issues in our everyday work, and have no excuse for failing to learn how to handle them.

Philosophy is never easy to read, since the rigour of the discipline demands that the terms used, and the principles built up in argument must be carefully and critically examined as you go along. However, in the first half of this book the ideas are clearly and compellingly advanced until the reader is equipped with a set of tools with which to work. The often quoted and sometimes conflicting principles of non-maleficence, beneficence, compassion, justice and utilitarianism are reviewed, and brilliantly distilled into the central concept that every individual must have autonomy and therefore be entitled to respect. Justice and utility can then be seen to be principles for population medicine; non-maleficence, compassion and justice are central to our dealings with individual patients and colleagues; and, as a new insight, we have a duty to ourselves to develop authenticity and integrity.

Once equipped with this carefully argued philosophy the reader is led into each area of concern; for example, the rights of embryos and comatose people, individual and group responsibility, and the different 'models' of human nature. Part one ends with a section on the structure and assessment of argument which should provide us with a much needed intellectual rigour in the way we approach our problems.

The second part of this book begins with the teaching of moral values in the clinical field, making a comfortable bridge from theory to practice. It goes on to examine decision making in the consultation where there is a careful examination of the ways in which we can deal with the uncertainty inherent in all medical transactions, without allowing our own coping mechanisms to disadvantage the patient.

The book is written not only for doctors, but for all health professionals and there is a powerful section on working together.

Sections on embryos and life, the quality of life, and the definition and management of death demonstrate the way in which the principles adduced in the first part are equally useful in the 'micro-ethical' environment of consultations and interprofessional relationships, and in the 'macro-ethical' challenges of more specialized care. The same reasoned approach is applied to economic problems and research.

This book should be read by every general practitioner. It will help trainers and undergraduate teachers in general practice fill the yawning gaps left by the shortfall in formal teaching of the subject. It provides an excellent basis for multi-professional learning and those reading it should feel more comfortable about the standards of care they provide.

DAVID METCALFE

Originally a series of short articles for the *British Medical Journal*, *Philosophical medical ethics* is written from the perspective of a philosophically trained general practitioner, perplexed by the moral problems that face him and unwilling to rely on received wisdom, to pontificate, to abstain or to retreat into scepticism. It aims to disentangle one problem from another, to display each clearly, to bring difficulties into the open and to question common assumptions. The result, necessarily, is about conflicting values and inescapable choices — dozens of them. It is meant to be disturbing.

A doctor looking for secure rules for resolving practical dilemmas will not find them here. This is a book for readers who are prepared to take on a larger burden of uncertainty in the hope of reaching a more comprehensive and consistent basis for making difficult choices. They will find some help.

This is a courageous book, from an author who has read widely and thought deeply and who writes with care and clarity. It needs — and deserves — to be read more than once.

JOHN HORDER

Rights and wrongs in medicine is a series of lectures given at the King's College Centre of Medical Law and Ethics covering a wide range of controversial issues, such as *in vitro* fertilization, surrogate motherhood, the provision of babies for lesbian couples, experimentation on embryos, and infant heart transplants. Not surprisingly, the Gillick case and the Warnock report are both prominently featured. Awkward questions are raised, such as: Can a fetus be said to have human rights? What exactly constitutes 'consent'? Whose consent matters?

The contributors are said to be drawn from a wide range of disciplines but there is no mention of their background or qualifications. Law, medicine and religion are represented by such well-known names as Ian Kennedy, Peter Byrne and Sir Immanuel Jakobovits; but one has to guess about some of the others.

Ian Kennedy gives the doctor-patient relationship particularly close scrutiny. Our traditional paternalism is equated with being patriarchal and patronizing, and litigation is seen as a possible means of reshaping the relationship to achieve a more equal basis (although some judges are considered to be biased towards doctors: 'fraternal professionalism').

A neglected area of medicine may now begin to receive the attention it deserves through this interesting publication. Readers may well revert to their former convictions, but they will be more aware of what it is they believe; and perhaps, why they believe it.

J.S. NORELL

General hospital psychiatry is without question one of the most important branches of psychiatry. Equally unquestionable is the great significance of a good psychiatry department in all general hospitals — it is now established, and ought to be everywhere recognized, that physical and psychiatric disorders frequently

occur in the same person and often concurrently.

The author of *Liaison psychiatry*, Dr Gomez, has a well known department at the Westminster Hospital and she has written an excellent book. She deals briskly and thoroughly with the scope of liaison psychiatry, the psychiatric assessment of the patient, the common psychiatric syndromes, and then in turn with: pain, neurological disorders, cardiorespiratory disorders, gastrointestinal conditions, obstetrics and gynaecology, endocrine and metabolic conditions, renal and genitourinary disorders, bone and joint conditions, the skin, tumours and dying. Pharmacology is then discussed, and the final chapter deals with general strategies for the liaison psychiatrist — other professionals including psychologists and nurses are subsequently mentioned briefly.

There is no preface, introduction or other statement of the author's intent, but probably psychiatrists in training and general hospital psychiatrists will find this book of greatest value. The bibliography is large and wide-ranging. Non-psychiatrist doctors will want the book available for reference regarding specific disorders in particular patients.

Psychiatry is sometimes disadvantageously fragmented by ideologies: biological, psychological or social stances are often adopted when all should be integral. The author's stance is apparent from her comment that 'biologically oriented psychiatrists came to be mistrusted and insensitive at best, and as despoilers of human rights at worst'. Such benighted prejudice the author consistently counteracts.

HENRY WALTON

Affective disorders in the elderly is a multi-author work which will be welcomed by psychogeriatricians. For the first time good reviews of the literature on all aspects of affective disorders in old age (except grief reactions) have been brought together.

The editor is to be congratulated on helping her authors avoid excessive overlap but not on her choice of author for a key chapter on drug treatment. His advice that 'lithium is not usually recommended for use with the elderly, the same can be said for monoamine oxidase inhibitors' will not be accepted by most experienced psychogeriatricians. Luckily this chapter does overlap with a useful summary of the literature on 'management at home'.

However, the general practitioner, looking for practical and coherent advice on diagnosis and management of affective disorder, will find this book of limited value. Inevitably and rightly, Professor Murphy's authors concentrate on the vagueness of classification, on whether old age affective disorder exists as an entity, and on the multitude of factors which interact in aetiology and prognosis.

Generally well written and comprehensive, this is a book to consult rather than to buy.

ALAN H. JACQUES

The man behind the syndrome is a beautifully presented text containing the biographies and portraits of 100 physicians who have gained immortality by having their names applied to genetic syndromes. The second part contains brief biographies of 110 eponymous physicians the majority of whom are still living.

All physicians interested in the history of medicine or medical genetics will value this book for its clarity and scholarship. Is it a book for family doctors? For many, no. But scholarly general practitioners who have made major contributions to the study of the history of medicine should consider buying or recommending this text for their local libraries. It will not go out of date but may need a second volume in 50 years or so.

N.C.H. STOTT