



**HEALTH FOR ALL CHILDREN**  
**A programme for child health surveillance**  
*David M.B. Hall*  
*Oxford University Press (1989)*  
*134 pages. Price £5.95*

This is the report of a joint working party on child health surveillance, with members from the British Paediatric Association, the Royal College of General Practitioners, the General Medical Services Committee of the British Medical Association, the Health Visitor's Association and the Royal College of Nursing. It sets out to offer a critical analysis of the existing schemes of child health surveillance, and assesses the value of such schemes as well as considering the importance of health promotion and health education.

*Health for all children* actively promotes the important role of the parent in the recognition of problems in the child, and may well upset many doctors and health visitors, as it suggests a much reduced role for them. However, the end of procedures such as the routine weighing of children after the first year of life may not be a great loss.

The report reviews routine screening for visual defects and hearing impairment, and produces an excellent summary of the knowledge and skills required for anyone carrying out routine child surveillance. At the end of the book there is a concise guide to the recommended screening procedures, as well as a list of references.

The book is well written and easy to follow. It is essential reading for anyone involved in child surveillance, and I would recommend it to all general practitioners and trainees.

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**IMMUNIZING CHILDREN**  
**Practical guides for general practice no. 8**  
*Sue Sefi and Aidan MacFarlane*  
*Oxford University Press (1989)*  
*40 pages. Price £4.50*

This booklet sets out to provide clear definitive information for parents and health workers which is compatible with Department of Health guidelines on childhood immunization. It achieves this aim by providing summarized information on the epidemiology and vaccine strategy for the infectious diseases concerned, complemented by easily assimilated listings of the facts which must be kept in mind in the administration of vaccines.

In order to remove the doubts which can leave vulnerable children unimmunized, sections are included on dealing with the comments of undecided parents and common problems

which health professionals meet in the course of immunization.

A text of this size could not be expected to answer all the less common questions, but I was left wondering why so much more was written on tuberculosis for which few general practitioners administer bacille Calmette-Guérin (BCG) vaccine, than on mumps when a major vaccination drive with the new measles, mumps and rubella vaccine is in progress. It would have been helpful to emphasize the significance of achieving at least 90% vaccine uptake to avoid a shift of infection to older age groups.

The place for this booklet is in every immunization clinic. There are other new immunization texts for the practice bookshelf.

MURIEL BERKELEY  
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**SMALLPOX IS DEAD**  
*Arnold Sanderson*  
*Farrand Press, London (1989)*  
*29 pages. Price £5.95*

We ignore the past at our peril, especially in these days when medical research is dominated by high technology. In the second century AD Arateus described coeliac disease and defined its cause as the 'eating of farinaceous foods'. Two hundred years ago Edward Jenner discovered the first vaccine and how to make and use it. Ultimately, this has enabled us to rid the world of smallpox. Jenner was a country general practitioner; his laboratory was his practice.

*Smallpox is dead* tells in simple language the story of the development of the smallpox vaccine and the elimination of the disease from the world. While it is targeted at children, it has an important message for doctors. Mass vaccination has enabled us to rid the world of this scourge. What about rubella? How long have we taken to develop a similar strategy?

Practice libraries for patients are now growing rapidly and this book would be a valuable addition.

COLIN WAINE  
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 of General Practitioners*

**HANDBOOK OF PAEDIATRICS**  
*Nicholas P. Mann and Angus Nicoll*  
*Blackwell Scientific Publications, Oxford (1989)*  
*357 pages. Price £12.50*

This book is targeted to the needs of those who are inexperienced in the medical care of sick children. The initial sections on clinical method, growth and developmental paediatrics are ex-

cellent but most of the rest of the book is designed as a management guide for residents, detailing common problems both neonatal and in later childhood along with most of the emergencies which a senior house officer will encounter. The handbook concludes with a summary of laboratory investigations and a guide to therapeutics.

The chapter on immunizations includes the best guide that I have seen to the rules of immunization expressed as algorithms explaining concisely and clearly when and when not to immunize in 1989. The chapter on child abuse is viewed from a ward window and not as a problem which is community based. Practical procedures are well described in another section although perhaps more emphasis could have been placed on making these pain-free for the child.

In the preface the authors describe their intention of writing a book for inexperienced medical staff whether in hospital, community or primary care. Unfortunately, *Handbook of paediatrics* does not prove a useful guide to paediatrics in primary or community care, although the authors have produced a useful handbook for hospital paediatrics. This is not what the book's title leads one to expect.

JOHN E. HANDLEY

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#### ALCOHOL PROBLEMS

*Practical guides for general practice no. 5*

*P. Anderson, P. Wallace and H. Jones*

*Oxford University Press (1989)*

*86 pages. Price £5.95*

The Royal College of General Practitioners' report *Alcohol — a balanced view* pioneered the idea of alcohol as a risk factor for all the population. It outlined the epidemiological importance of modifying the alcohol consumption of the large number people who drink heavily, from which it followed that more emphasis should be given to controlled drinking than abstinence. *Alcohol problems* is a practical and readable refinement of these ideas.

The relationship between alcohol, depression and anxiety is an important issue and I would have liked to have read more about that and also about helping patients at high risk, including the dangers of detoxification. The importance of the family is acknowledged but perhaps more practical advice could have been given about whether to see spouses (and/or families) together or separately. The section on preventive responses at national level is not practical and an 'alcohol continuation card' is mentioned but not its availability.

This is a good, brief guide to helping people misusing alcohol and to the management of the problem in general practice. I recommend it as an introduction to the subject for doctors and other members of the primary care team.

PETER TOMSON

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#### DEATH, DISSECTION AND THE DESTITUTE

*Ruth Richardson*

*Penguin, London (1989)*

*426 pages. Price £5.99*

During the rapid growth of medical education in the late eighteenth and early nineteenth century, the study of anatomy based on dissection of the corpse was regarded as the cornerstone of medical knowledge. The only legal supply of corpses was hanged criminals and they were far too few, so that rival surgeons and relatives (who saw dissection as an additional punishment

to death) fought pitched battles for possession of the executed. Hence the growth of the trade in body-snatching. But even then, apart from the obvious risk of being caught, shovel in hand, there were difficulties in obtaining enough fresh corpses. So the body-snatchers often resorted to murder, which guaranteed freshness and saved a lot of digging. Public horror at such a state of affairs led to the anatomy act of 1832. As the accoucheur Robert Gooch saw it there were only three alternatives:

'to prohibit the study of anatomy altogether ... to support the breed of resurrection men, plunder graves, and after all, supply the nation with half-informed anatomists and surgeons ... [or] to give up unclaimed bodies to the schools of anatomy.'

But the unclaimed bodies were the bodies of the destitute, made available through the anatomy act. It was very much one law for the rich and one for the poor. The insensitive cruelty of the act was recognized by many at the time but justified in the name of the advance of medical science and education. The working classes, who set great store on a proper funeral and burial and hoped for a better life in the next world, reacted with understandable horror at the prospect of ending up on the anatomist's table. They reacted with anger at the ultimate degradation of dissection and had intense distrust of medical men and their institutions.

This is the bare bones of the story. Ruth Richardson has written what must be classed, deservedly, as a bestseller in the history of medicine. It is a grimly exciting story, extremely well written, and based on solid scholarly research. If the author's passionate anger at social injustice comes near to going over the top it is forgivable; her anger is the driving force that has created an extremely readable book.

IRVINE LOUDON

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#### INTERNATIONAL TRAVEL AND HEALTH

*Vaccination requirements and health advice*

*World Health Organization*

*WHO, Geneva (1989)*

*87 pages. Price Sw. Fr. 14*

Cholera and yellow fever are the only two diseases for which countries may still require evidence of vaccination from visitors. This booklet lists the countries concerned, and details their legal requirements. All other immunizations are dealt with in a cursory manner that is of little help to the doctor trying to advise his patient. Of more use is the country by country account of the distribution of malaria. Unfortunately one of the recommended prophylactics, mefloquine, is not readily available in the UK.

One chapter provides a fascinating overview of the distributions of the main transmissible diseases throughout the world. After the lists of exotic tropical conditions a figure showing the estimated incidence of health problems in travellers restores the balance. The visitor to the tropics is 500 times more likely to be involved in an accident than to contract typhoid fever. Unfortunately the chapter that follows on avoidance of health risks contains some questionable advice.

I will continue to consult the Department of Health's publications *Immunization against infectious disease* and *Before you go* when advising my patients, and will recommend the Department of Health's *While you're away* and the British Medical Journal's *Well away: a health guide for travellers* for their use abroad.

TIM USHERWOOD

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