interest to students of philosophy or theology than to European medical students or physicians.

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Hospital-Acquired Infection: Principles and Prevention. 2nd edition, G.A.J. Ayliffe, B.J. Collins and L.J. Taylor. Pp. xii + 140, illustrated. Wright, London, Boston, Singapore, Sydney, Toronto, Wellington, 1990. £12.95.

Hospital acquired infections have become fashionable, not only because of newly recognized diseases, such as HIV and legionellosis, but because health authorities have now become cost conscious. The new role of health authorities as purchasers has suddenly made them the patient's champion and it is not unknown, however wisely or unwisely, for purchasing contracts now to include clauses on infection control. This book from the Infection Research Laboratory, Birmingham and the Division of Hospital Infection, Colindale will at least provide, in a short and concise read, sufficient information for them to base such requirements on. However it is not a detailed text book and without expert guidance the uninitiated will fall into traps.

It is an excellent introduction for those starting off in the field and would act as a primer for nurses, junior medical staff, or even hospital managers. The chapters are well thought out and each one complete in its own subject. As would be expected from an introductory volume, references are few but important.

As is stated in the Foreword 'the basic principles and practices of Hospital Infection Control have not been altered by the dramatic incursion of the HIV' and the whole tone of the volume, as one would expect coming from Professor Ayliffe, is one of common sense.

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The Management of Chronic Illness, Ruth Pinder. Pp. xii + 140. Macmillan Press, Basingstoke, Hants, 1990. Hardback.

This is the report of a study into patients' and doctors' perspectives on chronic disability. Ruth Pinder has interviewed 15 patients with Parkinson's disease and 18 doctors who care for them in a series of largely unstructured and free ranging interviews. The methodology does not allow for statistical generalization but such purity is not required for what become self-evident truths. Perhaps those who sit in out-patient ivory towers should be compelled to read this type of a study once a year as part of our audit programmes. Those of us who have a responsibility for the care of those with chronic disability, whatever the cause, know deep down (or fairly near the surface) that 10 minutes three or four times a year after a 20 minute initial encounter is not adequate care; Ruth Pinder's study highlights just why this should be, using Parkinson's disease as the model. She demonstrates patients' feelings about the medicalization of their di-

seases; Parkinson's disease is no exception. We and they recognize the uncertainty attached to their diagnosis and each has similar difficulties coming to terms with it. We fail perhaps most as teachers, both of medical students who will be general practitioners and of patients and carers and this too shows with stark clarity. This book may be a little discursive but there is a clear message about the care of those with chronic disability, one which has been preached on many occasions and has yet to be heeded both in practice and training.

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Management of Minor Head Injuries, I.J. Swann & D.W. Yates. Pp. x + 102, illustrated. Chapman and Hall Medical, London, 1989. Paperback.

From the title, as well as the size and the shape of the book one would assume that this book is all about management of minor head injuries, aimed mainly at the senior house officer in emergency medicine. However, reading through the text it is clear that this is a more extensive book dealing with a wide spectrum on management of head injuries including minor head injuries. While having excellent sections on the radiology of head injuries and on follow-up and rehabilitation, it also has a section on surgical decompression of extra dural haematoma in the resuscitation room in the emergency department. I feel this section is quite inappropriate. CT scanning is one of the most useful investigations in the management of head injuries today and in this book it has not given the right emphasis for use of this investigation modality. It is obvious that the reason for this omission is the availability of CT scanning facility in this country.

Even though care of the cervical spine in the head injured patient is mentioned I felt this was not emphasized enough, as we know in practice we should take control of cervical spine alongside the management of the airway. Emphasis should be placed on care of the whole spine.

In general, it is an excellent book, full of information. Yet I would have found this book much more practical if chapter 4, 'Treatment in the Accident and Emergency Department', was along the lines of Advance Trauma Life Support protocols of A,B,Cs. This is a book that all emergency department libraries should buy and all medical staff in emergency medicine, who manage most of these patients, should be encouraged to read.

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Medical Audit and General Practice, edited by Marshall Marinker. Pp. xi + 230. British Medical Journal, London, 1990. Paperback.

Medical audit has been practiced by enthusiasts in Britain for years. It is just that medical audit has not been universally accepted nor is it always incorporated into normal practice. There is, so far, no general agreement about how to go about it nor even a uniform vocabulary to describe what audit is about.