

types of disorder.

Behaviourally and psychodynamically informed treatments are discussed, though there is no reference to cognitive strategies. Details of family therapy are not discussed.

The book is easy to read and the chapters are short enough to finish at one sitting. The style is descriptive and discursive, rather than definitive. In general, the authors give an overview of a topic, and raise areas of debate in the field without embarking on a detailed academic discussion. In some sections, for instance the chapter on mental handicap, the discussion is rather limited.

I recommend this book to medical students and others who are seeking an introductory text to child psychiatry, a subject that can be bewilderingly nebulous, but is here laid out in an accessible and digestible manner.

Clive Britten  
*Department of Psychological Medicine,  
Hospital for Sick Children,  
Great Ormond Street,  
London WC1N 3JH.*

**Horizons in Medicine**, edited by Leszek K. Borysiewicz. Pp. 330, illustrated. Transmedica Europe, Tunbridge Wells, 1990. Hardback £20.00.

The 4 day annual Advanced Medicine Conference at the Royal College of Physicians much resembles school speech-days – the good, the great and the growing are assembled together for the approval and erudition of College Fellows.

Educationalists may be appalled at an education 'interface' which involves large numbers of ageing physicians listening to more than 40 talks of 20 minutes (plus 4 × 1 hour state-of-the-art lectures without subsequent questions). However, like the humble Seagull outboard it remains inexplicably popular. Nonetheless this educational equivalent of repeated blanket bombing does need supplementing with the written word.

The Conference reflects the interest and location of the organiser who subsequently edits the relevant *Horizons in Medicine*. This issue therefore has a distinctly Cambridge feel.

There were two predominantly clinical sections on respiratory medicine and cardiology; the 'special effects' slot was audiology. BSE of course was on everyone's mind last year and Richard Kimberlin's contribution was outstanding (basically: Watch this space in 3 years time and as soon as I know you'll know).

The book is an invaluable part of the Conference and is always an authoritative state-of-the-art or rather state of the science contribution. I think it would help if it was available a little less than a year after the meeting. One or two of the contributions took longer to read than the time allowed for the talk but on the whole there was not too much additional material inserted presumably due to Leszek Borysiewicz's editorial pen being mightier than the words of his contributors. The annual *Horizons in Medicine* is an essential acquisition for aspiring and established physicians.

I.J.T. Davies  
*Raigmore Hospital,  
Inverness IV2 3UJ.*

**Ethical Practice in Clinical Medicine**, William J. Ellos. Pp. 190. Routledge, London, New York, 1990. Hardback £30.00, paperback £8.99.

Medical ethics has become fashionable in the last two decades and there is no shortage of books on the topic. This addition to the corpus takes a relatively unconventional approach to the philosophical basis of medical ethics. Most texts have taken their philosophical foundations from Hippocrates and then from the deontological theories of Kant and the utilitarianism of Bentham and Mill and their later apologists. In this book the author, a Jesuit priest, invites a return to virtue-based ethics deriving from Plato and Aristotle, via Aquinas, the 18th Century Scottish moral philosophers such as Hutcheson and Hume to the American pragmatists James, Dewey and Wilson to derive a contemporary bio-psycho-social model of medical ethics. In support of this 'radically pragmatic venture' the book seeks to combine the theory with the practice of medical ethics by using case studies woven into the text of these historical, philosophical perspectives. In this the author is only partially successful.

The book is said to be aimed at 'all students of medical ethics in philosophy and theology courses as well as medical students and practising physicians'. The author's views of medical students – an American perspective – is of highly intelligent, extremely competitive 'loners' who are perfectionists and workaholics. This may not translate exactly to the British scheme and the philosophical dissertations on the classical texts will be better appreciated by the philosophy and theological students than by their British medical student counterparts. The theories proposed are based on the platonic cardinal virtues of prudence, justice, fortitude and temperance rather than on the more familiar deontological or utilitarian fundamentals of respect for autonomy, beneficence and justice. A detailed exposition using these historical texts is juxtaposed in a seamless narrative with clinical vignettes derived from a Texan hospital in a way that sometimes invokes an 'anachronistic culture shock'. The case studies are provided by a faculty member who is a Ph.D. rather than an M.D. which may account for the relatively minor, though rather frequent and irritating, mistakes in the clinical details. Additionally, many of the ethical dilemmas teased out are related intrinsically to the American Health Care System.

The 'rounding clinical medical ethicist' being called by his beeper to wrestle with problems deriving from the Diagnostic Related Group Prospective Payment System may be a hint of things to come in the UK but as yet makes many of the problems seem remote from ordinary clinical practice. Despite these caveats, a theory is developed from a biological frame via sociobiological and genetic bases ('the morality of the gene') incorporating psychological and social components to provide a 'virtue synthesis' for medical ethical problems. The need for this is encompassed to the author's comment that 'with the rise of classical forms of deontology and utilitarianism a good deal of virtue ethics suffered an eclipse'. This book seeks to remedy this but will be of more relevance and

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

Peter Beck  
*Llandough Hospital,  
Penarth,  
S. Glamorgan CF6 1XX.*

**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.

Michael C. Kelsey  
*Department of Microbiology,  
Whittington Hospital,  
London N19 5NF.*

**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.

G.S. Venables  
*Royal Hallamshire Hospital,  
Sheffield S10 2JF.*

**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.

D.B. Wijetunge  
*Accident and Emergency Medicine,  
St. George's Hospital,  
London SW17 0QT.*

**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.