better word" offers an entertaining journey along the narrow path between erudition and pedantry: a volume intended for the guidance of trainees is neither a handbook nor a manual but an enchiridion; to the classical scholar micturition denotes the desire rather than the process, for which miction is the correct usage.

Administrative activities are discussed in chapters on clinical audit, managing a clinical budget, and the care of problem colleagues. Communication is a theme present in several essays—running a pressure group, representing one's colleagues on BMA committees (which some might think is much the same), or starting a patient participation group. Electronic communication and data manipulation are discussed under several headings—electronic mail, making a video tape, searching the literature, and using a word processor. Three experienced authors expound their craft in a whimsical piece on breaking into the correspondence columns of a newspaper, a prescription for the compassionate obituary, and a compendium of hints on writing for money.

This is an admirable book—not a mere do it yourself catalogue but rather a stimulating compendium of opportunities for professional and personal development. Samuel Smiles would have approved.

JOHN LENIHAN

Much to learn

What To Do About AIDS. Physicians and Mental Health Professionals Discuss the Issues. (Based on a conference, San Francisco, 13-14 September 1985.) Ed L McKusick. (Pp 224; \$20 hardback, \$9.95 paperback.) Berkeley: University of California Press, 1987. ISBN hardback 0-520-05935-2, paperback 0-520-05936-0.

The date of the conference on which the book is based (1985) should not deter potential readers. Although the initial chapters on medical and neuropsychiatric issues reflect the understanding of that time, the bulk of the book concerns mental health and psychosocial issues, the impact of AIDS on the groups predominantly affected,

Contributors

NELLIE ADJAYE is a consultant community paediatrician at Maidstone Health District.

JOHN LENIHAN is a senior research fellow in the department of nursing studies, University of Glasgow, Scotland.

DAVID MILLER is principal clinical psychologist and honorary lecturer in genitourinary medicine and psychiatry at the Middlesex Hospital Medical School, London.

and planning and administration of resources for the epidemic. Anecdotes and procedures for intervention outlined here have a timeless value and have been well edited. The standard of contributions is high throughout, and a striking feature is the depth of experience represented by all of them.

At a time when new books on AIDS seem to appear almost daily, there is much to learn from here—about the way AIDS affects individual men and women, about the perils of overworking staff who care for patients with AIDS, and about the organisation of effective links between hospital and community facilities, to name only three examples. The gritty lessons based on a team approach to a medical and psychosocial catastrophe are clearly articulated and show us in Britain how much we should have learnt from America if only sufficient eyes had been prepared to be open to AIDS before late 1986.

Above all, the book shows that in a time of seemingly "instant experts" there is no effective substitute for sound clinical experience with AIDS. The tone of the book suggests further that perhaps the most useful advisers in designing policy and management are patients themselves. It is true that in most respects our patients are still teaching us about AIDS, and this highly recommendable book will help to ensure that their tragically expensive lessons are not squandered.

DAVID MILLER

What your patients may be reading

ROBERT GANN

During October I had the opportunity to visit several consumer health information services in San Francisco. There the epidemic of the acquired immune deficiency syndrome (AIDS), ever increasing competitiveness in health care, and the fear of medical litigation are together placing a new emphasis on the provision of health information to the public. This is reflected in the American popular medical publishing industry. I have included in this round up some particularly interesting books I saw in America, with their local dollar prices. A good bookshop in the United Kingdom should be able to order them.

Publishers have been quick to catch on to the renewed interest in condoms. In a bookshop I picked up a copy of *The Condom Book* by Jane Everett and Walter D Glanze (\$3.95 paperback. New York: Signet, 1987. ISBN 0-451-15173-9). It includes an introduction to the new condom consciousness and a question and answer section on the use of condoms to reduce the risk of pregnancy and sexually transmitted diseases. What sells the book though is the "Condom

consumer guide," a survey of 108 American brands from Yuppie Love to the Wrinkle Chapeau Blacky, with personal accounts from actual condom users. Although there are details of the condom size, smell, taste, packaging, etc, essential information on reliability is lacking. For the United Kingdom this has been provided in recent surveys in *Which?*¹ and *Self Health* magazine.²

On a more serious note the same bookshop carried copies of *AIDS: a Self Care Manual* edited by Betty Clare Moffatt, Judith Spiegel, Steve Parrish, and Michael Helquist (\$12.95 paperback. AIDS Project Los Angeles, 1987. ISBN 0-9616605-11). This is a comprehensive guidebook for people with AIDS and AIDS related complex and for professionals, families, and friends. Although some of the information is specific to the United States (AIDS organisations, social services, insurance cover, etc), the manual is much more widely relevant. Major sections deal with the medical, psychosocial, therapeutic, self care, spiritual, and practical aspects of living with AIDS. The sensitive psychosocial section seems particularly helpful, dealing with issues like supporting a friend with AIDS and the stress of caring for someone with AIDS in the family.

Covering similar ground in Britain we now have an invaluable new book by David Miller, *Living With AIDS and HIV* (£20

hardback; £7.95 paperback. London: Macmillan, 1987. ISBN 0-333-43244-4). For the past two and a half years Miller, principal clinical psychologist at the Middlesex Hospital, has been joint facilitator of a fortnightly group for people with AIDS, their families, and their loved ones under the auspices of the Terrence Higgins Trust. Participants in the group have provided many examples in their own words of their experiences, fears, successes, and failures. David Miller emphasises that nearly all patients subsequently claim that their most urgent need after the shock of diagnosis was for information. Usefully he lists 13 of the most common questions asked after HIV tests have given a positive result and gives answers to each of them. Other parts of the book deal with the clinical manifestation of HIV infection, practical arrangements in relation to work, financial help, and adjustments in relationships. The positive note of the title is continued throughout the book, but, realistically, there is also a section on planning for bereavement.

The gimmicky approach to condom consciousness is evident in the output from British publishers too. The latest publication from the ubiquitous Claire Rayner is a 4×3 inch "essential pocket book for our time" (presumably designed to sit alongside your Mates condoms). *Safe Sex* (£1.75 paperback. London: Sphere, 1987. ISBN 0-7474-0005-9) briefly describes the main sexually transmitted diseases, including genital warts, hepatitis B, and parasites as well as AIDS, and considers ways of avoiding them. The possibilities of celibacy and monogamy are discussed sympathetically, but the essential message is that "sexual desire doesn't go away just because moralists say it's bad for you." The remainder of the book is concerned with safe sex practices.

A more sober guide with the same title comes from distinguished gynaecologist Elliott Philipp (*Safe Sex: the Pleasures Without the Pitfalls*. £1.95 paperback. London: Columbus Books, 1987. ISBN 0-86287-352-5). At much the same price the Philipp book has considerably more in it. Unwanted pregnancy receives much more attention (after all, this is still a major risk with unprotected sex, for all the attention currently given to sexually transmitted diseases). Methods of contraception are described with illustrations, and there are details of clinics and advice centres that can help if you suspect that you are pregnant, have an infection, or need help with any sexual matter. There is also a more consistent layout with various sexual practices described and an answer given each time to the question "Is it safe?"

As Claire Rayner has it, "the moralists are in full cry." This is particularly evident in the Bible belt pronouncements of the United States, but commentators in Britain also are calling for a return to chastity. Two new books adopt a strong Christian position on preventing AIDS. The first is *AIDS and the Positive Alternatives* by Margaret White (£4.95 paperback. Basingstoke: Marshall Pickering, 1987. ISBN 0-551-01549-7). Dr White is a magistrate and member of the General Medical Council whose previous book was *Two Million Silent Killings* ("an outspoken portrait of the abortion industry"). Her line is that sexually transmitted diseases, including AIDS, are not just "rotten luck" but the result of ignoring God's law of chastity before marriage and fidelity within; the solution is a return to Christian values. I'm afraid many readers will find it hard to take seriously the author's well meaning suggestions on "How to be happy though married," in which she attributes the fall in moral values in part to too many organisations holding meetings in the evenings, and to the decline of the English cooked breakfast.

Most general readers prefer facts to preaching, and the second Christian guide to AIDS has plenty of those. *The Truth About AIDS* (£4.95 paperback. Eastbourne: Kingsway Publications, 1987. ISBN 0-86065-588-1) is by Dr Patrick Dixon, a member of a London based terminal care team and a church leader. There is an increasing feeling among the public that we are not being told the whole truth about AIDS (witness the article "AIDS: when will we know the truth?" in the *Observer* 8 November 1987). Dr Dixon supports this view by drawing together a wealth of research and published material from medical and popular sources in a detailed and extensively referenced book. It is up to date and on publication at the beginning of November 1987 included references to press reports of August 1987. In particular the author criticises public

education campaigns which suggest that condoms prevent the transmission of AIDS. His message is that they may reduce the risk but "I wouldn't trust my life to a condom." The alternative of course is chastity. But this is not the only message: there is also a 10 point plan for the government, outlining the need for health education, training, extra community nurses, and funding for hospices. Health education and prevention make good economic sense too, he argues. With the high costs of caring for patients with AIDS a health educator has to prevent only one person a year from infection to save his or her entire salary. To their credit neither of these books exhibits the hostility towards homosexuals exhibited by some Christian writers. For both authors AIDS is a disease of promiscuity and it is mere chance that it is the gay community that has so far been most affected in the Western world.

There are so many new publications on AIDS that they could fill several columns. The publication of a twice yearly *AIDS Resource Pack* is therefore particularly welcome (£8 for a year's subscription from Cambridge Medical Books, Tracey Hall, Cockburn Street, Cambridge CB1 3NB). The pack is edited by Dr Victor Daniels, familiar to many for his excellent straightforward guide *AIDS: Questions and Answers* (£5.95 paperback. Cambridge: Cambridge Medical Books, 1987. ISBN 0-948920-00-9), now in its second edition. The pack includes details of books, leaflets, videos, teaching packs, etc, on AIDS, as well as a useful list of support groups and "AIDS lines," and will be invaluable for those providing information on AIDS.

Competition and consumer power

The AIDS epidemic is one reason for heightened interest in the provision of information to the American public. The other is the increased competitiveness of care. Competition is particularly fierce between the emerging numbers of new health maintenance organisations. Over the past five years the number of health maintenance organisations has trebled to more than 65 and the number of Americans covered to 28 million. To the British observer the most striking outcome of this cut throat competition is the power it gives to the consumer. Purveyors of health care plans are falling over themselves to attract patients, and market research surveys are regularly conducted to ascertain what the customer wants. The answer that comes back is that patients want to be informed and they want to be active participants in their own care. Young middle class patients in particular are likely to vote with their feet and take their patronage elsewhere if they do not get this kind of treatment. Choice for those receiving treatment under the Medicare scheme, or for the 35 million people who have no insurance cover, is certainly limited or non-existent, but it is true that those who are able to shop around are increasingly finding hospitals ready to provide extensive health libraries for patients, screening programmes, and health promotion initiatives.

Further stimulus for patient education comes from the desire to avoid litigation. American physicians go to great lengths to show that the patient has given fully informed consent to the operation or procedure that is to be carried out. For example, in Britain many men considering a vasectomy receive scanty counselling and patchy practical preoperative information. By contrast, at the Kaiser Medical Center in Oakland, which I visited, attendance at a half day vasectomy education class is compulsory for all men considering the operation. Attendance is ensured because the authorisation form is signed by the patient at the class. An attractively produced, detailed, and informative information sheet is given to each participant to reinforce the advice given in the class.

Dr David Sobel is director of patient education for the northern California region of the Kaiser Permanente health maintenance organisation. He has carried the Kaiser approach into a superb consumer guide called *The People's Book of Medical Tests* by D Sobel and T Ferguson (\$12.95 paperback. New York: Summit Books, 1985. ISBN 0-671-553771-1). The book gives detailed information on more than 200 diagnostic tests, answering questions such as How long does it take? How is it given? How should I prepare myself? Does it hurt? Tests range from high tech body scans to simple home

tests like the nocturnal penile tumescence stamp test (a strip of postage stamps is wrapped around the penis and in the morning you check whether the perforations have torn). The book should be obtainable in Britain, though not all of it will be relevant to British practice. The only comparable British publication of which I am aware is Jennifer Booth's *Handbook of Investigations* (£5.95 paperback. London: Harper and Row, 1983. ISBN 0-06-318235-1). This is aimed more at nurses, to help them in answering patients' questions, than directly at patients themselves, but it is none the less a useful guide to the more common tests.

Perhaps the patient who is going into hospital for a single test or operation is unlikely to buy such an encyclopaedic work, and libraries must be the obvious market. The same is true for *The Complete Guide to Symptoms, Illness and Surgery* by H Winter Griffith (£9.99 paperback. Wellingborough: Equation/Thorsons, 1987. ISBN 0-85336-013-9). As the preface to the book states, Dr Griffith is "the godfather of patient education." Since the 1960s he has been making medical information more accessible to the lay public, particularly through his looseleaf compendium of patient information sheets designed to be photocopied and handed out by the doctor (*Instructions for Patients*. 3rd edn. £49.50. Philadelphia: Saunders, 1982. ISBN 0-7216-4286-1). *The Complete Guide to Symptoms*, first published in the United States in 1985, covers 796 symptoms, 520 illnesses, and 160 operations. The author warns that the book will not help the reader to diagnose his or own illness, though the symptoms charts seem to come close to this. The illnesses and disorders section, which occupies the bulk of the book, is excellent, providing concise single page summaries of various conditions with advice on appropriate self care measures. The book was pressed into service on the day that it arrived in my own information service, providing the only simple summary of Bell's palsy for a patient that we could find.

Another huge tome arrived in the office at much the same time. This was *Bloomsbury Good Health Guide* (£15.95 hardback. London: Bloomsbury, 1987. ISBN 0-7475-0041-X). I confess that at first sight I thought it was an upmarket version of the health guides that have been produced for the locals in various parts of London (*Health in Hackney*, etc). On closer inspection it proved to be another compendium of self care advice on 120 common health problems. That it has a foreword by Dr Patrick Pietroni, chairman of the British Holistic Medical Association, is prominently displayed on the front, but it would be more useful to know who wrote the main text. Like Dr Griffith's book, the *Bloomsbury Good Health Guide* was originally published in the United States by Rodale Press, which has a long tradition of publishing self help guides. The book gives straightforward advice with a particular emphasis on nutrition as the way to good health, but at this price and format perhaps it is another one for the library rather than the bookshelf at home. Many ordinary people would find just as useful a cheap and simple manual such as *Home Doctor: An A-Z Guide* by V G Daniels (£2.75 paperback. Cambridge: Cambridge Medical Books, 1986. ISBN 0-948920-02-5), another one from the prolific Dr Daniels.

Patrick Pietroni is another author/medic who seems to crop up everywhere this month. He appears as an expert witness in the "Second opinions" chapter of Judith Cook's thought provoking *Whose Health Is It Anyway? The Consumer and the National Health Service*. (£6.95 paperback. London: New English Library, 1987. ISBN 0-450-41288-1), a book that examines the state of the NHS and suggests a way forward through a positive approach to health—with an emphasis on health promotion, well people's centres along the lines of the Peckham experiment of the 1930s, and active consumer participation. Dr Pietroni's thesis is that we need a more holistic approach to health care in which doctors and patients share responsibility, ideas that are developed more fully in his recently published *Holistic Living: a Guide to Self Care* (£3.95 paperback. London: Dent, 1987. ISBN 0-460-02413-2).

The healthy hospital

In the United States there is plentiful evidence of active consumer participation in the community and during outpatient consultations.

But somehow when patients enter hospital it is all too easy for them to experience a loss of autonomy and dignity. Attempts have been made in Britain and elsewhere to design hospitals on a human scale,³ but it was in San Francisco that I saw the most ambitious and exciting example: the Planetree Model Unit at Pacific Presbyterian Medical Center. The Planetree project began as a health information resource for the public. Then, with typical American vision on a large scale, it was decided to put the principles of participation and a healing environment into practice in a hospital.

Many of the most important moments in people's lives are spent in hospital, yet for patients they can be cold, impersonal places. At Planetree major funding from American charitable trusts has enabled the conversion of an existing ward into a relaxing and homely environment where all barriers between staff and patients have been removed. There is extensive use of "healing arts," with patients choosing pictures for their walls from an "art cart." On admission each patient is allocated a "primary nurse," who is responsible for the patient's care and for educating the patient and relatives. Many patients who take health for granted when they are healthy become highly motivated to learn more about their health when they are ill, so there is a library of popular medical books in the lounge. Information packs specific to their condition are prepared for all patients, and they are also encouraged to read their own notes. Reaction to the model unit so far is that it makes for greater patient satisfaction, more self reliance, and shorter hospital stays.⁴ The results of a detailed evaluation study will be available next year and should be required reading for clinicians and health care planners in Britain too.

References

- 1 Anonymous. It's condom sense. *Which?* 1987 September:419.
- 2 Anonymous. It's only condom sense. *Self Health* 1987 September:10-5.
- 3 Weeks J. Hospitals for health. *Br Med J* 1985;291:1815-7.
- 4 Anonymous. Cooperative care tied to quicker recovery. *Hospitals* 1985;59:59-60.

In brief . . .

In these days of packaged air travel it is easy to forget that 50 years ago countries like China and Japan were closed to all but a handful of Westerners. Gren Wedderburn (his first name derived from Bois Grenier, where his uncle was buried after being killed in the first world war) was the son of a Scottish missionary in Manchuria. In *No Lotus Garden. A Scottish Surgeon in China and Japan* (Edinburgh: Pentland Press. £12.50) he describes how it took a week to get to school—by cart on muddy roads frequented by robbers, then by train, and finally by boat on seas infested with pirates. He was sent home to complete his education in Edinburgh and qualified as a doctor just before the second world war. He spent the six years as a medical officer with Fighter Command in England, India, and Burma.

After the war he trained as a surgeon with Sir James Learmonth and in 1947 joined a practice in Shanghai which mainly looked after expatriate staff of the large trading companies. Apart from rampant inflation everything went well until April 1949, when HMS *Amethyst* was fired on by the communists in Nanking harbour and Wedderburn was flown to the ship. He was unable to board her and had to return to Shanghai, where he later dealt with 44 of the casualties of the subsequent action. Shanghai fell soon afterwards, and a year later he and his wife and two young children fled to Hong Kong, virtually penniless. Friends helped him to get to Japan, where he found a practice midway between Tokyo and Yokohama, having first obtained right of entry from General McArthur as supreme commander and passed the local medical examinations. He spent five years there before returning to Hong Kong and eventually retired to Scotland in 1986.

These are the bare bones of a family and professional life set against a background of what is still to many the mysterious East. The flavour and fascination are provided by the author's descriptions of friends and patients, places and events.