

BOOK REVIEWS

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The London Lock: a charitable Hospital for venereal diseases 1746-1952. By DAVID INNES WILLIAMS. London: Royal Society of Medicine Press. (Pp 166; £16) ISBN 1-85315-263-3.

When the London Lock Hospital closed in 1952 its archives were taken to the Royal College of Surgeons, where they have been awaiting study by a medical historian. Sir David Innes Williams has now used them as the basis for the first full history of the Hospital. It is a fascinating story. It was founded as a charitable institution for not only the medical care of patients with venereal diseases but for their moral reform and eventual rehabilitation. For a time the Chapel, with its charismatic chaplain, was more famous than the Hospital itself. Inevitably a power struggle developed between the surgical staff and the clergy, which ended unhappily with the resignation of the Hospital's founder William Bromfield. The author describes a no less acrimonious dispute which arose in the mid 19th century about the role of special hospitals, after the foundation of St Peter's Hospital for Stone. Although in fact the Lock had been the first specialist hospital founded in London its senior surgeons (all of whom held part-time appointments) were completely opposed to specialism. On the Continent there had been for many years hospital and university departments of venereology (often combined with dermatology), with dedicated medical staff, but there were no full-time venereologists at the Lock before the 20th century.

The Hospital always had financial problems. Government support came during the implementation of the Venereal Diseases Acts of 1864-1869, under which named prostitutes were obliged to undergo examination, and treatment if found to be infected. The author describes vividly how protests from libertarians and militant feminists led to the repeal of the Acts, and thereby the end of financial help for the Lock. Local Authority subsidy began in 1917 after the Royal Commission's report, but this ended in 1926. The rest of the time the Lock depended on subscriptions and donations. These must have been affected by the furore which followed a report in 1926 on the poor nursing care and medical management prevailing at the time. Apparently everyone became involved, including Colonel Harrison and the Archbishop of Canterbury, before some improvements were eventually introduced.

The whole unseemly episode is most amusingly described.

In the end the Lock died. The Health Service planners had mistakenly concluded that antibiotics would soon conquer venereal diseases, and their optimism sealed the fate of the Hospital. The author asks "Could it have been avoided?" He concludes that it was too narrowly based, and handicapped by a longstanding rule that only surgeons could be appointed as consultants; for this reason the late manifestations of syphilis were outside its remit, and were dealt with in general hospitals. Scientifically, the Lock was weak; bacteriology and immunology were undervalued, and shortage of funds prevented the investment in staff and equipment which might have rectified this. The Hospital took little part in the advances in diagnosis and treatment which had occurred during the 20th century. It had been a valuable asset to London's medical services, but its day was done.

Sir David includes in his account many character sketches of the people—aristocrats, clergy, surgeons, nursing sisters and dedicated laymen—associated with the Lock during its two hundred year history. His book is absorbing and very well written; it is a valuable contribution to the history of venereology.

J D ORIEL

Female Genital Infections. By JANET D WILSON. London: Martin Dunitz. 1995. (Pp 80; £9.95) ISBN 1-85317-240-5.

This is a well presented and attractively slim volume aimed at practitioners working in the community. The broad spectrum of common female genital tract infections is covered and the text is well illustrated with good clinical pictures.

The intended scope of the book is, however, a little unclear. A simple guideline with emphasis on when and what to treat, and when to refer, fits best with a volume of this size. It is inappropriate to raise controversial issues that cannot be fully explored. For example in the section on BV mention is made of an association between BV, HPV and cervical premalignancy. This is weak and unsubstantiated and is likely to cause confusion for the non-specialist. Candidiasis is well covered and usefully dispels some myths commonly thought to be truths. However, the chapter on rarer bacterial infections is a bit misleading. There is no evidence that treating incidentally isolated *S aureus* reduces the risk of toxic shock syndrome which is due only to certain toxin producing strains of both staphylococcus and streptococcus species.

Cervical infections are generally well covered but it is disappointing that the author has not taken the opportunity of emphasising, for both gonorrhoea and chlamydial infection, the importance of referring patients on to a genitourinary medicine department. The text implies that treatment of these conditions can be adequately achieved in other settings when in reality this is often not the case. There is also a recommendation that patients with chlamydial infection should have tests of cure. This is very confusing for the non-specialist, particularly as the antigen tests commonly used can remain positive for some time after adequate therapy. Mucopurulent cervicitis

(gonorrhoea and chlamydia negative) is discussed as though it is an undisputed and easily diagnosed entity. Again there is a missed opportunity to suggest referral to genitourinary medicine clinics in cases of clinical doubt where good swab taking, good microbiology and contact tracing with screening, may all contribute to better diagnosis and management.

In the section on PID there are some contradictory themes. Initially the author recommends that clinicians err on the side of caution and, if anything, overdiagnose the condition. A later paragraph emphasises the need to take swabs implying that this is useful in deciding whether or not to treat partners. In the community setting simple advice to manage on clinical grounds, stressing the importance of partner treatment, is surely the safest course of action given that tubal infertility risks rise significantly with repeated episodes of infection.

The treatment protocols would benefit from some elaboration and there are some debatable recommendations. The usefulness of topical aciclovir in recurrent genital herpes is disputed. Azithromycin is recommended for the treatment of both gonorrhoea and chlamydial infection which is controversial. It should also be made clear that in the treatment of genital chlamydial disease this drug is only licensed for patients with uncomplicated, chlamydia positive infection. Colleagues who do not have access to specific chlamydia testing facilities may use azithromycin inappropriately. In treating PID doxycycline and metronidazole are standard but in the UK a penicillin would be preferred cover for gonorrhoea rather than cephalexin. There is no mention of therapeutic alternatives should there be a pregnancy risk.

Overall this book has the potential for widespread use in general practice and perhaps family planning clinics, particularly as female genital tract infections are very common. It is disappointing that some areas are inappropriately detailed whilst others, perhaps short for the sake of simplicity, do need greater elaboration. Nevertheless this first edition is likely to be popular but I would recommend waiting for an early second edition.

ANNE EDWARDS

Skin Manifestations of AIDS (2nd edn). NEAL S PENNEYS. London. Martin Dunitz. 1995. (Pp 252; price £49.95.) ISBN 1-85317-242-1.

This is a beautifully presented book which acknowledges the rapid changes in HIV medicine whilst providing a visual reference to the cutaneous manifestations of the illness. There is a great amount of detail presented in a clear manner, with case presentations, clinical pictures and corresponding pathological sections. The text does have an American bias (for example the classification of AIDS in the introductory chapter), but is readable and well referenced—with nearly 900 references.

After the introductory chapter, different manifestations are subdivided according to aetiology, and a separate chapter covers paediatric AIDS. This is not just a picture book—the text covers aetiology, epidemiology etc. where appropriate, together with descriptions, often case reports, which