

BOOK REVIEWS

AN AGEING POPULATION by **Vida Carver and Penny Liddiard**, Hodder & Stoughton, 1978

This is a well presented book of soft cover in clear print on good quality paper.

It is intended for the use of adult students following the Open University Course "An Ageing Population" in Britain.

The forty-seven papers which have been selected for this book give a comprehensive view of growing old, problems encountered in this process, and indicate what may be done to alleviate many problem areas. The tone of the book is optimistic without losing sight of reality.

This book is recommended to all categories of nurses in their search for a better understanding of an ageing population.

P.E.W.

'READINGS IN GERONTOLOGY' deur **Mollie Brown**, C.V. Mosby Company St. Louis

Hierdie boekie bied interessante leesstof vir diegene wat belangstel in die versorging van bejaardes.

Deur middel van kort referate deur verskillende outeurs ontwikkel die leser 'n beter begrip vir die bejaarde en insig in talle situasies wat moontlik as problematies deur die ouerwordende persoon ervaar kan word.

S.P. HUMAN

PAEDIATRIC NURSING (NURSES' Aids Series) 5th Edition by **Margaret Duncombe and Barbara F. Weller**, Baillière Tindall, London

This is an excellent book in that it is easy to read, is very informative and deals with all paediatric conditions.

The student nurse who spends most of her training learning about conditions affecting the adult will find this book invaluable when nursing children as it will give her insight into how to handle children and what nursing care is required for the various conditions she may encounter in the paediatric wards.

It is up to date and is a valuable reference book for all registered nurses who are involved in teaching or working in paediatric units.

M.G. GLYNN

THE NURSE AND RADIOTHERAPY — **A Manual for Daily Care** deur **Irene M.** **Leahy, Jean M. St. Germain and Claudette G.** **Varricchio**, The C.V. Mosby Company, St. Louis, Toronto London, 1979

Hierdie boek is 'n waardevolle handleiding vir die verpleegster wat in radioterapie en die versorging van pasiënte wat radioterapie ontvang, belangstel. Elke hoofstuk word met duidelike foto's en illustrasies toegelig.

Die eerste deel van die boek handel oor die ontdekking van radioaktiewe straling, en die aanwending daarvan in geneeskunde, sowel as die nuwe-effekte daarvan.

Die tweede deel van die boek handel oor die verplegingsimplikasies by radioterapie, insluitend die psigososiale implikasies by die pasiënt wat radioterapie ontvang.

Die boek word aanbeveel as verwysingsraamwerk vir dosentes, asook saalsusters waar pasiënte radioterapie ontvang.

J. SMIT

BASIC TROPICAL NURSING by **Nnenna Grace Nzeribe**, Baillière Tindall

How rewarding it is to see a book written by a Nigerian nurse for nurses learning their profession in the tropics.

As its title indicates this is a book on basic nursing procedures. It also covers some of the commonest diseases found in the tropics (and of course in other impoverished areas in Africa and elsewhere).

It is a book which I feel would be particularly appreciated by Black South African nurses doing the course for enrolment as a nurse as they would be able to identify readily with the nurses depicted in the illustrations and with some of the situations described. Unfortunately the author has dealt very briefly indeed with the concept of community health care.

Y.M. LLOYD

A GUIDE TO THE X RAY DEPARTMENT deur **Myer Goldman, John Wright & Sons**, Bristol

'n Sagtebandboekie, wat goed gebind is. Die boekie dek alle aspekte van radiografie wat van belang is vir die verpleegster, op 'n interessante, goed geïllustreerde wyse.

Voorkoming van oorbestraling en komplikasies vir beide pasiënt en radiografis/verpleegster word bondig bespreek.

Die boekie is in maklik verstaanbaar Engels geskryf en word aanbeveel vir saalsusters en kliniese dosente vir gebruik tydens onderrig en as verwysing.

J. SMIT

EVALUATION OF INPATIENT NURSING PRACTICE.

Report on a Working Group; EURO Reports and Studies 4, Regional office for Europe, WHO, Copenhagen

Technical advisory groups of WHO are involved in considering the nursing process in Europe. This pamphlet deals with the findings of one of the groups with regard to evaluation of nursing intervention. Their study was undertaken in eleven hospitals of varying size and type in Finland. Predictably it was ascertained that

only in hospitals where the nursing process had been introduced was there any real effort being made to evaluate nursing intervention as apart from medical care.

The pamphlet deals with the reasons for evaluation, aspects of evaluation which require special study and the implication for education of nursing personnel.

The report is very brief, but does serve to draw attention to various aspects of evaluation that should be kept in mind when implementing the nursing process.

Y.M. LLOYD

EXPERIENCE AT THREE MILE ISLAND

"We know now that as nurses we cannot afford to be ignorant of the far-reaching effects of nuclear energy." Registered Nurses Leshner, D.C. and Bomberger, A.S. (*American Journal of Nursing*, August 1979:1403) provide a diary of their experiences during the nuclear accident at Harrisburg, U.S.A. in March 1979. Their reactions ranged from being totally unconcerned, to confusion and fear. Conflict arose due to dual obligation to families and patients. It is obvious that knowledge concerning nuclear energy — its technical, psychological and physiological aspects, was deficient and this caused anxiety and confusion. Disaster plans had been developed to **accommodate** mass injuries but guidelines were not required for the **evacuation** of all patients. The evacuation of 200 000 area residents for a 20-mile radius was planned between 07h30 and that afternoon, e.g. area ambulances were to care for health crises related to the move such as accidents or heart attacks. The symptoms of Acute Radiation Syndrome include the hematopoietic, gastrointestinal and central nervous system syndromes ranging from nausea, headache, diarrhoea and fatigue to multiple abscess formation, acute aplastic anaemia, irrational behaviour and neuromuscular discoordination. Organs least radiosensitive are muscle, brain and spinal cord. Fairly sensitive are the skin, cornea and gastrointestinal system, whereas the lymphoid organs, bone marrow, testes, ovaries and small intestines have a high radiosensitivity. Irradiated victims are assessed in the emergency department — they may have been exposed to radiation with or without contamination. Decontamination should be accomplished at the accident site. Removal of outer clothing and shoes accomplishes 90 to 95 per cent of decontamination. Clothing is placed in bags, removed to a remote place and disposed of by qualified people. Exposed skin is washed leaving the patient 98 per cent decontaminated. Excreta is placed in lead-lined boxes and removed after radioactivity has decreased. Advance planning and training is important to ensure successful nursing — presently community-wide nuclear disaster drill is being prepared.

ACUTE BRONCHIOLITIS IN INFANCY

Bronchiolitis is a lower respiratory tract illness affecting those less than 12 months old. It is most commonly caused by the respiratory syncytial virus (RSV) which causes outbreaks of infection during winter.

Typical symptoms are breathlessness, tachypnoea, wheezing, chest recession and a distressing cough. Lung auscultation reveals widespread expiratory ronchi — due to inflammation, oedema and exudate causing obstruction in the airways. The upper airways feature watery nasal discharge and reddening of the pharynx. Temperature does not often exceed 39°C. X-Rays reveal overdistended lung fields without large areas of lung consolidation seen in pneumonia. Management consists of supportive measures until the patient recovers — usually seven to fourteen days after the lower respiratory features have fully developed. Due to airway obstruction, the arterial oxygen level is likely to be low. Patients should be nursed at a concentration of 30 to 50% in an oxygen tent or incubator, on a head-up slope of thirty degrees to decrease the work of breathing. The way a child feeds provides an indication of severity of illness — breathless babies require small volume, two-hourly feeds via nasogastric tube. Intravenous fluid may also be required. Active physiotherapy during the acute stages does not seem to help and may lead to collapse by exhausting the patient, but frequent suctioning is beneficial. Blood gas analysis decides when mechanical ventilation is required. Deterioration may develop suddenly with gasping apnoea or pneumothorax. Drugs have little role in treatment but antibiotics are given with high temperatures or delayed recovery. 98% of infants requiring hospitalization recover. More than half of these children develop further respiratory problems during childhood — outgrown by eight years, while a few develop classical asthma. Isolation decreases cross-infection and breastfeeding seems to offer some immunity. Attempts at producing vaccine have so far been unsuccessful. (Sims, D.G. *Nursing Times*, 25 October 1979:1842).

(Derryn Nieman)