relieved by a copious affusion of cold water which reduces the swelling and removes the pain. For numbness in moderation removes pain.' It is possible that William Harvey really did have gout and treated it in the way outlined in this aphorism, but, if so, and if Aubrey's account is to be believed, Harvey carried the cold water treatment out much more thoroughly than any ordinary gouty patient would have done, and I find it hard to believe that any gouty patient would tolerate such treatment for long or persist with it. As Keele points out, in the whole of Sydenham's classical description of gout there is nothing about external applications of any sort except to condemn them, and Sydenham truly did suffer from gout. I would join with Keele in considering erythromelalgia a much more likely diagnosis than gout in the case of William Harvey.

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Book review

Footwear and Footcare for Adults. By Janet Hughes. Pp. 204. £4.65. Disabled Living Foundation: London. 1983.

Footwear and Footcare for Disabled Children. By Janet Hughes. Pp. 153. £5.25. Disabled Living Foundation: London. 1983.

Problems Afoot: Need and Efficiency in Footcare. By Judith Kemp and J. T. Winkler. Pp. 221. £5.60. Disabled Living Foundation: London. 1983.

If the Disabled Living Foundation had done nothing else, it would be remembered for these three books. The first two, written or edited by Janet Hughes, are highly practical, comprehensive descriptions of foot problems and what can be done about them. They are essential 'bench books' which should be readily available in any hospital department, whether rheumatology, diabetic, orthopaedic, paediatric, or geriatric, where foot problems are seen. *Problems Afoot* is different. It is a forthright, carefully reasoned review of the national burden of foot ill health, contrasting it with the inadequacy of resources to deal with the burden. It is a

restatement of the health goals we should aim for and what must be done to achieve them. It should be compulsory reading for those who have influence in the DHSS. The number of places available for training chiropodists is too small, the rewards when they are trained too little. The regulations regarding DHSS priority foot problems make the work too unvaried, and the facilities offered to chiropodists in hospital are inadequate or inappropriate. The interface with other remedial professions as well as with physicians and surgeons is still blurred, where it exists at all. Professional responsibilities need defining and professional training needs to be protected by restricting the name 'chiropodist' to those who are adequately trained. The market forces which take trained staff out of the health service probably affect chiropodists more than any other of the caring professions.

Arthritis of the feet is the biggest single cause of foot problems requiring National Health Service footwear, and 1 in 50 adults in this country suffer, yet neither of the two British arthritis and rheumatism charities is listed alongside the British Diabetic Association or Age Concern as organisations to which the foot sufferer can turn for appropriate advice.

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