

but only 38 per cent for class 5, and 23 per cent for the "unsupported". Too many high-risk cases fail to go to specialist hospitals for delivery (or are delivered by midwives or even pupil midwives when they do). On the other hand, the low rates of perinatal mortality for home delivery (4.3) and general practitioner unit delivery (5.4) do not result from wholesale acceptance of obstetrically abnormal cases. The suggested remedy is to determine 'high risk' by an Appgar-like allocation of points according to age, parity, social class, smoking habits, stature, and previous history, with more to be added at the onset of labour for duration of pregnancy and the like. The general practitioner may feel that it is easier to persuade a patient to accept specialist hospital delivery when an abnormality develops rather than because she smokes, is in social class 5, and had an abortion 10 years before.

*British Births 1970* is not for the general practitioner obstetrician unless he is as interested in figures as in obstetrics. There are 176 tables, some complicated and difficult to understand, especially those with arithmetical or transcribing errors. When figures and assessment appear to disagree the probability is that he can see an alternative explanation; but if he checks the figures he may find that they are wrong and when corrected, agree with the assessment. But all this takes time and his obstetrics will be no better for it. He himself will be dealing with individuals and may think that the most telling statement in the book is the qualified admission on page 166 that "... it is impossible to decide how to manage an individual case by reference to a group ..."

M. I. COOKSON

### PHYSIOTHERAPY IN THE COMMUNITY

C. J. Partridge and M. D. Warren

*Health Services Research Unit  
Canterbury (1978)*

115 pages. Price £2.50

This is a useful booklet which reports the various ways in which physiotherapy services have been developed in the community in 14 different schemes. Sadly, it comes as no surprise that there is a shortage of information about physiotherapists working outside hospitals, although their importance for the rehabilitation of patients in their own homes and the community is beyond question. Till now, little more

than lip service has been paid to such work and the Health Services Research Unit at the University of Kent has therefore provided a valuable service in drawing up recommendations for the development of district physiotherapy services.

The Unit sees domiciliary therapy as an important part of a comprehensive district physiotherapy service and stresses the importance of close collaboration if not "integration of the hospital and community services". It advises the encouragement of initiative for the development of services, hoping that it might arise as much from individual physiotherapists as from area, district, sector, departmental or general practice.

The report underlines the need both for additional training for those intending to work in the community and for the further education of established physiotherapists. Unfortunately non-medical sections of the caring professions mostly have not yet developed adequate programmes of continuing education and in general the NHS has not seen fit to accept responsibility for underwriting the cost of such education.

The value of collaboration between all those taking part in rehabilitation is obvious but no clear guide is offered as to the best way of achieving this. Joint post-qualification training for members of the remedial professions might be one way of sharing information about each other's knowledge and skills and lead to a more appropriate use of trained staff.

General practitioners will be pleased that the authors take issue with the Tunbridge Sub-Committee who were against the direct referral of patients by general practitioners to the physiotherapists in hospital. The Committee claimed that "many general practitioners are out of touch with the modern concept of remedial treatment and departments might become overburdened with patients for whom unnecessary or inadequate treatment has been prescribed". If this premise had been accepted presumably the argument could have been extended to include all doctors, for apart from a few highly specialized rehabilitation units, the medical profession as a whole has little formal training in modern remedial concepts. General practitioners, through vocational training schemes, might now be considered to have such special training in remedial concepts. The acceptance of the professionalism of physiotherapists by doctors ought to lead to a consultation between doctor and physiotherapist about the most appropriate treatment for the particular patient's needs.

Finally, the report emphasizes the need for research in three specific issues: the effectiveness of physiotherapeutic measures; the presenting problems, diagnoses, and conditions of patients; and the development of physiotherapy services. At present few physiotherapists have the opportunity for training in research methods or meeting those already doing research, and help at this level is vital if this aspect of remedial work is to be encouraged and developed.

M. S. HALL

### MANAGEMENT OF RHEUMATOID ARTHRITIS AND ITS COMPLICATIONS

J. W. Hollingsworth

*Year Book Medical Publishers  
Chicago and London (1978)*

248 pages. Price £22.50

It is doubtful whether the personal view of an American physician could ever be relevant to the general practitioner looking after patients with rheumatoid arthritis, and unfortunately this is the case with this book. It is a purely clinical account of the condition, based on hospital care, and at no point does it touch on the social or psychological implications of the illness.

What it does do, however, is provide a comprehensive discussion of the disease, starting with its general nature and diagnosis by clinical and laboratory investigation. The author admits to a biased view about regular joint x-rays, which he considers only reflect what the observer sees clinically, and also about repeating the ESR after an initially high result, as he feels it is a poor indication of disease activity.

The book goes on to discuss drugs and their actions, and the principles of physical therapy and surgery. This is followed by a systematic discussion of joints, covering examination, treatment, and complications, and includes a useful description of the techniques of injection and aspiration where appropriate.

The final section deals with the non-articular manifestations of rheumatoid arthritis, most of which are rare, and takes a brief look at patients with associated conditions, including the management of fever, pregnancy, and surgery.

This work may well find a place on the shelves of a reference library, but not on those of a general practitioner.

JUDITH F. DEANE