

excess of symptoms of emotional disturbance such as headaches, faints, billiousness, limb pains and tearfulness, this excess was not significant and there was no correlation between mouth ulcers and any particular symptom or group of symptoms.

St. Pauls Cray, Kent

E. TUCKMAN

The Ranfurly Library Service

Sir,

Everyone knows nowadays that two thirds of the world's population are handicapped by poverty, hunger and avoidable disease. Everyone knows of the splendid work of charitable organizations in sending food, clothing and medical supplies to relieve distress. This is first aid, and most necessary, but it is only a start. People want to stand on their own feet to catch up and keep up in the modern world, and this depends on education. Education begins with learning to read and continues by reading. Books are the tools of literacy and education, the keys to progress from learning to earning better living, better hygiene, the hope of a job.

No 'aid', therefore, can be more practical or more effective than the supply of books to countries where books are scarce and costly and the people too poor to buy them. English books are specially needed, for in most Commonwealth countries and many others English is the language of general communication, business and higher education.

The Ranfurly Library Service is based on two simple facts: the developing countries need books; and countries such as Britain, Canada, Australia and New Zealand have millions of books which are surplus to their own needs. We ask the public to give us their unwanted books so that, with the help of our voluntary workers and through the

generous concessions of the shipping lines, we can sort them, pack them and send them out to the countries—more than 70—where they are desperately needed. There they fill the shelves of public, university, school and hospital libraries and are used by youth clubs, leper colonies and other organizations. We send out from London an average of 10,000 books a week, so we need every good book we can muster.

Everyone can help, and we want everyone's help. We should be very glad indeed if doctors would bring our work and needs to the attention of their patients by means of notices in their waiting rooms. We shall be happy to supply anyone who is interested with suitable material, showing the kinds of books wanted and advising as to collection and transport.

HERMIONE RANFURLY.

The Countess of Ranfurly, O.B.E.
The Ranfurly Library Service Ltd.,
18 Carlton House Terrace,
London S.W.1.

Health education

Sir,

I am studying the 'Rôle of the general practitioner in health education' and wish to contact those practitioners who are already actively involved, be it with special groups, or in factories or schools as well as in personal practice.

It would be of great help and much appreciated if members who are interested would write to me about their involvement in health education.

Thembeni,
274 London Road,
Boston,
Lincs.

FRANK WALT.

Book reviews

Clinical trials' protocol. Cyril Maxwell, M.B.Ch.B., Sutton, Surrey. Stuart Hill Publications, 1969. Pp. 60. Price 17s. 6d. (87½p)

There are a number of reasons why the Royal College of General Practitioners has not become directly involved in clinical trials of therapeutic substances among which are the statutory obligation on the general practitioner in the National Health Service to provide proper and necessary treatment to his patient and the fact that in

NHS practice medicaments are customarily prescribed by doctors and dispensed by pharmacists with whom there may be no direct contact. Thus it may appear that a manual of procedures for the proper conduct of clinical trials may have no message for the doctor in general practice. This is far from the case.

A clinical trial is one form of research investigation. It happens to be a form in which many of the variables are under the control of

the observer and his assistants. It is an exercise in experimental research but it shares with observational research certain principles which, if properly observed, make for accuracy, reliability and reproducibility in a study. Such principles are here set down clearly and understandably and their application to the clinical trials situation does not detract from the value of the book to the general practitioner.

In observational research the problems of definition of criteria, selection of cases, numbers required to give an answer, the need for controls are all to be met with and these subjects are fully discussed. Collected data requires analysis. Various alternatives are described and illustrated including semi-automated methods involving the use of edge-punched cards. Though the bulk of data handled in general practice studies may be greater than can be conveniently handled in this way, it remains the method of choice for some singlehanded studies.

The protocol ends with a chapter on the statistics of clinical trials including mathematical tests of the significance of results, and a section on common errors in clinical trials which can be extrapolated into the context of observational research by the reader without the least difficulty. Many practitioners who find the mathematics of research studies a matter of grief and sorrow will greet this small primer with joy. They will enjoy reading it, too, enlivened as it is with gentle humour in the right proportions, and just the right places.

Focus on medical computer development. A study of the Scottish scene by Scientific Control Systems Ltd. J. M. OCKENDEN and K. E. BODENHAM. London. Oxford University Press for the Nuffield Provincial Hospitals Trust, 1970. Pp. 121. 25s. 0d. (£1.25)

This excellent book sets out clearly the present position in medical computing and also gives a very penetrating comment on the present and future state of the Health Service. Although the study examines the application of computers in Health Services in Scotland, there are many references to England. A modest pattern of development in computing installations is recommended in their introduction.

In a further chapter the authors note how important it is to determine those areas where the application of computer techniques seem most likely to provide some immediate return. In the small section on general practice they state that because patient-doctor contacts account for 76 per cent of the total events, the patient-doctor contact is the foundation of the health service.

They recommend the following applications:

1. Analysis of consultations by patient and by diagnosis.

2. Analysis of prescribing habits.
3. Storage and retrieval of patient records.
4. Diagnostic aid.

They place the funding of studies in general practice squarely on the Government. They come down in favour of batch processing, and spell out that enthusiasm amongst eventual users is fundamental.

Short-term planning is discussed, and in touching on long-term planning, note the pending re-organization of the health service and its relation to computer development. Progress in the application of computers to medicine in Scotland is recognized.

This is a book that can be strongly recommended to any general practitioner who is interested in progress in medical care in the 1970s.

The menstrual cycle. KATHARINA DALTON, M.R.C.S., L.R.C.P. Harmondsworth. Penguin Books. 1970. Pp. 150. Price 5s. 0d. (25p).

It is difficult to recall that Dr Dalton's first paper (jointly with Dr Raymond Greene) was published as recently as 1953. The effect of endocrine balance in normal as well as abnormal menstruation on the outlook and behaviour of many women from menarche to menopause is now fully accepted.

Early in the 1900s Marie Stopes described the changes in this balance and the effect on women's sexual desire. This tended to reduce attention to the much more far-reaching results on women's moods and activity generally. Dr Dalton offers evidence of effects on the families ranging from the high incidence of toddler's ailments to disappointing examination results in the older children. She gives curves of breakages in the kitchen to errors in work whether solo or in teams among many variations during the paramenstruum.

The lay leadership of this short and clearly written book is likely to be wide and consequent approaches to family doctors numerically large. Critics may fasten upon the author's optimism as to results of treatment to smooth out the range of endocrine variation. Defence will be that sympathetic interest and observation in the diagnosis and treatment should result in diminished claims on the family doctor's time for the variety of symptoms that so often conceal the premenstrual syndrome. A record by every woman of her menstrual pattern can be an important asset and time saver in consultations.

Few women have earned so much gratitude from her contemporaries than the author who offers clear proof of the needs and the help available to a large proportion of women affected by their hormone balance.

General practitioners will be wise to read this short book.