

practice. Seventy two per cent of community nurses and midwives thought that not enough effort is made to find out what nurses think. Sixty three per cent said that not enough care is taken to inform nurses of what is going on, and many nurses thought that doctors regarded them as strictly ancillary. One gratifying fact reported is that whereas some nurses expressed apprehension about general practitioners having nurses attached to them, experience of attachment normally dissipated such fears.

The need for providing clerical assistance to nurses attached to general practice is emphasised by the fact that 57 per cent of health visitors felt that at least one piece of clerical work that they had undertaken in one week of a survey, should have been done by others. The Report recommends that clerical support should be provided within group practices but no suggestion is made about financial provision for this. The need for clerical assistance is probably underestimated by the Committee, a small study¹ into the work of four health visitors in one group practice revealed that one quarter of the time of each one was taken up by clerical work. One full-time secretary would have provided the equivalent of an additional health visitor.

During recent years there have been other reports that have had a direct effect on nursing: Salmon on staffing², the Mayston Report on community nursing³, the Cogwheel and Brotherston Reports on management⁴, and the Hunter Report on administration⁵. There is no doubt that the Briggs Report will have the same impact.

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The health services—administration, research and management (1972). Edited by H. P. FERRER. Pp. 379. London: Butterworths. Price: £7.80.

In recent years attention has increasingly been directed towards management and evaluation in the organisation of medical care. Doctors in the

past have been slow to accept these concepts fearing the danger of a conflict between administrative efficiency and the humanitarian approach in meeting our patients' needs.

Accepting this risk, and prepared to adapt administrative neatness to the dictates of a humanitarian approach as appropriate, we now appear to be more willing to discuss the implications—and in a service costing well over one million pounds per day to run, this new willingness may not be so misplaced.

Here is the territory of the community physician, and for any of us still in doubt about this new specialist's sphere of influence this book will provide much interesting reading. Ten contributors from disciplines ranging from sociology to accounting, have been brought together to state, with a minimum of overlap, their views of the problems. Because of the general nature of the audience for whom they are writing the approach, involving for example a smattering of statistics, is necessarily at a superficial level, but the book, as a preliminary statement of the main component of an emerging discipline, is none the worse for that.

After a short account of the administration of the National Health Service chapters deal with management as it affects the clinician and the nurse. The role of the community physician is briefly outlined with appropriate emphasis on monitoring; some may find this account less than satisfactory, however, because the authors make little attempt to tackle the problems of how the information gathered in these careful monitoring exercises is to be acted upon at *primary care level*. Indeed, the general-practitioner reader will be affected by feelings of unreality in too many sections of this book—not simply because many of the concepts will be unfamiliar to him but because most of the authors tend to relate their experience to the seemingly more important and easily defined questions of the patient in hospital. Perhaps this is inevitable at this stage, yet this fundamental flaw will diminish the impact the book might otherwise have made. Many general practitioners, weary of hearing the lip-service to their role as keystone of the health services will be tempted to shrug their shoulders on reading this book, and say "not for us": which is a pity.

Perhaps the contributors will be persuaded to remedy this in a future edition—but this will not mean simply adding one more chapter: relevance to general practice needs to be injected into most contributions to meet this objective—yet it is worth the attempt.

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Health education in health aspects of family planning. Report on a WHO study group. (1971). Pp. 47. World Health Organization Technical Report Series No. 483: Geneva. Price: 30p (£3.00).

"The most important factor of all is the extent to which individuals and couples become convinced

of the desirability and health benefits of family planning, and voluntarily decide to take those actions that will help them to achieve their respective family goals. . . .

"People decide to take action when they are informed about services and perceive that they would benefit from them."

These two quotations seem to me to sum up the message to us in this report from a WHO study group. The Report begins by pointing out that the health aspects of family planning are too often underplayed in comparison with the aspect of population control, and that to a large extent this is responsible for the lack of success of family planning schemes in any part of the world.

The Report itself is mainly a somewhat wordy catalogue of requirements for a health education programme, planned with the complexity and thoroughness of a Billy Graham evangelical campaign, from the prior assessment of local needs to the influencing of politicians and trend-setters.

However it has much of which we in England should take notice.

We have family planning services, but we do little or nothing to educate our patients in their availability, nor do we often discuss openly the health reasons for spacing of children; we still tend to regard family planning as such a personal

matter that patients should make up their own minds without any additional information. As the Report says:

" . . . to achieve the objective of spacing of children it is necessary that the eligible couples should know:

- a) the health advantages of an interval of two or three years between conceptions;
- b) a safe and effective method of delaying pregnancy;
- c) how to use this method;
- d) where to obtain the relevant health services."

This is the basis for a health education campaign which is needed in this country just as much as in the underdeveloped countries, to which this Report obviously refers. It asserts the importance of assessing religious traditions and cultural backgrounds before planning the actual form that the teaching is to take, whether person-to-person or in open meetings of varying size. These we as general practitioners should know and thus be able to contribute to the campaign, but the Report makes the valid point that health education services require personnel with a high level of professional competence and that in health education, amateurism, however well meaning, yields poor results.

S. JANE RICHARDS

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