practice; progress in the art and science of medicine is not so well demonstrated in these pages, and understandably not, for the "congregated college" has seldom thrown the weight of its learning into the advancement of research. Respected in all quarters, it has been consulted frequently by governments on many subjects and has always been able to give expert advice. The reports of the college on cigarette smoking are recent examples of how well it can play its part when it sets out to do so. But this new trend will have to await some future chronicler.

R. M. S. McCONAGHEY

Outline of orthopaedics (1971). Seventh edition. J. C. ADAMS, M.D., M.S., F.R.C.S. Pp. 444. Edinburgh and London: Churchill Livingstone. Price: £2.25.

This book on orthopaedic surgery is ideal for general practitioners, whether they wish to use it for quick reference, or to read right through in order to get a comprehensive grasp of orthopaedics in so far as it concerns general practice.

It is written in a concise and lucid style and is plentifully illustrated with sketches, photographs and radiographs. Each subject is approached systematically, both from a diagnostic and a therapeutic point of view. Operative details are kept to a bare minimum.

Perhaps one or two details of concern to general practitioners are worth more emphasis. When manipulation is mentioned, it is usually implied that it is done under general anaesthesia, though it is true that reference is made to the possibility of manipulating some joints without general anaesthesia, such as backs and feet. If this was stressed a little more, and more guidance given on the selection of suitable cases, many general practitioners would train themselves in the art, and many more conditions would properly be treated in this way by their general practitioners, and not referred to orthopaedic outpatients.

In the section on flat feet, it is rather confusing to find little differentiation between three distinct groups of 'flat feet'—congenital pes planus, structural pes valgus, and postural pes valgus. The first group probably requires no treatment. The second, due to a persistence of infantile internal *torsion* of the tibia, which results in pes valgus, may require correction if it is gross, by splinting in infancy, or surgery later if it has been neglected and should be referred to an orthopaedic surgeon. The third and largest group, is postural pes valgus, due to postural internal *rotation* of the femora, which is commonest at all ages, and certainly calls for postural training, though this is not worth while before the age of six. Most of this last group the general practitioner should be able to manage himself, only needing to refer the neglected cases with secondary complications such as osteo-arthrosis or painful spasm.

For those who wish to read further in any field of orthopaedics, there is an extensive and well classified bibliography. A copy of this book will be found in the college library, and can be strongly recommended to anyone who is interested. It could properly be looked for in medical centres or group practice libraries.

Mass health examinations (1971). Public Health Papers No. 45. Geneva: World Health Organisation.

The technical discussions at the 1971 World Health Assembly were on *Mass Health Examinations as a Public Health Tool.* The 221 participants were divided into eight discussion groups. This volume contains the background papers (by J. M. G. Wilson, London: and H. E. Hilleboe, Florida): the reports of the individual groups: and a report of a joint session.

One of the early and most vivid impressions on the reader is that of the confusion which an international gathering can generate by the mere use of words and names. "The variety of terms used to describe different types of mass health examinations" comments Hilleboe, "is already causing considerable confusion throughout the world". Furthermore, this confusion is, here, readily compounded by the compendious subject chosen—covering those investigations aimed at preventing the occurrence of disease; those aimed at presymptomatic recognition; those aimed at preventing the progress or recurrence of disease; epidemiological surveys; and those aimed at research which has no immediate application.

Each of these processes has its own inbuilt problems. Problems of 'normality' and validity (including sensitivity and specificity); problems of reliability—both human and mechanical; problems of sampling; operational problems of recording, follow-up, resources (man-power, finance and facilities), and cost-effictiveness; problems of accessibility and acceptability; problems of evaluation either in terms of efficiency or effectiveness; not to mention ethical and legal problems.

Perhaps such polyglot discussion served some useful purpose for the participants. If so, it is not clear to the reader—who is left with the uncomfortable suspicion that the diversity of background and priorities was so great in an assembly of this sort that discussion would have been more profitably conducted by smaller groups facing more homogenous problems.

It is the apparance of the problems involved that alone makes this book worth reading.

Psychology in medicine (1971). J. E. ORME AND F. G. SPEAR. Pp. 218. London: Bailliere Tindall. Price: £1.80.

These authors attempt to put before the reader a brief account of the whole field of academic psychology, and to relate this discipline to the practice of medicine. It is addressed to the general medical reader and to the undergraduate medical student. General practitioners have a particular need for this kind of information in relation both to their work in practice and to their new task as