

rheumatoid arthritis "Oral iron is only effective if there is an iron deficiency anaemia and its effect can be enhanced by giving A.C.T.H." Is this true? (p. 116) It is stated that long term anticonvulsant causes folic acid deficiencies, but the danger of osteomalacia is not mentioned.

If general practice is to manage long-term illness, attention to detail is important and failure to include such detail must lead to second rate medicine. The preface states that the book does not claim to be comprehensive and indeed it could not be in a book of this size. However, perhaps important details could have been included at the expense of some description. (p. 148) In discussing the long term use of prednisone the optimum minimum dose of prednisone or its equivalent is said to be 10 mg. I hope most of us aim for or less (p. 192). The difficulties of diagnosing gonorrhoea are glossed over, which I find surprising and alarming. However the description of fitting of an intra-uterine contraceptive device compresses some useful information. (p. 275).

I was saddened by a pessimistic approach to the handling of neurotic problems in the chapter on the management of psychiatric illness. It is also my experience that many schizophrenics are best managed in general practice, but this chapter was written by a general practitioner who is also an assistant physician in psychiatry, and I feel the approach is basically that of a hospital doctor with a general-practice slant.

(p. 316) Why is a vitalograph, or a Wright's peak flow meter and an E.C.G. not essential for general practice? How long are we going to assume that general practice need not be fully professional and that we can bumble along not using the advantages of science?

There is much accumulated wisdom and experience which would be of much greater value to all of us, both new entrants and old practitioners, if the details and facts were tightened up. Given the objectives to impart limited information, the book is a partial success. I suspect the authors would also like to change attitudes, and this may be impossible through a book.

PETER TOMSON

**Rationing Health Care** (1975). COOPER, M. H.  
London: Croom Helm Limited. Price: £4.50.

In the short introduction Michael Cooper indicates his intent to be diagnostic rather than prescriptive, but he admits that in practice the separation of these functions is often difficult.

The "want/demand/need/supply" equation is clearly explained. A patient decided that he is in want of a better state of health and by presenting himself to a medical agency for advice, converts this want into a demand. Demand is thus an expressed want. Needs are those demand which, in the opinion of the doctor, require medical attention.

Within the National Health Service the supply side of the equation predominates. Individuals

are not obliged to consider whether they can afford medical attention, but merely to consider whether it holds the promise of likely benefit. Because demands and needs in this system are insatiable, politicians have tended to postpone expenditure wherever possible. Thus capital expenditure and preventive medicine have been cut back at the expense of current expenditure and "crisis" medicine has developed.

There follows a clear historical account of expenditure, in the British National Health Service with an economic interpretation of the provision of services comparing resources (manpower and buildings) with output (out patient attendances, number of inpatient numbers).

The diagnosis clearly shows that health care must be rationed, but it is disappointing that when he discusses the practicalities of rationing he selectively quotes the results of some clinical trials to criticise the practice of clinical freedom.

It must be irritating to an economist that a doctor working whole time for a monopoly employer still has to be persuaded that his employer's policies are in the best interests of his patient before he supports them.

He scornfully views the planning and management in the NHS, believing that its greatest weakness is the existence of clinical freedom. He advocates a chief consultant status, reminiscent of bygone medical superintendents, in order that the incompetent and indolent doctor can be exposed and accountable to line management.

When considering the prospects for the future he is scathing in his criticism of the British Medical Association's Advisory Panel on Health Services Financing, but this does not prevent his using prejudiced circular arguments, which only prove that his knowledge of what constitutes trivial illness is, in itself, trivial.

The implication that veterinary surgeons provide a better service to animals than doctors do to patients surprisingly does not lead him to consider more closely the way in which our dumb friends pay for their health care.

The reader is finally exhorted to judge whether unavoidable rationing could be better achieved, to the mutual benefit of tax payer and patient, by greater understanding of need, presumably as he understands it, and by a re-appraisal of clinical freedom.

It is sad that such a well-written work contains no pearls of practical wisdom to solve the vexed problem of providing a low cost National Health Service which gives a high degree of satisfaction to patients.

SIMON JENKINS

**Early Years** (1975). MORIQUE CORNWELL.  
Pp. 253. London: Disabled Living Foundation. Price: £2.50.

The Disabled Living Foundation is to be congratulated on their new publication, *Early Years*.