

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*.

Morique Cornwell, a physiotherapist, has produced a book for disabled mothers which is full of practical advice and information of a general nature. She also devotes sections to the problem of wheelchair mothers, epileptics, the blind, and the partially sighted. There is also a chapter for deaf parents which is written by a mother with partial hearing. The appendices contain valuable information on equipment, suppliers, and publications.

This book can confidently be recommended to any disabled mother, preferably early in her pregnancy, as it will help her to get the right equipment and, where necessary, build up her confidence in her ability to cope. It would be a valuable addition to any group-practice library as a reference book for any member of the team who may be called upon to help a disabled mother. Few, if any, of us have the breadth of knowledge which, after much research, Morique Cornwell has set out so clearly. The book is well illustrated and the ring binding enables it to lie flat for ease of handling.

SHEILA GRIFFITHS

So you're Paralysed (1975). BERNADETTE FALLON. Pp. 116. London: Spinal Injuries Association. Price: £2.

It is always difficult to criticise a book which is aimed at an audience which does not include oneself. This short book or large pamphlet provides information and is a practical guide for living for the paraplegic. It is imaginatively produced and type set and the information is clear. My guess is that paraplegics would find it both acceptable and practical (the author had advice and help from a number of wheelchair users) and I have no hesitation in recommending it.

J. S. McCORMICK

Aerobics (reprint 1973). COOPER, K. H. Pp. 182. London: Bantam Books. Price: 50p.

Every so often I pick up a book so compelling that I read it from cover to cover in one session. This is such a book. It is the most enlightening text I have yet encountered on the subject of physical fitness.

Doctors favour exercise for their patients, but are weak on detail. What kind of exercise? How much? How often? How fast? Well, er . . . Cross-country running for cardio-respiratory fitness, weight-lifting for muscular strength, and callisthenics for joint suppleness all contribute to the physical requirements for athletic fitness—but this does not tell us much about medical fitness. Athletic fitness and medical fitness do not quite coincide.

That few of our patients come to grief from weak muscles or creaking joints is in stark contrast to the disaster area of cardio-respiratory morbidity and mortality. In cardio-respiratory fitness lies the link between athletic and medical

fitness, and Dr Kenneth Cooper of the U.S. Air Force makes this the central theme of his book. With his ergometer, his treadmill, his measurements of maximum oxygen consumption and, not least, his 12-minute test, he evaluates all exercises and games from this single viewpoint and each is rated on a points system.

Running, walking, cycling, and swimming rate high, weight-lifting and callisthenics rate nil and the rest come somewhere in between. Some games admirable in themselves rate surprisingly low. This is the book of an enthusiast and is written in a popular style, but the message is clear. "Achieve so many points in any way you fancy each week and a state of being in training is maintained; do less and it isn't." I closed it feeling that it might be less profitable to worry about cholesterol and lipids than to turn them into carbon dioxide and water by time-honoured methods.

N. B. EASTWOOD

A Scandalous Impromptu (1976). BURROUGH, E. J. Pp. 23. Oxford: E. J. Burrough. Price: £1.

The open ward is still an accepted part of the hospital scene—should it remain thus? This small monograph is an argument against the concept. As the author states, this is not a social pamphlet. Its primary intention is to introduce administrative sense, a saving of money by a fuller use of expensive acute hospital beds, a plea for doctoring for doctors and nursing for nurses, and only secondarily for privacy in sickness for everyone.

The author examines such factors as admission and discharge, average length of stay, segregation of beds by sex, and turnover rates, and suggests that the use of single rooms would increase efficiency and save over £40 million a year (1974 prices). The author decries the inefficiency ascribed to the traditional firm, department, or "kingdom" in hospital. Having stated his case for the single room, he examines some of the arguments against it, such as cost, increased nursing difficulties, and destroying the community atmosphere, and demolishes each with evident enjoyment.

He then rehearses arguments, now widely familiar, in support of general-practitioner involvement in hospital care for some patients and shows how the introduction of single rooms could facilitate this move. In conclusion, he advocates administrative support ("an enabling office") specifically designed to further the concept.

This polemic is entertainingly written, although it will undoubtedly irritate some hospital administrators, partly because the arguments do not take sufficient account of exigencies like 'flu epidemics. Yet there is sufficient substance to warrant its widespread reading by all concerned with health services planning, even although £1 is expensive for 23 pages.

J. D. E. KNOX