

Fund paper: "Government departments seem to be afflicted by the same low expectancies which affect other agencies and individuals . . ." (p. 6).

"Trainees need a broad and progressive range of new placements: for example, work preparation courses, pre-vocational and vocational training, work experience groups, sheltered workshops, enclaves, seasonal and permanent open employment. The criteria for sheltered employment should be critically re-examined . . ."

Of course, I am not criticizing Remploy staff, but policies of successful governments. For instance, the paper states: "The contribution of Disablement Resettlement Officers is patchy: we would like to see them orientated towards meeting the needs of the mentally handicapped" (p. 55). But, like local authority social workers, they need the back-up facilities. More often than not, these are just not there.

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References

- Department of Employment (1973). *Sheltered Employment for Disabled People*. London: HMSO.
King's Fund Centre (1975). *Employment of Mentally Handicapped People*. Mental Handicap Paper 8. London: King's Fund Centre.

BOOK REVIEWS

A HANDBOOK OF TREATMENT

Eds H. W. Proctor & P. S. Byrne

Medical and Technical Publishers
Lancaster (1976)
434 pages. Price £9.95

I was dubious about the value of another book on treatment, but the more I looked at this book, the more valuable I found it. An impressive array of clinicians from an anaesthetist to a venereologist with one academic and one active general practitioner and one non-clinical medical director of population services make up the authors of the various chapters.

The first 14 chapters are a guide to modern treatment with sections on the therapy of modern diseases and the drugs in current use, with four supplements on areas of special interest. The second section contains ten chapters on selected aspects of therapy.

Naturally a book of this kind, written largely by hospital doctors, assumes facilities not usually available to the majority of general practitioners. For example, in the chapter on cardiorespiratory emergencies it states: "the degree of metabolic acidosis should be determined and corrected by appropriate investigations", but this is not likely to happen in the majority of cases in general practice. There is also only a small paragraph on carcinoma of the bronchus, which is commoner in

general practice than pulmonary embolus, which is allotted seven paragraphs.

The book ends with a chapter on prospects in medical treatment which concentrates on metabolic bone disease. This is certainly very interesting but is, again, less common than, for instance, cancer, heart disease, and mental disorder, where new advances are forthcoming.

This is the sort of book I certainly felt I would like to have on my shelf to dip into and use as a basis for discussion. It combines clarity with up to dateness and could well be read by non-medical personnel in the health care team. In view of the price, I hope the book will be brought out in paperback so that more people can appreciate its benefits.

JOHN COHEN

CONTRACEPTION AND FAMILY DESIGN

John Peel & Griselda Carr

Churchill Livingstone
Edinburgh and London (1975)
176 pages. Price £3.50

A questionnaire given to a sample of British women who married in the winter of 1970/71 forms the basis of this book. The report is intended as the first of a series studying these women at five-yearly intervals throughout their reproductive lives.

Few doctors would wish to read the whole book. The presentation, though scholarly, is rather dry and about a third

of the book is devoted to survey procedure. However, it is well worth dipping into and this approach is helped by the convenient summaries at the end of most chapters.

Some of the effects of occupational, educational and religious differences in family building are discussed. In general, I am impressed by the smallness of these effects.

By far the most popular methods of contraception were the Pill, the condom and withdrawal, in that order. Used separately or in combination, they were the first forms of contraception to be used after marriage by over 95 per cent of the sample. A higher proportion of wives relying on the condom or on withdrawal said they were prepared to take risks with family planning than those who relied on the Pill, diaphragm or intrauterine device.

This is a carefully and ethically conducted enquiry and is presented as a model of good survey technique. There are weaknesses, however. Some of the data collected in the questionnaire were omitted without explanation. The definition of "postponers" was unfortunately geared to the timing of the interview rather than to a set interval after the marriage. There is no discussion of how far results were affected by different interviewers or the presence of any additional people at the interview, or to what extent the national findings might be applicable to small communities of the size dealt with in general practice.

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