

from the individual rather than the state.

It recommends an extension of the system of charges, a system of item-of-service payments with appropriate reimbursement, and the introduction of a system of health vouchers "to encourage more economic use of the NHS."

The Society does not recommend 'hotel' charges for hospitals.

Among the vice-chairmen are Dr Hugh Pentney, MRCP, Clinical Director, the Medical Centre, BUPA; and Dr David Tod, MRCP, General Practitioner, London.

D. J. PEREIRA GRAY

### MORTALITY SURVEILLANCE 1968-1975 ENGLAND AND WALES

*Office of Population Censuses and Surveys (Medical Statistics Division), London (1977)*

150 pages. Price £14.50

We have repeatedly welcomed in this *Journal* the growing custom of departments of government publishing both facts and analyses of information available, especially in relation to health and health services. *Mortality Surveillance 1968-1975* is the latest of an increasing number of publications emanating from the Office of Population Censuses and Surveys and presents a large amount of information clearly and usefully.

Basically this consists of a series of tables analyzing the certified causes of death in relation to age and sex, and the death rate per million population in each age group and for each sex. Finally, a statistical analysis shows clearly whether the death rate during the six years up to and including 1975 shows any statistically significant trends at either the five per cent (plus or minus) or at the one per cent level (++) or (--).

This is not a book to read, but it is certainly a most useful source of reference and one that should be available in future in the libraries of all postgraduate medical centres and university departments of general practice. These figures not only confirm many well known trends but also provide objective evidence against some current myths. For example, the death rate for suicide and self-inflicted injury is not rising and is in fact falling in some age groups. The death rate for leukaemia shows no statistically significant fall, and the death rate from peptic ulcer, especially in the over 85s of both sexes is rising, with over 650 deaths in this one age group alone.

It is interesting to see the figures for bronchitis, emphysema and asthma showing highly significant falls in the trend in death rate in many age groups and in both sexes, and also those for chronic rheumatic heart disease, and interestingly in hypertensive disease.

Diseases which record an increasing trend are ischaemic heart disease and "homicidal injury purposely inflicted by other persons", and the death rate for several forms of cancer. Interestingly, the rate for malignant neoplasm of the stomach is falling, whereas malignant neoplasm of the oesophagus is rising—both at the one per cent level of significance.

The total death rate from all causes shows no great change, but is clearly falling in some age groups in both sexes.

There are two serious faults in the method of presentation of this booklet. The first is that there is no index and no way in which a reader can find any particular table without looking through the entire set. When the next edition is produced, and I hope this will now become an annual, an index would greatly improve its use.

Secondly, the price must be profoundly regretted. To charge almost ten pence a page for what are little more than photocopies linked together is most unsatisfactory and must limit the sale and use of this valuable information.

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### LANGUAGE AND COMMUNICATION IN GENERAL PRACTICE

*Bernice Tanner (ed.)*

*Hodder and Stoughton  
Kent (1976)*

200 pages. Price £2.95

Readers might ask for their money back if, after reading the cover note, they bought this book "to overcome the vast separation between the necessary factual didactic information taught in medical schools and the communication and language skills actually needed in general practice". No book could do that! What the book does do is attempt to outline some aspects of communication and language in general practice.

Experts, including linguists, psychologists, and an ethologist, provide most interesting glimpses of communication and language from their different viewpoints. Each chapter ends with an excellent bibliography carefully selected for those wishing to look further. General practitioners have written

several helpful chapters—Patrick Pietroni's chapter entitled "Non-verbal Communication in the Surgery" is beautifully written and very relevant.

Several chapters on the development and assessment of language in early childhood would form a useful basis for anyone wishing to develop a lifelong interest in this subject, not least in his own babies! Emphasis is placed on what can be gleaned from relatively brief contacts.

The present vogue for coercing trainers into joining trainer groups can be justified only when the instigators learn some of the fundamentals of small group interaction. Freeling's valuable chapter deserves careful study even if it results only in doctors sitting in circles instead of rows!

Teaching communication and language in general practice poses problems most of us have yet to solve because real learning demands active involvement of our senses and powers of expression. Unfortunately, attempts to portray these in writing are often cumbersome and usually fail to bite home; for example, "The upturned mouth corners, slightly open mouth and display of upper teeth are likely to indicate happiness" (chapter nine).

Should we try too hard to understand our patients' signals, or learn how to disguise those of our own which are less agreeable? Dr Blurton-Jones, ethologist, questions the bland assumption that communications are intended to be understood in the same way by sender and receiver. He quotes Wilson (1975): "Deception and hypocrisy are neither absolute evils that virtuous men suppress to a minimum level, nor residual animal traits waiting to be erased by further social evolution. They are very human devices for conducting the complex daily business of life." Elsewhere he argues that the scientific approach to human behaviour, with few exceptions, "has virtually nothing to offer that can improve upon the intuitions and experience of actors or upon the knowledge of sympathetic and experienced general practitioners, and at present your students stand to learn much more from people like that than from research workers."

So let us not rush to enshrine these chapters into a syllabus for any set course or examination, but let those of us who are interested use the book to take a fresh look at our patients and ourselves. Perhaps like me, other readers will even seek the assistance of a videotape camera!

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#### Reference

Wilson, E. O. (1975). *Sociobiology: The New Synthesis*. Cambridge, Massachusetts: Belknap.