

HEALTH NEEDS HELP

Muriel Skeet and Elizabeth Crout
Blackwell Scientific, Oxford (1977)
79 pages. Price £1.95

Those who remember the inception of the NHS will never forget the confidence with which it was launched by its begetters. Here was the great Universal Aunt tending and guiding from the womb to the tomb. All we had to do was to sit back and be cosseted. Gone for ever is that glad confident morning—the facts of life, as is their wont, have obtruded remorselessly.

This study set out to discover whether there was a use for voluntary services within the NHS, and, if so, how much and what. The method used was ‘action learning’ involving professional and volunteer services in three areas—one urban and two rural. Action learning is always liable to be traumatic, and this exercise proved to be no exception. Conservative professionalism finds it hard to admit that any of its work can satisfactorily be done by lay volunteers (the theory of Professional Excellence): volunteer bodies tend to guard their territories as fiercely as any cock robin, and some just sulk and refuse to play. It says much for this research that any conclusions were reached at all.

Briefly, the main suggestion is that there should be three new categories of worker incorporated into the NHS. The first should consist of visitors, both to the hospital and to the home, and this class would need much humanity and little training; the second would consist of basically trained volunteers to perform the simple acts of nursing, chiefly in the home; and the third, who would need rather more training, would be able to carry out more responsible nursing procedures in the home and in the hospital, under supervision. The two last categories could well be supplied by the VAD organizations. These conclusions, and others, appear to be logical and desirable, but would clearly meet much opposition from heavily entrenched positions, not least perhaps from trade unions and professional bodies.

This is not an easy report to read as its style is at times obfuscatory, and it tends to be cluttered with too much anecdote. Nonetheless, in these times of stringency and standstill in the NHS, it provides wholesome food for thought.

JOHN MILES

THE PAINFUL NECK AND BACK

James W. Fisk

Charles C. Thomas
Springfield, Illinois (1977)
209 pages. Price £10.25

Most general practitioners will have at some times felt inadequate in dealing with patients with backache or pain arising from the cervical spine. Many now realize that osteopathic techniques have something to offer, but there is still the problem of the ‘quack’ status of the unregistered practitioner and the difficulty of deciding which kind of patient is likely to be helped by manipulative treatment. It is therefore a great pleasure to find that a general practitioner and member of the College has written a book which not only deals with this subject from the practitioner’s point of view but also indicates the scope of manipulation in the whole spectrum of orthopaedic and rehabilitation care.

Dr Fisk is attached to the Department of Rheumatology and Rehabilitation at the Waikato Hospital in New Zealand and his book opens with a very complimentary foreword by Dr B. S. Rose, who is head of that department and a member of the WHO Expert Advisory Panel on Chronic Degenerative Disorders.

Dr Fisk starts with a general discussion on manipulation and lays down a series of absolute contraindications. Some might say that he is over-cautious, but no-one could reasonably claim that he advocates anything other than sound clinical practice. He discusses the aetiology of spinal pain and the anatomy of the spine with special reference to the facet joints. This part of the book is extremely well illustrated with clear diagrams. Then follow excellent chapters on history taking and examination, after which he deals with the manipulative techniques which he uses. This whole section is beautifully illustrated with photographs of a high standard, showing the stages of each technique in detail and also demonstrating the skeletal relationships of many of them.

He goes on to deal with exercise programmes for all parts of the spine, and here again the photography is excellent. He concludes with some sound advice on prevention. There is a helpful bibliography but the index is inadequate—which is the only real criticism I have of the book.

However, the book is extremely well written and fills a real need, not merely as a handbook on manipulative procedures for the general practitioner, but as a helpful introduction to the subject for the orthopaedic surgeon. It will prove a useful addition to any medical centre library.

R. J. GROVE-WHITE

BACTERIOLOGY, VIROLOGY AND IMMUNITY FOR STUDENTS OF MEDICINE 10TH EDITION

F. S. Stewart and T. S. L. Beswick

Ballière Tindall
London (1977)

496 pages. Price £9.75

This is not a useful book for general practitioners. As far as microbiological textbooks are concerned, our needs are twofold. First, we need a quick-to-use reference text in the consulting room, in order to get help with diagnosis and management, and secondly, we need access to an authoritative tome, with comprehensive references for less hurried reading.

Stewart and Beswick answer neither requirement. The book is lacking in both diagrams and other aids to speedy fact-finding. Its clinical coverage is too scanty to be useful and its language somewhat antiquated (“acute rheumatism” for rheumatic fever). There are *no* proper references. (Are medical students discouraged from free-thinking these days?)

I showed the book to a final-year medical student and she was not impressed.

T. F. PAINE

AN ATLAS OF CARDIOLOGY, ELECTROCARDIOGRAMS AND CHEST X-RAYS

Neville Conway

Wolfe Medical Publications
London (1977)

250 pages. Price £12

This book is intended as “a clinical benchbook to assist undergraduates, family doctors, and physicians (both in training and established) at the bedside”. The first section of the book deals with the ECG, and the second discusses the chest x-ray.

Emphasis has been placed on pattern recognition of the ECG, though the easily comprehended explanations accompanying each illustration often mention the theory underlying the interpretation. However, this is not a suitable book from which to learn without a basic knowledge of the ECG. There are 30 examples of the variability of the normal ECG and eight examples of recording faults! All the common and important ECG abnormalities are illustrated, as well as some rarer examples. The 453 ECGs shown are clearly reproduced and provide an ex-

cellent reference for anyone, except perhaps for the specialist cardiologist.

The section on the chest x-ray contains almost 300 plates, accompanied by helpful and often illuminating comments. There are 41 examples of the variations seen in the normal chest x-ray, and all the commonly occurring conditions are illustrated. The extensive index enables the reader to find illustrations easily.

Considering its size, this comprehensive and beautifully produced book is good value for money. It will undoubtedly find its way on to many doctors' bookshelves. However, although there is a growing interest in ECGs among general practitioners, who may either have direct access to an ECG machine or else receive photocopies from hospital departments, only those general practitioners with a special interest in ECG interpretation or cardiology will want to buy it. Postgraduate libraries should certainly have a copy.

CLIVE STUBBINGS

**BIOFEEDBACK AIDED
BEHAVIOUR MODIFICATION
IN MANAGING ESSENTIAL
HYPERTENSION**

Chandra Patel

*Biomonitoring Applications Inc.
New York (1977)*

120 minutes. Price £5.25

Original scientific work of high quality is as rare in general practice as it is in well-known research units: the urge to publish and progress unfortunately too often results in much publication and little progress. Dr Chandra Patel has, however, done work on the use of yoga and biofeedback in hypertension which is both scientifically impressive and practically helpful. There is no doubt that in the treatment of stress diseases high-technology medicine must soon begin to learn how useful non-drug methods can be, and in this two-hour tape recording Dr Patel reviews her own work and that of others in the field. However, since she does not add much to what she has written in her scientific papers, it is difficult to see that many general practitioners would want to spend as much money as this.

There are also snags associated with a tape recording. The reviewer has an especially heavy responsibility placed upon him, for no listener can go to a shop, pick up a few attractive titles and rifle through them looking for something that interests him. Nor, to be

practical, is a tape recording at all easy to use as a work of reference. Perhaps rural doctors are the ones who might benefit most; travelling long distances on lonely roads, they might welcome the distraction of a tape on biofeedback—providing it does not relax them into sleep!

S. L. BARLEY

**SELF HELP AND HEALTH:
MUTUAL AID FOR MODERN
PROBLEMS**

David Robinson and Stuart Henry

Martin Robertson, London (1977)

164 pages. Price £5.85

The sub-title of this book is perhaps more accurate than the title, because it has nothing to do with people helping themselves as individuals by self-medication or self care in illness. It is concerned with the many and various self-help groups which have come into being through disillusionment with statutory supportive institutions and the failure of professionals to understand people's real problems. Often a doctor, at his wit's end, will say, "You will have to live with it". However, if the patient can meet other people who 'have to live with it' whether 'it' be backache or homosexuality, his burden will be shared.

In this way a vast number of self-help organizations have grown up, the earliest and best known being Alcoholics Anonymous and Weight-watchers. Nowadays almost any long-term problem has an organization associated with it and it is right that the doctor should be aware of these and advise his patients. Some are like elite clubs requiring sponsorship; others welcome anyone who shares the particular problem.

The motives of the organizations may be mixed—mutual support, cure, a social life, propaganda are all described and the authors differentiate between these carefully. However, one problem which they mention but do not tackle boldly are the organizations concerned with deviations which are not approved of by the general public. Do paedophiles meet to help each other to escape from an addiction which is not accepted? This we do not know. There is a danger in such groups that doctors and other professionals may hand over their caring responsibilities. It is easier for a surgeon to give his patient a leaflet about the Ileostomy Association than to understand what it means to have an ileostomy.

The last section of the book comprises a list of 78 self-help organizations with their addresses. Most are self explanatory but others have names such as SHARE, LIFT, REACH, and CRACK and it is a pity that it is not clearly stated what these organizations are. The list, however, will be useful to the practising doctor, which would make the book a valuable addition to hospital or practice libraries.

C. P. ELLIOTT BINNS

**CONTINUOUS MORBIDITY
REGISTRATION SENTINEL
STATIONS. ANNUAL REPORT
1976**

*Netherlands Institute of General
Practice, Utrecht*

Nowhere in the continent of Europe has the study of morbidity patterns in general practice aroused such interest as in Holland. Practice in some European countries is not so dissimilar from ours that methods developed in Britain cannot be applied, often with little modification, and in setting up a network of 'sentinel stations' the Dutch have created a research instrument resembling that which provides data for the Birmingham Research Unit's weekly returns service. They have, however, gone one step ahead by publishing a regular series of *Annual Reports*. As a concession to our national inadequacy with other people's languages the body of these reports is in excellent, readable English.

In its seven years of life the network of sentinel practice has become firmly established as a national data source, and one which is used when questions of epidemiological or general medical interest are required to be answered. Special studies in 1946 were of multiple sclerosis, the frequency with which cervical smears were taken, and how often doctors were approached with a request for euthanasia. Previous studies have included the use of *post facto* contraceptives, therapeutic abortion, and the consequences of head injury.

It is acknowledged that the 40 'spotter physicians' who take part in the study are a selected and not a random group. This is inevitable in any country. Their geographical distribution throughout Holland is satisfactory and the quality of the data is likely to be high. Nevertheless, steps are already being taken to validate the data collection procedures in order to make further improvements.

Some have always hoped that international comparisons of morbidity will