

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