

are used in many practices (including the College Classification of Diagnoses) which should encourage others to look at their material in the same kind of way. Groups of families seem to show different characteristics. Why? Are changes in morbidity patterns due to better, or different, diagnostic capability? All these questions are faced squarely by a family doctor who is a philosopher besides.

The latter part of the book discusses the various concepts of family medicine, the extent to which it is defined in different countries, and how far family therapy can be practised effectively. It ends with five key questions which every doctor should ask himself when a patient first consults. These are concerned with the family origins, the family in which the patient now lives, its medical and social history, what the current illness will mean to the family, and the nature of its impact upon it.

Yet further new ground is broken by the inclusion of a pull-out appendix housed in the back cover which contains the original data from which the family histories were drawn. It can be opened and read in conjunction with the narrative account. It might even enable the reader to come to different conclusions than those of the author, though this is indeed unlikely. It is a fascinating way of glimpsing the working of the author's mind by seeing his interpretation of his own primary material.

The prose style is smooth and easy to read. The tables and diagrams are clearly set out. It is not only a book to read with profit, it can be read with enjoyment too.

R. J. F. H. PINSENT

FAMILY MEDICINE. PRINCIPLES AND APPLICATIONS

Jack Medalie

*Williams and Wilkins
Baltimore (1978)*

372 pages. Price £8.57

This is a magnificent book. In 30 chapters written by a variety of distinguished American, Israeli, and British authors it covers an immense range of knowledge. Its scope is so great that to list the chapters—which vary from the sociology of the family, transmission of infectious diseases, and the problems of the expectant couple, to computer-based medical records and general practice research—suggests that this is another superficial text for trainees. Nothing could be further from

the truth.

Not only is the book well written—the many chapters by Jack Medalie especially so—but thankfully the authors write about real and recognizable patients and do not bury themselves in impractical theory. These doctors care about people. They also know their respective subjects and the book should therefore prove a first rate work of reference. The indexing is good and each chapter contains a long list of references.

Obviously criticisms can be made. It is very much an American book, which is shown in discussion about such topics as sequential pills, insurance schemes, nurses' duties in pregnancy, and so on. It also has the occasional fault, common to many American texts, of stating the obvious at great length. Nevertheless, any intelligent reader can translate the book into English as he goes along, and it is all relevant to British general practice. The chapter by John Fry covers ground already familiar to the British reader, and unfortunately it is based on a lecture and reads like one. The general layout of the book is clear and easy to read, with good, if occasionally duplicated, tables and diagrams.

There are, of course, many points with which the reader will disagree, but this can only stimulate thought, and I found that the book had the effect of making me very dissatisfied with my own standard of practice. The last chapter is a summary of the knowledge and skills needed by a family practitioner, and if this does not make the reader feel inadequate, nothing will. While many doctors baulk at the idea of such a check list, it certainly makes stimulating reading. This is one book that will never bore you.

DAVID HASLAM

UNWANTED PREGNANCY AND COUNSELLING

Juliet Cheetham

*Routledge and Kegan Paul Ltd,
London, Henley-on-Thames, and
Boston (1977)*

234 pages. Price £2.50

The speed with which social expectations and professional attitudes about unwanted pregnancy have changed in this country over the last 12 years has caught most of us unprepared. There were doctors then, as now, who preferred not to recognize that there was a problem. Many more were unhappy with equations which, starting with 'unplanned pregnancy', became 'unwanted pregnancy', proceeded to 'unacceptable pregnancy' and ended up

as an unloved child with appropriate forebodings for future generations.

This grim domino theory has possibly been overplayed, and general practitioners are well aware of patients' resilience, their capacity to contain ambivalent feelings, and ability in the majority of cases to further their maturing and to make new beginnings. In short, to get on with living and loving.

Yet, at what cost? For problems there undeniably were. The debate could only be about its size and about the price individually being paid for its resolution. Into this arena of controversy poured the partisans; among them, humanitarians, feminists, and dogooders; stern upholders of family life and traditional values; the social planners and the prophets of doom; and in the midst, an unhappy and divided medical profession, desperate to avoid the jibe that it could be hired to do a technical job in response to social pressures.

The scene remains muddled and, in some parts, seedy; but the heat has largely gone out of it. We know a great many pregnancies are unwanted, and that each year thousands of women are prepared actively to seek and to undergo termination. There is more than a suspicion that the very availability of means for a 'satisfactory' solution may have been a stimulus to demand; or at any rate has something to do with maintained demand despite widespread and increasing contraception and with health education and other information being available as never before.

It is hardly surprising, therefore, that counselling services—a mushroom industry, if ever there was one—should find themselves deeply involved. Since real options have become available patients may paradoxically be in need of more help, not less: help to guide them through the tangled thicket of their own emotions and of subtle and not so subtle family and social pressures.

Miss Cheetham's book, now available in paperback, looks at the scene from the standpoint of a sociologist. Yet the treatment is far from being academic. It is a factual and sensible guide to the issues raised by unwanted pregnancy, written with sensitivity and understanding. The author was a member of the Lane Committee, whose terms of reference were to inquire into the working of the Abortion Act, and she writes as if she knows what she is talking about.

Her book begins candidly (and how rare this is!) with a statement of basic assumptions, goes on to look at pregnancy and family roles in the social setting, reviews what is thought about the psychology of pregnancy and

motherhood, examines the problems of particular subgroups such as the single and the very young, and probes the beliefs and attitudes of helping agencies. There then follows a practical chapter on the way women can be helped to get help, and finally aspects of counselling are discussed. There is a short but adequate index and an extensive bibliography. The list of contents is helpfully subdivided so that the reader can easily find his way to the topics that particularly interest him.

No-one will discover how to do counselling from reading this book, but those who do employ counselling (and that includes a good many general practitioners) when confronted by a woman, with no matter how blasé a disposition towards her unwanted pregnancy, cannot fail to widen their horizons and deepen their understanding. It is excellent value and can be highly recommended.

J. S. NORELL

A BAREFOOT DOCTOR'S MANUAL

Prepared by the Revolutionary Health Committee of Human Province

Routledge and Kegan Paul London and Henley (1978)

372 pages. Price £5.95

Most reviews in these columns have the main aim of informing the general practitioner about the book's usefulness; for example, "it should be in every practice library". No such utilitarian considerations can govern this review, since *A Barefoot Doctor's Manual* must be read only for the kind of reasons that we read a history book, or a biography, or listen to a record, or talk to our friends, or dig the garden, or push a child on a swing.

The one thing that a reading of this book does not do is convey a clear idea of what a rural barefoot doctor does. We learn in passing that he is a highschool graduate, and he is obviously very different from the rural medical aide of tropical Africa; but what are we to make of his daily work from the subject matter of his textbook? He starts with a section on general biology, and works through chapters on hygiene, diagnosis, therapeutics, and birth control.

The bulk of the work consists of something like a simplified textbook of medicine (including leukaemia but not

any venereal diseases) and a long section on Chinese medicinal plants. It is fascinating, with some of the unputdownable qualities of the London telephone directory, Wisden's cricketering almanac, and the Registrar General's classification of occupations. At the end one is reminded to what extent modern China is a revolutionary society trying to assimilate 30 years of communism into thousands of years of traditional culture. We should therefore not be surprised that the list of treatments for epidemic encephalitis B, for instance, includes acupuncture, an umbilical compress made from an eviscerated toad preserved in alcohol (or urine), mud packs to lower the temperature, several kinds of herbal concoctions (the word used in its strict sense of boiling plants in water which is then drunk), and a variety of symptomatic Western medicines, including intravenous infusions.

The only thing I would have liked was an explanatory page or two from the publishers about the kind of circumstances in which the barefoot doctor works; as it is, I am astonished at his apparent ability to diagnose and cope with such a wide range of diseases. Winston Churchill, in refuting the forecast of the French generals in 1940 that England would rapidly perish like a chicken with its neck wrung, said "Some chicken! Some neck!" It is tempting to think of this book in terms of "Some bare! Some foot!"

S. L. BARLEY

LABORATORY

H. W. K. Acheson (Ed.)

Kluwer Publishing Company London (1978)

Price £10.75 each instalment. Binder £1.80

The use made by general practitioners of laboratory services increases relentlessly year by year at a rate of about ten per cent per annum compound. In addition there has been a change in recent years from the pattern in which general practitioners used to request predominantly simple haematological investigations to their making use of much more sophisticated biochemical analyses.

The technical revolution in medicine is easily seen in pathology laboratories and almost every year brings some advance in the range of diagnostic supporting tests available to general practitioners.

The need for clearly presented information which is comprehensive enough to explain the basis of the tests yet simple enough to be easily read and remembered presents a considerable challenge and *Laboratory* is a new attempt to provide an answer. Published by Kluwer Publishing Limited of London, the firm which recently produced *Practice*, the contributors, a distinguished group of consultants, are led by Dr H. W. K. Acheson, General Practitioner and Senior Lecturer from Manchester, and the associate editors include Professor D. C. Morrell, the Wolfson Professor of General Practice at St Thomas's Hospital Medical School, London. Between them they have produced a hard-cover, loose-leaf book which is well printed in clear, well-spaced type.

All the usual tests are described and one outstandingly useful feature is a special section on those investigations which can appropriately be done within general practice itself. In these days of centralized standardization there has been a tendency to assume that every test ought to be done at a central laboratory because of the problem of quality control, whereas this book looks at side-room testing in a thoroughly logical way.

I liked the attempt to summarize key information simply at the beginning; for example, the page on SI units and the useful layout of some of the interpretation and comment sections.

Nevertheless, any book of this kind has to be compared with the best available standard work, which for me is Zilva and Pannall's *Clinical Chemistry in Diagnosis and Treatment*. On balance I still believe that Zilva and Pannall explain more clearly the basis of the common investigations of value to general practitioners and seem to me to score heavily by describing more clearly the common causes of raised or lowered values. This is the most serious present deficiency in *Laboratory*.

However, the final value of this new departure in clinical chemistry will depend on the loose-leaf supplements which will be used to keep *Laboratory* up to date and which will enable single pages or pairs of pages to be replaced immediately. This is this book's great advantage and it will be fair to judge it only after it has been in use for at least a couple of years.

D. J. PEREIRA GRAY

Reference

Zilva, J. F. & Pannall, P. R. (1975). *Clinical Chemistry in Diagnosis and Treatment*. 2nd edition. London: Lloyd-Luke.