thinking like this that the NHS has its current faults and that the profession is so poorly paid.

The danger lies in accepting apathetically that wants will always be greater than needs which will always be greater than resources. That statement is not unchallengeable because as it is currently used it is a motto for a defeated NHS and for those doctors who can wash their hands of the need for improvement. Only when financed by treasury and budgeted for out of national income is a health care system subject to that ruling.

Only by changing the whole system to one based on an insurance scheme, perhaps along the lines of other EEC countries, can there be hope of improving our health care system.

There must of course be adequate safeguards for the chronic sick and the poor and there will never be a health care system like that of the USA in this country. Under the circumstances of insurance-financed medicine, needs will assume a different character and be more likely approximate to wants because they will be modified by the personal responsibility of each patient. New resources will be created overnight.

I believe that with time and strength we can improve and change the existing NHS. With these changes will come a change in general practice that many of today’s leaders will not have planned for, but, with a strong College providing leadership and good example, with a strong General Medical Council providing discipline and educational safeguards, our patients will have a better system.

My admiration for Sir George Godber must remain limited. He may have held the city walls for a period of time but now his ideas must give way to a new design that will establish a health care system and general practice in this country for the next century.

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BOOK REVIEWS

CARDIOLOGY
3rd EDITION
D. J. Julian
Baillière Tindall
London (1978)
347 pages

How nice to meet an old friend again! A flatmate and companion during long hours of pre-finals swotting, and a comfort during nights on coronary care when one felt very lonely and inadequate.

Dr Julian’s book always produced the goods. He never failed to give clear, accurate guidance. With the years the book has filled out a little, in order to cover advances made in coronary artery surgery and echocardiography and give more detailed sections on cardiac catheterization and angiocardiography.

The book contains up-to-date information on the physiology of the heart, full descriptions of cardiac dysrhythmias, their ECG appearance and treatment. The chapter on coronary disease has been extended but unfortunately there is only a rather short section on the treatment of myocardial infarction in the home. Other cardiac disorders are comprehensively covered. Information is easily found with the help of an excellent index and the book is beautifully illustrated by line drawings. These are particularly effective in demonstrating heart murmurs.

Anyone who finds the concept of left axis deviation or bundle branch block difficult to grasp will find the explanation of ECG interpretation and the electrical activity within the heart easily read and understood.

The author’s intention of producing a concise text remains admirably fulfilled. It probably serves best the needs of junior hospital doctors, but I would recommend it to any doctor with an interest in cardiology or responsibility for medical inpatient care. It will always have a place on my bookshelf.

JOHN DRUMMOND

STUDENTS IN NEED:
ESSAYS IN MEMORY OF
NICOLAS MALLESON

Society for Research into Higher
Education Ltd
Guildford (1978)
230 pages

This is one of those awkward books. Well produced, interesting, informative, and excellently referenced, it nevertheless cannot be recommended as an essential purchase for the average general practitioner. Nicolas Malleson, who died in 1976, had a life-long interest in higher education and student health, and this collection of essays covers the whole range of his interests. Most of the articles were specially written and present a first-rate review of current views and knowledge about student health. Other chapters are reprints of Malleson’s articles and relevant pieces by other authors.

Doctors regularly involved in student health should certainly read, and indeed own, this book. Others will find the chapters on the medical needs of the young and mobile, in particular those in inner cities, interesting and provocative. Malleson felt that the traditional family doctor was inappropriate for many young people who needed access to specialized centres run more on the lines of hospital casualty departments. Whether we agree or not, the argument makes stimulating reading, as does the remarkable article written by Malleson in 1944, in which he looked at his future in medical practice. Whether his dreams for a National Health Service came true is left for the reader to decide.

DAVID HASLAM

MEDICAL MALPRACTICE
LAW (1978)
2nd EDITION

Angela Roddey Holder
John Wiley and Sons
Chichester (1978)
562 pages. Price £17.60

Any discussion of current American medical practice is incomplete without reference to the complex issues inherent in the so-called malpractice crisis. It is worth remembering that malpractice is not a new phenomenon; the earliest reported malpractice jury trial took
place in England in 1767 and involved negligent treatment of a broken leg.

Angela Holder is an American lawyer who has provided a comprehensive account of current medical malpractice law. She quotes liberally from the Malpractice Commission which reported its findings in 1975. From the British reader’s point of view, the findings of this Commission help to bring the extent of malpractice suits into perspective. There is a less than one in 100,000 chance of an incident occurring which will give rise to a malpractice suit against a physician. In cases which went to trial the average claimant who won received less than 3,000 dollars and only three per cent received 100,000 dollars or more.

Despite reassuring statistics physicians in America are deeply concerned about some of the larger sums awarded by juries swayed by slick attorneys. Contingency legal fees where lawyers agree to take cases for so much per cent of recovery are rightly criticized as legitimate small claims by patients who are often rejected by attorneys.

What does the future hold? Two alternatives are discussed by the author. Screening panels have been established in many parts of the country, and they decide if a reasonable case can be brought before a jury. The alternative is arbitration, which is more satisfactory in that arbitrators are generally less likely to be swayed by emotional issues than a lay jury.

This is not a book which will find itself on the shelves of many British general practitioners, but for anyone contemplating work in the USA it would be worthwhile delving into the many case histories cited as examples of the legal processes in a more litigation conscious society than our own.

D. J. G. Bain

HANDBOOK OF PSYCHIATRY FOR SOCIAL WORKERS AND HEALTH VISITORS
Charles Bagg
Constable
London (1977)
434 pages. Price £5

Political developments are blurring the distinctions between trained and untrained social workers. Misunderstanding between social workers and the medical team increases rather than decreases. Therefore, any bridge is to be welcomed. Here is a comprehensive book which includes amongst its chapters one headed “Some areas of possible misunderstanding”.

SICK HEALTH CENTRES—AND HOW TO MAKE THEM BETTER
J. Gerald Beales
Pitman Medical
London (1978)
147 pages. Price £5

The author of this book has spent five years studying health centres and the results of his research make sober reading, although the text is occasionally spiced with gems of dry humour. The recurring themes are of conflict, misunderstanding, poor design, and poor administration, all illustrated by anecdotal evidence.

Many health centres seem to have been formed on the basis that if one puts an assortment of people into a building together then they are bound to meet and form a successful primary care team. In reality, previously existing friction between individual doctors or various groups of staff is only exacerbated. If they do not wish to meet, they will not do so.

Among the conclusions drawn are that all the individuals involved must make a positive attempt to communicate; that the separate practices are better kept in small units each with its own waiting area; and that the local authority should involve everyone who is to work in the centre with the design and planning from the beginning. Indeed, the common thread running through the book is the problem of communication—or lack of it. Another suggestion for improvement is to have a health centre manager.

It is a pity that the general impression given is that all health centres are disorganised and best avoided. There are successful health centres, although my own opinion is that the chances of success are inversely proportional to the size of the centre!

A great deal of common sense pervades this book and the suggestions are well worth considering by all working in health centres, or thinking of doing so, by local authorities before they plan them, and by the groups who are supposed to give more than lip service to the concept of the primary health care team.

K. J. Bolden

PSYCHOLOGICAL DISORDERS OF CHILDREN: A HANDBOOK FOR PRIMARY CARE PHYSICIANS
Mark A. Stewart and Ann Cath
William and Wilkins
Baltimore (1978)
156 pages. Price £4.95

This could be regarded as a mid-Atlantic book but its subtitle should be interpreted according to American usage for it is aimed primarily at residents in psychiatry and paediatrics as well as those in family practice and nursing. The mainspring (the authors make no secret of this) is to keep up with the Jones’s in adult psychiatry, hoping by presenting ‘hard information’ about child psychiatry to acquire scientific respectability for it.

The book represents something of a comeback for structured interviews and diagnostic labelling, both of which the authors consider have become under-