

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".

Dr Bagg is an experienced psychiatrist from Buckinghamshire with a special interest in child guidance. He has produced an encyclopaedia of 434 pages rather than a handbook: for example, the first 75 pages would stand on their own as a sensible and readable textbook on child psychiatry.

Despite its title the book does not deal with psychiatry alone but also deals comprehensively with social administration. The section on admission to hospital is particularly clear and helpful and is recommended by our attached social worker. Yet this is the section which will be the first to need revision if the current White Paper leads to legislation.

Dr Bagg includes a section covering a miscellaneous collection of organic diseases liable to produce mental changes and social service involvement, which is where many social workers feel particularly out of their depth. However, a potted medical text is inevitably superficial and is no substitute for factual discussion with medical colleagues in the health team and access to a well stocked practice library.

My colleagues and I have found it refreshing to have a British book on our shelves on this topic, and it has been referred to by our health visitor, visiting students, and members of our administrative staff, who have all found it most interesting.

Our main criticism is that Dr Bagg attempts to give us an entire working library in one volume, with the inevitable result that some subjects have been treated in less depth than one would wish. However, this paperback edition does bring the price within the range of the average practice and is therefore to be recommended.

JAMES FISHER

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 disasters 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 Gath

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 to have become under-

valued. They recognize the dangers of a 'Chinese Restaurant' approach in applying lists of diagnostic criteria; and general practitioners may well blink at the stipulation that there are "at least 18 medically unexplained symptoms for a diagnosis of 'definite' hysteria; 16 or 17 for 'probable' hysteria".

The main topics are covered in a clear and informative way. The views expressed are well balanced and the advice realistic. Writing about the problems of adolescents the authors stress the value of on-the-spot help rather than being put on the waiting list for specialized diagnostic interviews. This should prove a very useful book for those for whom it is intended.

J. S. NORELL

MANUAL OF PRIMARY HEALTH CARE

Peter Pritchard

Oxford University Press
Oxford (1978)

188 pages. Price £3.95

The Morris 8 was said to be the last of the mass-produced motor cars built by hand. When I took delivery of one in the late 1940s the pleasure of ownership was vicariously extended by being able to read in bed what was known as "the owner's manual". This was not the flimsy brochure that accompanies today's car but a substantial volume containing all the information one needed about how it worked and what to do when it failed. For me the term 'manual' has always suggested comprehensive coverage and so it was with some trepidation that I approached Dr Pritchard's *Manual of Primary Health Care*. Would it live up to the standard of that earlier Oxford product? It did, and splendidly at that.

The objectives of the book are, in fact, somewhat narrower than the title implies as it is really a manual of the primary health care team and is concerned mainly with the organization and relationships that exist within the team and between the team and patients. It is true that there are chapters on other subjects such as training and research but these are only briefly touched upon (the latter in two and a half pages), and for me the great value of the book lay in its detailed concentration on the management of patient care.

The style is set straight away by the questions Dr Pritchard asks: What is primary health care? What is it trying to achieve? Who is involved? Where is it carried out? How managed? The succeeding chapters set out to answer

these and many other questions that pepper the text. Not all the questions are answered. The reader is left in no doubt that if he is to succeed he must go on asking questions of himself and his colleagues. "Clever people", wrote Frank Moore Colby in the Colby Essays, "seem not to feel the natural pleasure of bewilderment, and are always answering questions when the chief relish of a life is to go on asking them"; it is this constant questioning that is the mainspring of this book.

It is not a book to read at a sitting. It is well written but too thought provoking for that. It is a mine of information and merits careful and methodical study, but I do not share the optimism of Professor Vesey in the foreword that patients are likely to read it and would benefit from doing so. There are a number of line drawings and flow charts, but I doubt if many of them add much to a text which is both lucid and logical. The index is good and the list of references comprehensive.

In the last few years the trickle of books about general practice has become a positive Niagara. Most deal with the clinical care of patients' problems; organization and management seem to many people to be of lesser importance and yet it must be true that inability to reach a diagnosis is at least as likely to harm a patient as to make the wrong diagnosis.

This book is a notable addition to the literature of general practice. It should be bought by every trainer for his trainee, and then lent to his partners and the rest of the health care team. On second thoughts perhaps he should buy two copies.

MICHAEL DRURY

BRITISH BIRTHS 1970 VOL. 2: OBSTETRIC CARE

A survey under the joint auspices of the National Birthday Trust Fund and the Royal College of Obstetricians and Gynaecologists

Heinemann
London (1978)

292 pages. Price £12

This third survey by the National Birthday Trust Fund, following those on maternity in Great Britain in 1946 and perinatal mortality in 1958, was based on questionnaires requiring over 300 answers for each of 17,196 births in the UK during one week in April 1970. Analysis and assessment of selections of the three million or so answers provided material for *British Births 1970*. Volume 1, on the first week of life, was

published in 1975. This is Volume 2, on obstetric care.

The survey was organized by a committee of 15 with the help of representatives of various bodies, observers, and co-opted persons so that in all 71 had a finger in the pie, in addition to the secretariat. Unexpectedly, the editors had to be changed in 1976, and the new editors had to use material not generated by themselves rather than cause another four years' delay by using their own ideas for analysis. The trials and pitfalls of editorship are indicated in the introductory chapter: "They have tried to avoid making recommendations based on their own opinions . . . and, like journalists, have tried to separate fact and opinion. Both being clinical obstetricians, they may have found difficulty in distinguishing the one from the other".

Obstacles to fact collecting by questionnaire are highlighted in analysis of replies relating to blood examinations. "Not known" was the reply regarding the rhesus factor in 0.8 per cent, and the ABO group in 8.9 per cent. The probability that the information is inaccurate is so clear that no one will deduce that the pathologists checked the rhesus factor but not the ABO group in 8.1 per cent of cases, but it warns us to keep in mind the question, "How much of all this is true?".

Illogical conclusions can be drawn even when information is correct and the arithmetic of analysis accurate. Coming from the same source and based on a similar questionnaire, this survey brings to mind the perinatal mortality survey of 1958 in which the definition of 'high-risk' was so framed that it made every age group a 'high-risk' group. No absurdity of that magnitude has come to light in the 1970 survey, but the introductory chapter does state that "the 1970 survey included babies born dead between the 24th and 28th weeks of pregnancy". These were abortions, not births; a fact confirmed by reference to the survey's own glossary. The reader will have difficulty in finding out how many there were, and whether their inclusion in the survey affected its perinatal mortality rates.

In the last chapter on conclusions, prepared by the National Birthday Trust Committee, concern is expressed that since 1958 there has been an increase in the proportion of small babies. It is, however, an increase of less than 0.5 per cent if allowance is made for a larger number of "weight not known" in 1958. There is concern also for widening of the difference in perinatal mortality between social classes, that is, a fall of 68 per cent for social class 1,