

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,

but only 38 per cent for class 5, and 23 per cent for the "unsupported". Too many high-risk cases fail to go to specialist hospitals for delivery (or are delivered by midwives or even pupil midwives when they do). On the other hand, the low rates of perinatal mortality for home delivery (4.3) and general practitioner unit delivery (5.4) do not result from wholesale acceptance of obstetrically abnormal cases. The suggested remedy is to determine 'high risk' by an Appgar-like allocation of points according to age, parity, social class, smoking habits, stature, and previous history, with more to be added at the onset of labour for duration of pregnancy and the like. The general practitioner may feel that it is easier to persuade a patient to accept specialist hospital delivery when an abnormality develops rather than because she smokes, is in social class 5, and had an abortion 10 years before.

*British Births 1970* is not for the general practitioner obstetrician unless he is as interested in figures as in obstetrics. There are 176 tables, some complicated and difficult to understand, especially those with arithmetical or transcribing errors. When figures and assessment appear to disagree the probability is that he can see an alternative explanation; but if he checks the figures he may find that they are wrong and when corrected, agree with the assessment. But all this takes time and his obstetrics will be no better for it. He himself will be dealing with individuals and may think that the most telling statement in the book is the qualified admission on page 166 that "... it is impossible to decide how to manage an individual case by reference to a group ..."

M. I. COOKSON

### PHYSIOTHERAPY IN THE COMMUNITY

C. J. Partridge and M. D. Warren

*Health Services Research Unit  
Canterbury (1978)*

115 pages. Price £2.50

This is a useful booklet which reports the various ways in which physiotherapy services have been developed in the community in 14 different schemes. Sadly, it comes as no surprise that there is a shortage of information about physiotherapists working outside hospitals, although their importance for the rehabilitation of patients in their own homes and the community is beyond question. Till now, little more

than lip service has been paid to such work and the Health Services Research Unit at the University of Kent has therefore provided a valuable service in drawing up recommendations for the development of district physiotherapy services.

The Unit sees domiciliary therapy as an important part of a comprehensive district physiotherapy service and stresses the importance of close collaboration if not "integration of the hospital and community services". It advises the encouragement of initiative for the development of services, hoping that it might arise as much from individual physiotherapists as from area, district, sector, departmental or general practice.

The report underlines the need both for additional training for those intending to work in the community and for the further education of established physiotherapists. Unfortunately non-medical sections of the caring professions mostly have not yet developed adequate programmes of continuing education and in general the NHS has not seen fit to accept responsibility for underwriting the cost of such education.

The value of collaboration between all those taking part in rehabilitation is obvious but no clear guide is offered as to the best way of achieving this. Joint post-qualification training for members of the remedial professions might be one way of sharing information about each other's knowledge and skills and lead to a more appropriate use of trained staff.

General practitioners will be pleased that the authors take issue with the Tunbridge Sub-Committee who were against the direct referral of patients by general practitioners to the physiotherapists in hospital. The Committee claimed that "many general practitioners are out of touch with the modern concept of remedial treatment and departments might become overburdened with patients for whom unnecessary or inadequate treatment has been prescribed". If this premise had been accepted presumably the argument could have been extended to include all doctors, for apart from a few highly specialized rehabilitation units, the medical profession as a whole has little formal training in modern remedial concepts. General practitioners, through vocational training schemes, might now be considered to have such special training in remedial concepts. The acceptance of the professionalism of physiotherapists by doctors ought to lead to a consultation between doctor and physiotherapist about the most appropriate treatment for the particular patient's needs.

Finally, the report emphasizes the need for research in three specific issues: the effectiveness of physiotherapeutic measures; the presenting problems, diagnoses, and conditions of patients; and the development of physiotherapy services. At present few physiotherapists have the opportunity for training in research methods or meeting those already doing research, and help at this level is vital if this aspect of remedial work is to be encouraged and developed.

M. S. HALL

### MANAGEMENT OF RHEUMATOID ARTHRITIS AND ITS COMPLICATIONS

J. W. Hollingsworth

*Year Book Medical Publishers  
Chicago and London (1978)*

248 pages. Price £22.50

It is doubtful whether the personal view of an American physician could ever be relevant to the general practitioner looking after patients with rheumatoid arthritis, and unfortunately this is the case with this book. It is a purely clinical account of the condition, based on hospital care, and at no point does it touch on the social or psychological implications of the illness.

What it does do, however, is provide a comprehensive discussion of the disease, starting with its general nature and diagnosis by clinical and laboratory investigation. The author admits to a biased view about regular joint x-rays, which he considers only reflect what the observer sees clinically, and also about repeating the ESR after an initially high result, as he feels it is a poor indication of disease activity.

The book goes on to discuss drugs and their actions, and the principles of physical therapy and surgery. This is followed by a systematic discussion of joints, covering examination, treatment, and complications, and includes a useful description of the techniques of injection and aspiration where appropriate.

The final section deals with the non-articular manifestations of rheumatoid arthritis, most of which are rare, and takes a brief look at patients with associated conditions, including the management of fever, pregnancy, and surgery.

This work may well find a place on the shelves of a reference library, but not on those of a general practitioner.

JUDITH F. DEANE