in Ireland and Scotland and the antipsychiatry movement.

The authors include both professional historians and psychiatrists who are members of the College. Although many might criticize a history of psychiatry written by psychiatrists this is an important work by authors with a detailed knowledge of their fields. The editors acknowledge the limitations: nothing is included about nursing, the history of drug treatments or clinical psychology. However, it was not intended as a comprehensive history, but rather as a commemoration in the anniversary year. It will provide an important resource for anyone interested in the history of mental health services in this country.

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EFFICIENT CARE IN GENERAL PRACTICE

G N Marsh
Oxford University Press (1991)
157 pages. Price £16.00

Having read and cited Geoffrey Marsh's writing in the past, I set out to read *Efficient care in general practice* with pleasure. Progressing through chapters recounting many concepts that I had taught myself I found a growing sense of unease. The work describes efficient care with the team, prescribing, recording and consulting. It examines preventive care and home visiting with a view to explaining the subtitle 'How to look after even more patients'.

One is left with a sense of efficiency gained at the cost of officiousness. Each chapter concludes with an account of how acceptable such organization is to patients, which appears both idiosyncratic and complacent. The bibliography is unbalanced, and a third of the references are more than 10 years old.

I have spent time observing Dutch general practice which is often single handed, in simple premises and without ancillary help. Consultations are longer and the doctor–patient relationship is often much warmer in the Netherlands than in the United Kingdom. Have we taken efficiency too far?

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A CASE STUDY IN DEVELOPING PRIMARY CARE

The Camberwell report

V M T Evans, R Higgs and P Lock
King's Fund Centre, London (1991)
126 pages. Price £12.95

This latest publication in a series of King's Fund papers on primary health care describes an attempt to address the problems of an inner city population which is one of the most deprived health districts in the UK. The project ran from 1984 to 1989 and was based within the local department of general practice. It identified three main areas of concern — communication, teamwork and premises — that were holding back the work of general practitioners and the report describes some of the solutions that were adopted.

This report should be required reading for anyone wishing to develop primary care, such as district health authority and family health services authority managers, public health physicians, community nurses, general practitioners and politicians. Some of the report has already been overtaken by recent organizational changes in the National Health Service and it is a pity it was not published quickly after the conclusion of the project in 1989. Nonetheless, common problems remain, such as how best to facilitate joint service development between general practitioners and hospitals (an account is given of setting up a scheme of shared care for diabetes) and between district health authorities, family health service authorities and district councils.

A case study in developing primary care emphasizes that general practitioners need help in coping with major change. There are political lessons for those concerned to push forward rapid changes in primary care and many problems need government funding for their solution.

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ANNUAL AND SEASONAL VARIATION IN THE INCIDENCE OF COMMON DISEASES

Occasional Paper 53

D M Fleming, C A Norbury and D L Crombie
Royal College of General Practitioners, London (1991)
27 pages. Price £6.50

This occasional paper provides an interesting review of the history, organization and methodology of the weekly returns service, established in 1967, and reports on the incidence of a number of common diseases. Important issues arising from disease monitoring are also discussed.

Illness episodes are recorded by about 240 general practitioners throughout England and Wales for those patients who consult, and every week the data are transferred to the Birmingham research unit. Over the period 1980–89 a decrease in incidence was reported for mumps, rubella, measles, acute tonsillitis, infectious mononucleosis and scabies, but an increase in incidence was found for chickenpox, acute bronchitis, asthma, otitis media, and hand, foot and mouth disease. Infectious intestinal disease and viral hepatitis gradually declined until 1986 when they started increasing again. Changes in population incidence and in consultation threshold may have been important in many instances. It would be interesting to investigate these trends in international comparative studies, and to relate them to the economic development of countries. A steady cyclical pattern occurring over many years is described for some diseases, such as mumps and chickenpox. The results give rise to areas for further research, such as the relationship between clinical descriptions and microbiological findings, and the seasonal variation of asthma.

In general, the weekly returns service showed lower incidences than official national notifications, which could be expected in a consultation based system, but the time trend data, peaks and troughs were similar. This supports the validity of the service, and its usefulness — while the total impact of disease must be measured in the community, demands on health care must be assessed primarily in general practice.

Several important issues are discussed, such as the representativeness of the population and the lack of diagnostic criteria, although not all questions can be answered. The authors argue against the feasibility of diagnostic criteria in the weekly returns service because they believe that doctors apply a degree of common sense in how they label illness, behaving consistently over time.

I recommend this occasional paper to those interested in disease monitoring and in the occurrence of common infectious diseases.

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