

of a group of first- and third-wave fundholders. The frustrations of contracting based on inadequate information, and the excitement of making up public policy as one goes along, are all covered.

The discussion of the difficulty in setting a fair budget is perceptive. Had a capitation basis been used from the start, only those spending less would have joined the scheme; those spending more would have balked at a budget that required cuts in patient care. However, the 'historic cost method' was adopted and practices were allowed to work out the budget they needed to provide the same level of care. This decision gave fundholders an incentive to keep their referral levels up (a perverse outcome if the aim was to increase efficiency), encouraged hospitals to charge fundholders more than health authorities and, by inflating fundholders' budgets, this meant that more was 'top-sliced' from district health authority budgets.

The solution provided by Glennerster and colleagues seems an appropriate way forward: to set budgets on a capitation basis, adjusted for the cost of patients known to cost more. Had this been adopted from the outset, perhaps some of the anger that fundholding has generated might have been avoided. However, as the book makes clear, the NHS was not administratively ready for fundholding and the rules have been made up as the scheme has evolved.

The flaw in this book is the way the authors draw conclusions by looking at half the picture. The analysis of the role of district health authorities, many of whom have established effective links with non-fundholding general practitioners, is inadequate and, frankly, biased. Similarly, the authors have failed to assess the administrative costs of the scheme or ask whether these are justified by the results.

This book should interest everyone concerned with commissioning and the state of the NHS. It has helped me to understand more about fundholding, but despite its claims, it has little to offer on whether fundholding is a good idea or not.

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PERINATAL MENTAL HEALTH: A SOURCEBOOK FOR HEALTH PROFESSIONALS

Diana Riley

Radcliffe Medical Press, Oxford (1994)

248 pages. Price £16.50

This valuable sourcebook will be appreciated by general practitioners and other members of the team. It discusses problems raised in pregnancies by teenagers, by immigrants and by women with anorexia nervosa, with bulimia, with epilepsy and by women who are alcoholics. The problems of normal puerperium are appreciated as well as there being full coverage of 'the blues', postnatal depression and psychosis. The effect of psychotropic drugs on the fetus and in breastmilk is discussed, and the role of fathers during pregnancy, labour and the puerperium is stressed. The chapter on resources is guaranteed to be well-thumbed. The bibliography is comprehensive.

There are massive, but gradual, hormonal changes in the woman's body during pregnancy, followed by rapid reversal of hormonal changes in labour and with the institution of lactation. These hormonal changes are responsible for changes in posture, heart, lungs, kidneys and breasts and also include the increase in maternal instinct during pregnancy. Maternal behaviour in animals includes cleaning, feeding and protecting their newborn and has been observed to occur only after a pregnancy. However, scientists have been able by hormonal [progesterone] manipulation on animals to produce maternal behaviour in virgin females and, by

the introduction of progesterone antibodies, to abolish maternal behaviour after normal pregnancies. It is regretted that no mention is made of these animal studies nor of successful progesterone prophylaxis for postnatal depression and psychosis.

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MAKING SENSE OF GENERAL PRACTICE

Norman Ellis

Radcliffe Medical Press, Oxford (1994)

220 pages. Price £13.50

The 'making sense of' series is rapidly becoming essential reading for all personnel with an interest in general practice, including practice managers as well as established principals and general practitioner trainees. This latest addition concerns itself with the business side of general practice, and in many ways complements previous titles such as *Making sense of the red book* and *Making sense of partnerships*. The danger is that in overlapping with previous titles, there will be needless repetition. There is undoubtedly some overlap in content with the other titles, but this does not detract from the inherent clarity of the book in guiding the reader through the tortuous complexities of business management in relation to general practice. The text is clear, readable and concise, while the now familiar highlight boxes remain useful for quick review, once the main body of the text has been read. It is emphasized throughout that the book provides an outline of the various topics, and the reader is directed to other sources for more detailed information and advice.

Overall, *Making sense of general practice* will be a welcome addition to many practice libraries, and justifies Ian Bogle's foreword that this is a 'book which explains in clear and concise terms the business side of general practice'.

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HEALTHY RESPECT: ETHICS IN HEALTH CARE (second edition)

R S Downie and K C Calman

Oxford University Press (1994)

291 pages. Price £35.00

This excellent introduction to medical ethics is written by the current professor of moral philosophy at Glasgow University and the erstwhile dean of postgraduate medicine at Glasgow University, now chief medical officer. The dual perspective of philosopher and clinician is reflected in the structure of the book. The first part of the book outlines moral and ethical principles, considering topics such as moral values, autonomy, respect, moral conflicts and moral deficiency. The scope is extensive, the chapter on alternative views of human nature containing sections on the biomedical model, the psychoanalytical model, existentialism, Zen Buddhism, Marxism, and the Judaeo-Christian tradition and Islam.

The second part of the book places the moral philosophy and ethical principles in a clinical context, and is specifically designed to stimulate thinking and discussion. Effective use is made of case histories — small vignettes outlining an ethical dilemma — and many sections end with a series of questions or exercises which can be used in group discussions. The subject matter is always relevant, strenuous and successful efforts having been made to prevent the clinical examples becoming unrealistic or esoteric.