

progress in establishing adequate management information systems and in co-ordinating the work of the health teams.

Dr M. A. Heasman (Scottish Health Service Information Division) contributes a statistician's approach, which suggests that, whereas morbidity rates are not unduly high, levels of mortality do remain so despite generous levels of NHS financing in Scotland. The next question must surely be 'why?'.

### Clinics in Haematology

Volume 8, Number 1, Feb. 1979. Congenital Coagulation Disorders. Edited by C. R. RIZZA. Pp. 217, illustrated. W. B. Saunders, London, Philadelphia and Toronto, 1979, £8.25.

The *Clinics in Haematology* series have become the best of their kind in the field. They provide cover in depth by experts in the field and they are up to date. The number on Congenital Coagulation Disorders edited by Dr Rizza of Oxford, maintains the high level of the series. The contributors are drawn from the U.K., U.S.A. and Europe and provide authoritative accounts of the basic chemistry, physiology and clinical pathology of the congenital coagulation disorders.

Factor VIII and the von Willebrand's complex has been in the forefront of developments and these are covered by Drs Austen and Bloom at the basic level, Drs Lowe and Forbes at the laboratory bench and by Drs Biggs, Graham, Nilssen and Holmberg at the clinical level.

There are further chapters on abnormalities of fibrinogen and on therapeutic materials. There is a final chapter on antibodies and inhibitors to coagulation factors.

This book is recommended unreservedly to those engaged in the field and is a worthy addition to the series.

### Coming to Terms with Chronic Bronchitis and Emphysema

By CLIVE MCGAVIN. Pp. 23. Chest, Heart and Stroke Association, London, 1979. 30p.

This slim 23-page pamphlet is aimed at our overweight, gregarious, extrovert, heavy-smoking, sexually-active bronchitics and, in simple language, endeavours to persuade them to lose weight, give up smoking, have influenza vaccination, take diuretics if ankles are swollen, puff drugs if they wheeze, and learn breathing exercises. This is all solid, sound advice which the doctor can now dispense by means of this booklet in order to save his own breath. Some bits are a little vague even for a doctor so the patient may also be perplexed. For instance, '... if breathlessness interferes with sexual intercourse, try not to let it (breathlessness) put you off... Discuss the matter frankly with your partner... You may find it more satisfactory to take the less strenuous, more passive part...'. Active or passive, the patient is advised to keep smiling - 'Above all, be cheerful in spite of your difficulty... do not neglect to wash and shave'.

The Chest, Heart and Stroke Association is doing an outstanding and excellent job of work, but I cannot help feeling that their founder-secretary, Harley Williams, would have produced a more penetrating, intelligent and amusing handout for disabled patients; with exhilarating cartoons to dispel the gloom behind the topic. This booklet contains much helpful information and common sense but it is too sobersides for the doctor and also possibly for many of his patients. Would that the Chest, Heart and Stroke Association would commission their bronchitic and emphysematous patients to produce the next edition. It would be a best-selling riot.

### Five Years After. A Review of Health Care Research Management after Rothschild

Edited by GORDON MCLACHLAN. Pp. 85. *Occasional Hundreds 9*. Soft cover. Oxford University Press, Oxford, 1978. £2.25.

The volume comprises a short report by a Nuffield Working Party on the existing framework provided for government-financed research into health care; it is preceded by an essay from Professor T. P. Whitehead which summarizes the history of research arrangements available before the Rothschild Report of 1971 and gives a critical account of developments since that time.

Professor Whitehead describes briefly the development of the view that inadequate research was being undertaken in the epidemiological and social aspects of the NHS, and that the MRC had contributed little in this field. At the same time, the other independent Research Councils were coming under scrutiny in terms of 'practical' objectives, so that by the late 1960s the time was ripe for a general reconsideration of their functions, especially in view of the exponential growth in all research funding.

The Rothschild Report not only preached the philosophy of customer-contractor in Government sponsored research, but in the medical field as elsewhere it proposed a specific form of organization under a Chief Scientist in the Department concerned, with wide ramifications to stimulate and influence research programmes. Arrangements were also proposed for co-ordinating the requirements of government 'research and development' in the areas of the Research Councils. Unfortunately, for a variety of administrative and political reasons, the Chief Scientist's organization within the DHSS remained small and it was impossible to encompass within it all the relevant research effort of the Department.

The proper development of a customer-contractor approach therefore has failed in the DHSS, and the members of the Nuffield Working Party express concern about the resulting situation with its lack of any co-ordinated approach to research projects - despite the growing recognition that recent technological advances in medicine have not resulted in comparable improvements in community health generally. The Working Party recommends the creation of some core organization to take a review of research into health care, and suggests the desirability of bringing into account the needs and interests of the 'operating' authorities at Regional, Area and District level.

The papers concentrate on an MRC viewpoint by and large and some basic questions of principle remain to be explored. Is it entirely desirable, for example, for 'research work' in specialized units to be a life-long career? Again, to what extent could it be accepted that some of the investigations into the operation of the NHS and the development of health care may properly fall within the sphere of the SSRC?

### Gaddum's Pharmacology

(Eighth edition). Revised by A. S. V. BURGEN and J. F. MITCHELL. Pp. 369, illustrated. London, New York, Toronto: Oxford University Press, 1978. £4.50.

Remarkable developments in pharmacology have taken place since 1940, when the first edition of Gaddum's *Pharmacology* was published. Over the intervening years, countless doctors, all over the world, must surely owe their understanding of pharmacology to thorough undergraduate reading and re-reading of 'Gaddum' as it has become known with esteem and affection.

In preparing the eighth edition of this classic text, Professors Burgen and Mitchell have retained the compact style of the original form of the book. Yet they have succeeded in introducing selective accounts of some of the most rapidly advancing growth areas of the subject since their last