BOOK REVIEWS

Clinical Tests of Oesophageal Function

Richard Earlam. (Pp 383; £12·00.) Crosby Lockwood Staples. 1976.

This book is the second volume to appear in what promises to be a valuable series on clinical tests of organ function. The first dealt with the thyroid gland and the next to be published will be concerned with the stomach. Until recently the oesophagus was regarded physiologically as a rather dull tube connecting the mouth to the stomach, which concerned the surgeon only as a conduit that could become obstructed and which presented to him fascinating and difficult technical problems in its replacement, short-circuit, or intubation. Since the second world war this hitherto rather neglected structure has been submitted to intensive clinical study by radiology, endoscopy, manometry, and the oesophageal acid perfusion test (to which the author has made a considerable contribution). These studies have added to our understanding of oesophageal symptoms. Our increased knowledge of, for example, the gastro-oesophageal sphincter mechanism and its disturbances and of deranged motility has placed the treatment of hiatus hernia and of achalasia on a more rational basis.

The author has far exceeded the title of his book, for although he details the clinical and laboratory techniques of modern "oesophagology" he then interprets the pathological lesions of the oesophagus and of other disturbances of oesophageal function in the light of these findings. The result is a clearly written, interesting, beautifully produced, well illustrated, and up-to-date text which can be warmly recommended to any surgeon, gastroenterologist, or clinical physiologist with an interest in the oesophagus and its diseases.

HAROLD ELLIS

Alternative Approaches to Meeting Basic Health Needs

Eds V Djukanovic and E P Mach. (Pp 116; Sw fr 24.) World Health Organisation. 1975.

Health services as we know them in the developed countries are available to very few of the much larger fraction of the world's population that lives in developing countries. Too often well meant assistance or encouragement has been given to the establishment of sophisticated centres or services and to training facilities which can reach only a local city population and must leave the much larger rural population without trained health workers or, at best, receiving occasional visits from highly trained city workers whose culture is alien. China broke with that at the time of the Cultural Revolution and has become the great exemplar of a simpler, locally based approach. Last year WHO published a collection of essays entitled *Health by the People* which described several projects, including the Chinese, all sharing the objective of producing change by the people themselves but illustrating the differences that should reflect the cultural differences of those peoples.

This book reviews the earlier projects through the eyes of visiting teams rather than of those directly involved in the projects themselves. It is therefore more objective and permits general comment on the lessons for others and the extraction of some principles capable of wider application. It ends with some direct recommendations to WHO and Unicef, bodies which have displayed a discriminating and helpful attitude to many of the developments described. It should be closely studied by those concerned with projects for bilateral aid in the health field. More than this, some of the general conclusions have a direct relevance to our own problems. Medical technology has far outstripped the capacity of even the wealthiest country to use it to the extent by which everyone might benefit from it. There is further the risk that the technology may be used blindly for scientific studies which offer neither cure nor real relief to the individual patient however greatly they may enlarge or make precise the information of his attendants.

There are so many quotable comments that I will use only two, because we also need health quite as much as sophisticated technology. "In all the approaches studied, without exception, health education is one of the main activities of primary health care." "In the health services, over-centralisation of authority and executive responsibility may prevent effective and adequate delivery at the periphery."

We need at this time to help future generations to the enjoyment of better health and longer healthy lives through modification of the life style we have used ourselves. It is chastening to read how some developing countries have achieved relatively so much more than we with all our supposedly greater wisdom.

G E GODBER

Understanding EEG

Donald Scott. (Pp 248; £9·50.) Duckworth. 1976.

There can be few investigative procedures about which there are more misconceptions than electroencephalography. It is disturbing to see the casual manner in which the examination is requested by many physicians who are not in a position afterwards to evaluate its results; to see seriously ill patients transported many miles in the pious hope that this one test will give the vital clue to their precarious condition; and to see the importance the lay, and especially the legal, mind will place on its findings. Electroencephalographic experts themselves must take a share of the blame for this. Their reports have been known to suggest a histological diagnosis or advise specific therapy with no clinical knowledge of the patient, while others are spattered with numericals of Hertz so as to read more like the balance sheet of a car-hire firm than a clinical document. The EEG after all is a rather elaborately obtained physical sign, to be evaluated along with other physical signs in the whole context of the patient.

A book such as Dr Scott's is therefore welcome, timely, and extremely helpful to those who do know something about the procedure as well as to those who only think they do or frankly don't. It is clearly written, clearly printed, enjoyable, laced with occasional flashes of humour, which I believe enhance rather than detract from the stature of a scientific text, and it explains to the reader what an EEG is, how it is recorded, what is meant by the terminology in reports (with an excellent glossary at the end), what we may expect from the investigation, its limitations, and its occasional diagnostic value. The variety of conditions covered ranges from epilepsy through tumours and infective processes to trauma. He touches on the fundamental problems of staffing (clearly disapproving of the mushroom-like growth of inadequately staffed departments capable of producing artefact-ridden tracings equalled only by those demonstrated on popular television programmes), work with microelectrodes, and tantalising advances such as telimetry. He feels that while the EMI scanner may take away some of the necessity for EEG examinations there will still remain a big field where its use, with forethought and a carefully defined purpose, will be of value to the physician. He should be congratulated on bringing what is sometimes a controversial subject into perspective, and as a practising neurologist I would recommend the book to colleagues in my own field, especially in their earlier years, and to general physicians, paediatricians, and those engaged in psychiatry and general practice.

EDWIN R BICKERSTAFF

Malnutrition and Brain Development

Myron Winick. (Pp 169; £5.) Oxford University Press. 1976.

This is an excellent account of the current revolution in our understanding of the development of the brain. Professor Winick, of Columbia University, writes in his capacity of director of the Institute of Human Nutrition and is an acknowledged authority in the field. He gives a lucid summary of the work of other experts, including the classical studies of Widdowson and McCance. The carefully documented text, as well as being an authoritative reference book, is also a simple, readable introduction to recent developments for readers unfamiliar with recent medical changes in our understanding of this important subject.

The ecological balance between human