option to give his name and address. (Fifty seven per cent of the forms were returned, there being a 3 to 2 majority in favour of the health centre. We were surprised at the low response rate to the questionnaire, and although this was almost identical to that of Dr Pike, the total cost was £2.40, involving the minimum amount of work.

F. G. C. MEYNE

Montague House,
60, Church Street,
Leatherhead,
Surrey, KT2 8DW.

Reference

**BOOK REVIEWS**


During my second year in general practice I discovered in the Practitioner a series revealing various exciting and relevant facets of the doctor-patient relationship. Curiously though, I was left feeling a bit more stupid and no more competent. Although brief case histories often showed our splendidly perceptive authors picking out vital clues to elucidate their patients’ “whole problems”, I wanted to ask “Yes, but now what?” (A new chapter, Treating the Cause, is helpful here).

The intention was to illuminate and correct “wrong training”, yet I sensed a barrier between ordinary folk like myself and those equipped, after years of special training, with insight and expertise. Re-reading those articles as a book, I realise now how greatly they influenced me. Certainly they stimulated me to join, with some trepidation, a discussion group similar to those from which Browne and Freeling hatched.

Each chapter is a little gem, lucidly analysing and illustrating our relationships from yet another point of view—a moving plea for us to acquire insight and become more disciplined, more objective, less impulsive, less intrusive in some ways, more in others—more carefully sympathetic, more interpretive of everything we see and hear.

The advantages, we are told, are great. The doctor’s self-esteem and status increases; he need no longer see himself as a poor relation in the medical hierarchy but as the discerning doctor working in a uniquely difficult, but exciting, atmosphere of uncertainty, using his tools to help his “whole patient,” or at least his patient’s “whole problem”; perhaps even preventing “organic illness.”

It is rightly suggested, in the second edition, that these attitudes have now enhanced the status of general practice as a “discipline” (nasty pretentious word), may certainly have precipitated an epidemic of academic chairs, and may have changed society to expect “whole patient care.” Yet, paradoxically, I suspect that at no time have we enjoyed a lower status from the rank and file of our patients especially in urban areas. Could there be a link? Can we really deliver the goods?

Beware, lest in reaching upwards we lose contact with our roots and strengths, with the main bulk of practitioners and patients, lest our language and vision outstrip too far those with whom we must live and work, lest we become so objective we lose our spontaneity and honesty, lest we set goals and standards we cannot, perhaps should not, attain.

Snags? We are told without tact and warmth that insight can be untherapeutic. Our powers may assert a “negative placebo” or “discredo” effect. But there are other snags, some of which are mentioned, which occur when ordinary people, unlike saints, dabble in psychology—snags not only for the patient, but for the doctor as a person. Guggenbuhl-Craig (1971) is mentioned, but his powerful and meaningful message is not. Perhaps a third edition . . . ?

Meanwhile, even when taken with a pinch of salt, here is one of the most worthwhile and entertaining books anyone might wish to read.

P. RECORDON

Reference


It is not every day that the general practitioner is faced with giving advice on sexual problems, but changes in public attitudes have led to patients expecting that their doctors should be able to give such help.

Although we should all have read the original articles published in the British Medical Journal in 1975, many of us missed some. This collection of a series of 11 papers provides a useful handbook for the general practitioner.

Contemporary management of sexual disorders has changed in parallel with society’s acceptance of the range of normal sexual behaviour. While every doctor must decide for himself where he personally stands, it is equally important that the advice he offers to his patients should show a reasonable tolerance of sexual attitudes and practices which may differ from his own. It is often said that normality in sexual behaviour is that which

© Journal of the Royal College of General Practitioners, 1976, 26, 579–583
is acceptable to any given couple, but as important is the proviso that such behaviour should not harm others.

This booklet is helpful as a guide. It covers most common aspects of sexual medicine from the normal sexual response to the commoner sexual disorders, sex aids, sexual deviation, homosexuality, disorders associated with physical and functional disease, and it includes a chapter on genetic counselling. Each paper is presented in a readable clinical manner, and as Dr Stephen Lock, the editor of the British Medical Journal, writes in the foreword, provides a "convenient source of practical advice on a subject of growing importance".

M. S. HALL

Man, Environment and Disease in Britain (1976).


There can be few established doctors who have not, from time to time, speculated on the work of their predecessors. There must have been someone who cared for the sick in what is now their practice area two generations ago, and someone else two centuries before that. What were the demands made upon them and how did they differ from the routine work of the day in the mid 1970s?

Professor Melvyn Howe, a geographer, has taken the British Isles as his canvas, particularly that part of England south and east of the Tees-Exe line, the 'Lowland Britain' of the archaeologists and historians. Within this framework he has drawn pictures of the environmental forces acting on populations in towns and country, and of people's response in terms of success or failure in adaptation. To do this he has had resource to the arts and sciences far beyond medicine, and the book is by no means a textbook of epidemiology. It contains a blend of history, economics, and sociology, with genetics and meteorology thrown in for good measure in so far as all these have a bearing on what presented to our predecessors as disease.

Generalisations are inevitable in a book of this kind, but it is not difficult to apply them to particular situations. A reviewer with an urban working class practice can see for himself the contemporary outcome of the chain of events which repeated itself in major towns and cities throughout the country, as economic circumstances forced people to move in from the countryside to crowd the slums yet further, while providing the muscle and sinew of increasing industrialisation. The back-to-back houses are still there, some of them, and the patients of today are the descendants of the patients of yesterday.

The author recognises Britain as a focusing point for successive westward migrations of populations, from the early Mediterranean settlers to the Pakistanis of today. He observes, too, the approach from the east which has characterised the great epidemics and pestilences which have punctuated the pages of history. Though he did not do so, he might have commented that this process still goes on and that rabies is following the westward path taken by many successful—and some unsuccessful—invasers of this country.

Any book which helps us—the temporary caretakers of our practices' health—to keep our perspectives right is of especial value in times of turmoil and upset medical values. This one goes further and predicts the kind of response required of us as doctors to the problems of degenerative illness now that infectious disease is for the most part controlled by advances in public health and medical care. Degenerative diseases have their onsets no less than acute infections. Where, when, and in whom do these occur? How far are these onsets determined by environmental factors, some of which we are only now beginning to recognise? The implication is clear to us. This study of disease where it begins is the responsibility of the present and future generations of general practitioners.

The medical reader will accept some simplifications, remembering that Professor Howe is not writing for him alone. He will forgive some repetition, for in the continuity of things circumstances and diseases are apt to recur through the centuries. If he thinks, as he reads, of the circumstances of the practice with which he is familiar, he will surely gain a fuller understanding of his own problems. Difficult as these may be, they are as nothing to those confronting the practitioners in, say, the Great Pestilence of 1348.

R. J. F. H. PINSENT


One of the benefits of a fully integrated National Health Service should be the ability of the central organisation to produce factual information about the organisation and functions of the Health Service. It is encouraging that both the quantity and quality of such reports is increasing and documents such as Social Trends and the annual Chief Medical Officer's report are establishing themselves as basic source documents for those who wish to understand the working of the British National Health Service.

The 1974 review has 13 chapters, each of about ten pages, and is well presented. The text has been edited successfully to remove jargon and is easy to read.

While it is hardly necessary for general practitioners to read most of this report, three sections are of special significance: chapter seven on primary health care, chapter three on vital statistics, and chapter four on incapacity and disablement.

The chapter on general practice gives figures for the annual number of doctors becoming principals for the first time, the annual number