

Clinical psychologists have traditionally been closely linked with departments of psychiatry with some extension into work in general hospitals, and it would seem that the current move, demonstrated by these two papers, is to change the orientation away from "mental health" and towards greater involvement in primary medical care, where a wide range of problems which can be dealt with effectively is presented.

T. A. McALLISTER
Senior Clinical Psychologist

Craigshill Health Centre,
Craigshill,
Livingston,
West Lothian.

REFERENCES

- Brook, A. & Temperley, J. (1976). *Journal of the Royal College of General Practitioners*, 26, 86-94.
McAllister, T. A. & Philip, A. E. (1975). *British Medical Journal*, 4, 513-514.

USE OF THE WORD PHYSICIAN

Sir,
The title of Sir Cyril Clarke's lecture *Physician and Family Doctors* at the Spring General Meeting, is unfortunate because of the inevitable and

perhaps unconscious implication that the term "physician" should nowadays be applied only to those who work in a hospital and limit their activities to one or a few organ systems.

Doubtless you will agree that those of us practising whole-person medicine in the community are at least as entitled to this honourable appellation, if not more so. Because frequent usage of inappropriate phraseology can lead to widespread acceptance, a more accurate phrase such as "hospital physicians and family physicians" should be used.

Having obtained an apology from the Editor of the *British Medical Journal* for allowing this and similar solecisms to appear in his columns, may I ask that you keep the *College Journal* similarly untainted?

DARYL TANT

Cornhill House,
37 Castle Street,
Luton,
Bedfordshire.

CORRECTION

In the March *Journal* Dr Rosser's letter referred to the Guy's Health District Medical Committee and not Group Health District Medical Committee as printed.

BOOK REVIEWS

General Practice Medicine (1975). BARBER, J. H. and BODDY, J. Edinburgh: Churchill Livingstone. Pp. 352. Price: £4.75.

General practice has developed into a specialty in its own right with its own knowledge, skills, and attitudes. It needs textbooks from which young and old may learn. *The Future General Practitioner—Learning and Teaching* supplied a scaffolding of ideas, concepts, theories and facts, some of which were banal and naive, some of which were useful and new to general practice, but it can be used as a basis for teaching the methods and ideas of general practice.

Does *General Practice Medicine* supply the practical details and clinical know-how? It is a book which could be read with profit by entrants to general practice. The book contains a series of chapters on various aspects of medicine mainly under system headings, together with chapters on practice organisations. The chapters are more or less self-contained and tend to be a truncated synopsis of the hospital management of diseases with emphasis on the importance of considering the whole person and taking note of the family situation. Talking of dyspepsia, "Psychotherapy will be an adjunct to more specific treatment along more conventional lines . . . an antacid such as magnesium trisilicate 5 ml should be

taken after each meal and a mild sedative such as 'Valium' (2 mg twice daily) should be prescribed". Such generalisations and platitudes somehow do not describe the art of general practice.

However *General Practice Medicine* contains much of practical value and puts together knowledge and tips about general practice which can not be found in a single book elsewhere. There are details I quarrel with—(p. 29). It is surprising the authors did not describe the indications for hospital admission in the description of croup. (p. 72) It is surprising that gastroscopy is not mentioned in the diagnosis of peptic ulcers. The suggestion that all investigations should be delayed for fear of alarming the patient seems doubtful advice. A diagnosis with proper explanation reassures the patient as well as the doctor. (p. 80). I would investigate urinary tract infection in children on lesser indicators (p. 86). Subterfuge is recommended to check the wife for venereal disease. The recommendation of subterfuge is dangerous and in my opinion seldom justified (p. 87). Surely biochemistry should be included in the investigation for renal colic (p. 94). I doubt the wisdom of a specific recommendation of 'Norgesic' in the treatment of musculoskeletal backache (p. 98). In discussing the treatment of