

contained in the pages of the bulletin is of educative interest, but there is not a great deal that will meet any need in the work of the family doctor.

In the introduction Dr John Gillies points out the importance of the team spirit, and how, during the period under review, developments have materialized, owing to the collective scientific work of the different specialists in attempting to solve the intricate problems waiting for elucidation. These have been admirably portrayed throughout by the contributors. As Dr Gillies rightly remarks, the new anaesthetic techniques demand from anaesthetists much more science than art. In this, however, there is a danger that the art, which was so much the perquisite of the good anaesthetist when the specialty was young, may be lost in the future. If it can be retained and incorporated into the present scientific mould mankind will indeed be well served. Much grateful appreciation would have been felt had an article been included in the symposium on this subject of such great importance, which would also have been within the scope of the general practitioner.

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## *Abstracts and Annotations*

**The Use of Psychotherapy in General Practice.** PHILLIP HOPKINS, M.R.C.S., L.R.C.P. *Brit. J. clin. Pract.* (1958) **12**, 525.

After giving an estimate of the proportion of stress disorder seen in his own practice (42.8 per cent of all patients seen) the author goes on to discuss minor psychotherapeutic procedures such as reassurance, placebo-prescribing, education, sympathetic listening, encouragement, and general guidance. The patient is helped to understand his problem and the action of his mind in relation to it. Active questioning must be minimal so that the doctor will not interrupt what is coming forth. "If in doubt as what next to say—say nothing".

Special sessions of 30 to 45 minutes are needed so that the patient can feel relaxed, also the doctor.

Dr Hopkins gives 12 case histories which illustrate his methods and results.

**Orf and Pet Lambs.** E. L. GAVIN, M.D., D.P.H. *The Practitioner* (August, 1958), **181**, 204.

Dr Gavin describes the clinical features of orf, or contagious pustular dermatitis, which is seen as an occupational disease among sheep-handlers in Spring and early Summer. It is quite common on the lips of young lambs, and may spread by fomites. Human patients develop a papule which grows rapidly into a peculiar painless mass "like a soft wart but more raised" with a blister on its summit. At three weeks it is 1 to 3 cm. in diameter, after which

it regresses gradually and leaves no scar. Treatment is conservative. Antibiotics are ineffective when secondary infection is present.

The differential diagnosis is from pyogenic granuloma and sarcoma of the hand or arm (the usual site of the infection), from "milker's nodules," and from infective paronychia if near the nail bed.

**Experiences with Chlorotrianisene in the Treatment of the Menopause.** PERCY G. HARRIS, M.B., B.CH. *The Practitioner* (August, 1958), **181**, 206.

In a series of 55 menopausal patients Dr Harris obtained good results by giving chlorotrianisene (TACE). Only two patients had withdrawal bleeding, and only one gastric upset. Nearly all experienced a sense of well-being.

Great importance was attached to explaining the symptoms to the patients, and they were warned that the effect of the treatment might not be felt for some time, and would be reviewed in six months.

The trial was conducted in a busy general practice, the author's previous experience serving as a control.

**Tasmanian Island Practice.** P. H. SHERWOOD, M.B., CH.B. *The Practitioner* (August, 1958), **181**, 199.

Dr Sherwood emigrated from England to the Furneaux group of islands near Tasmania, and serves the area of a small English county with the population of a large village. He is aided by "two double-certificated sisters" and a five-bed hospital; a twelve-bed unit is under construction. Major surgery and abnormal obstetrics are avoided as far as may be by using the daily plane service to Launceston, Tasmania; and pathological facilities are obtained through the same channel.

A host of disorders are mentioned to illustrate the variety of practice, and Dr Sherwood mentions certain drawbacks which include the risk of collision with kangaroos on the road at night. He recommends his job as an excellent stepping-stone to more permanent things. "Island practice is not a career. It is an experience".

**The General Practitioner in Industrial Medicine—Some Lessons of the Harlow Experiment.** STEPHEN TAYLOR, M.D., M.R.C.P., *The Practitioner* (August, 1958), **181**, 133.

The field of industrial health is largely cultivated by general practitioners working part-time, though there is a need for some consultants also. Comparative figures giving the present position are given by Dr Taylor. He defines industrial medicine as general practice conducted in the work-place. Those in group practice have least difficulty in the necessary regular time-keeping and provision of deputies.

Harlow Industrial Health Service concentrated from its outset

on the role of the general practitioner, and found the best value was obtained by employing part-timers on a sessional basis. Each session involves being on call for four hours, spending about half-an-hour at the industrial health centre, supervizing the health problems of two or more factories and visiting them regularly, and giving certain emergency cover. Doctors participating who see patients of their colleagues undertake not to accept them on their own N.H.S. lists for six months, and in practice few difficulties have arisen and these have been easily solved by mutual goodwill.

On balance the difficulties of regular time-keeping and arrangement of duties have been offset by increased continuity of care and by the enhanced understanding and control of the patient's environment obtained by his general practitioner. But initial costs were considerable, and it was not easy to persuade factory managements to combine and collaborate. It is hoped the experiment will be self-supporting in five years.

### The College Library

The honorary librarian is grateful to receive gifts of medical books for the library. Books on medical history and biography are particularly welcome. A list of books especially needed at present follows below.

The librarian is collecting every book or paper published by general practitioners on medical subjects. Will those members who have not yet sent reprints of their own papers please do so?

Many welcome gifts have already been received from members and associates. A list of donors will appear in the next issue of this journal.

#### List of books required for the College Library

Barrett, C. R. B.	<i>History of the Society of Apothecaries</i>	1905
Brockway, F.	<i>Bermondsey Story</i> (Alfred Salter)	1949
Chaplin, A.	<i>Medicine in the Time of George III</i>	
Corfe, George	<i>The Apothecary, Ancient and Modern</i>	1897
Davidson, M.	<i>Medical Ethics</i>	
Goodall	<i>William Budd</i>	1936
HISTORIES OF MEDICINE—Any		
Hobhouse (editor)	<i>Diary of a West Country Physician</i>	1934
Horner, N. G.	<i>The Growth of the General Practitioner of Medicine in England</i>	1922
Mackenzie, James	<i>Essays and Meditations on Various Subjects by a Physician</i>	1762
Peabody, F. W.	<i>The Care of the Patient</i>	1927
Percival, T.	<i>Medical Ethics</i>	1803
Rutherford Crockett (editor)	<i>Leaves from the Life of a Country Doctor</i>	1947
Sainsbury, H.	<i>Principia Therapeutica</i>	1906
Sprigge, S.	<i>Life and Times of Thomas Wakley</i>	1897
Stamp, W.	<i>Doctor Himself</i> (Life of Harry Roberts)	1949
Thackray, C. T.	<i>The Effect of Arts, Trades and Professions on Health and Longevity</i> (Reprinted)	1957
Worcester, A.	<i>The Care of the Aged, the Dying and the Dead</i> 1935 & 1940	