

## *Book Reviews*

**Der praktische Arzt heute und morgen. Teil 1. Die Ausbildung während des Studiums.** SIEGFRIED HAUSSLER. Stuttgart. A. W. Gentner. 1967. Pp. 99.

Translation: **The general practitioner today and tomorrow. Part 1. This training as an undergraduate.**

This book is the seventh in a series of short publications by the medical professional organization of one of the states in south-west Germany. It is a great pity that there is no English translation, for its analytical thinking and constructive recommendations require to be read by far more people than those who are familiar with the German language.

The scope and range of work of the general practitioner is examined in fair detail, with emphasis on the different activities of the private practitioner and the insurance doctor. A great deal of fascinating detail is given based on the computer analysis of item of service payments to 503 insurance general practitioners for 1964 and are compared with a good deal of up-to-date information. The high level diagnostic procedures and side-room type of laboratory examinations for which these doctors claimed payment, such as sugar estimations, blood serum bilirubin, indicate that their access to university or hospital laboratory services is not what it should be. This is borne out later in the text.

The pattern of general practice in 1964 was of a different range to the British one. This is seen in the figures shown on catheterizations, avulsion of the toe nail, administration of ultra-violet light or infra-red radiation, intravenous injections—which were only exceeded in frequency by intramuscular injections—and shortwave therapy. However, paracentesis of abdomen, or chest, or joints produced a sizeable figure (done nearly three times by each of the 500 general practitioners through the year) whilst every second general practitioner removed a foreign body from the nose at least once a year. The difference in therapeutic practice is highlighted by at least every third general practitioner doing an implantation under the skin of a therapeutic substance. Yet the problem of time and workload is fully and realistically discussed, with a healthy respect for what is necessary should the community receive an adequate health service.

An examination of the accusation that the general practitioner is just a sign-post to the specialist or specialist hospital is carefully based on data, and international comparisons are drawn. No doubt the statistics from different countries are not necessarily comparable, yet they give an interesting picture.

The lack of preventive work by west German general practitioners is recognized. The increasing ratio of specialists to general practitioners; the falling number of general practitioners (overall); the increasing number of patients per general practitioner; all these might have come straight from United Kingdom statistics, including the rising average age of the general practitioners and the decreasing new entrants into general practice from the recently graduated. Indeed, reading on through the hundred pages, one wonders what the critics of the National Health Service are shouting about. The same slogans, abuses, and shortcomings have all been heard before.

To return to the purpose of the treatise: it clearly emphasizes all the way through that if the recently qualified doctor is to be attracted into general practice he must be exposed to general practice as an undergraduate and pre-

registration graduate. This is most convincingly argued with many examples, including an examination of general-practice research which shows that almost all the time he is involved in research he does the kind of work he has seen carried out in hospital, often hopelessly unsuited to general-practitioner research as a theme, because it ought to have been conducted in hospital.

It is cogently argued, too, that the science of general practice is as yet in its infancy; that if we are to teach undergraduates about general practice we must investigate and study what general practice is and also we must become professional teachers.

The international picture of what is offered to undergraduates is succinctly reviewed, and here it is seen that much of what we hope to achieve in the United Kingdom is already being done abroad, from Zagreb to east Germany, to Saskatchewan in Canada. It is fascinating to read of the plans of the medical faculty at the new university of Ulm, where departmental assistant lecturers from the clinical subjects take students into general practice, exchanging pulpits, whilst the principal of the general practice goes *pro tem* into hospital to work, at least part time.

Finally it must be said that any study which covers in its bibliography such an extensive range and includes *all* the College reports on Education and General Practice, in addition to papers from the late Professor A. G. Lowden, from Professor R. Scott, Drs R. J. F. H. Pinsent, R. M. MacGregor, L. A. C. Wood, T. S. Eimerl, Professor van Es, deserves our attention, if for no other reason than to ask ourselves: "Do we read what has been written by others before rushing into print?" In a country where we do not share their language, the College's influence is humbling indeed, and shows us the importance of all our work studies and reports.

**Medical record linkage.** E. D. ACHESON, M.A., D.M., M.R.C.P. Published for the Nuffield Provincial Hospital Trust by the Oxford University Press. 1967. Pp. xviii + 213. Price 25s.

The stimulating policy of the Nuffield Provincial Hospital Trust to have basic problems in medicine fundamentally examined deserves great credit here.

Dr E. D. Acheson, the director of the Oxford Record Linkage Study at the Nuffield Department of Clinical Medicine has produced an eminently readable and lucid exposition as to what record linkage is all about. He has attempted to examine the utilization of existing records, as they exist for everybody; birth, death, marriage. He discusses their necessary developments and their use for computer storage and handling, and examines the problems which will have to be solved if mechanical handling is to become a reality.

It is devastating to read of the present-day cost of our inefficient medical information. It makes one despair that the problems of patient identification will ever be solved, in spite of Dr Acheson's proposals. The discussion of the value of routine data has many encouraging implications for general practitioners who are in their day-to-day work recording many medical facts routinely, yet are hardly ever encouraged to use them for studies. The use of personal files, the record linkage and the families—all these make fascinating reading and debunk many a preconceived notion.

These 200 pages with their tables and figures are an elementary 'Must' for all doctors who want to understand the basic requirements of record keeping in the twentieth century and what it will be in the twenty-first century.