

'fellow', 'female', 'fertility' is another nice sequence. Among the more legitimate short titles of degrees and diplomas is the FRCGP, thus demonstrating that the book has been brought up to date. It is a product of the United States of America.

Group practice. First edition. J. S. CLARKE, M.B., B.S. Edinburgh and London. E. & S. Livingstone. 1971. Pp. 1+96. Price £1.50.

Group practice is no new thing. In the 1930s there were many such practices, but group practices in those days differed somewhat from those of today; they were something more than a large partnership group and originated in an endeavour to provide patients with specialist skills which were not obtainable within easy reach of the neighbourhood. Often these group practices were highly developed with skilful surgeons, physicians, obstetricians, otorhinolaryngologists and anaesthetists who staffed the local general practitioner hospital so well as to make it self sufficient. That was in the days of free enterprise. The advent of the National Health Service killed this type of practice and its members were forced either to relinquish their special interests or cease to provide general medical services for their patients. With the increasing complexity of medical and surgical techniques this can now be seen as having happened just in time. From then on for the next ten years though small partnerships became increasingly popular large partnerships languished. Talk of health centres was heard but little progress in this direction was made. During the last ten years, with financial encouragement from the government, practice grouping has again become fashionable, and health centre practice is beginning to flourish.

The pros and cons of group practice are still arguable and the best method of grouping is still debatable. In the book under review Dr J. S. Clarke describes how two moderate-sized practices in an urban area came together to form a single large partnership. Some doctors would define a group practice as one sharing duties and premises, but not bound by any particular agreement, each taking out of the practice what he earns. There is no blue print as to how a group practice should be organized. There are as many different systems as there are group practices. It is for this reason that Dr J. S. Clarke's book is so valuable. But it is more than just a description of a practice; it is a quite gripping story of one undergoing the pangs of reorganization and so well told as to make it curiously exciting. Having said this it must be confessed that there is nothing new in his organization, though everyone who reads his account will find useful tips and will become aware of the weak points in their own set up and gain something from the author's experience.

For some years now we have been conscious of the rumblings of our general-practitioner colleagues in the north-east and have been aware that whole cargoes of ideas as well as coals are drifting

south. Dr Clarke almost persuades us that it would be pleasant to practice in Tynemouth. We envy his partners. Throughout he pays tribute to the qualities of the team with whom he works and to himself takes little credit for the excellence of the result. In a book of such a high standard there is little to criticize. One important instrument in any partnership is a legal agreement. He makes no detailed mention of this although he is minutely explicit in his description of the duties of the partners. Some may envy the practice "push-off" book, the expulsion book in which are entered the names of patients and families whose presence on the practice list has become unbearable, a number estimated at five per cent of the practice population, quite a high figure. In less populous areas, the last resort of removing a patient from the list is only to inflict what is usually a failure of personal relations onto a friendly colleague; though it must be said that patients so transferred often present no further difficulties to the accepting doctor.

There is no index.

The alcoholic and the help he needs—Part I.

First edition. M. GLATT, M.D., M.R.C.P., D.P.M. Royston, Hertfordshire. Priory Press Ltd. 1970. Pp. xi+114. Price 50p.

This is Part I of a two volume work in which the first is designed to provide a basic understanding of the problem of alcoholism to both lay and professional readers, whereas Part II gives more detailed coverage including treatment and is therefore more suited to the latter group. The appearance of the book is both timely and welcome as there is an increasing interest and awareness of the problems and misery caused by this widespread disease, on the part of the government bodies, the medical profession, and the ancillary helping organizations.

As might be expected when it is from the pen of such a well-known expert, the book is authoritative and easy to read. The author defines the different types of alcoholism, and in classifying such, refers to the confusion of terminology in respect of the different degrees of the disease. His book is concerned with what he calls the 'gamma alcoholism' and the 'delta alcoholism' of Jellinek which he says are addictions in the pharmacological sense and could be considered to be diseases. To the lay reader such differentiation may cause confusion. Facts and figures are given about the incidence and prevalence of the disease and the author admits that much of this information is based on insufficient evidence for which there is need for more accurate data. The author feels that the general practitioner is often unaware of the early signs and symptoms of the condition and of the extent of the disease in the community. Perhaps he is not even sympathetic to the problem when it is recognized in the individual.

The reviewer felt that in this part of the book a definite omission by the author was to stress insufficiently the difficulty of getting the alcoholic to recognize that he suffers from the condition and