

threatened. When the Poor Law was reformed the medical branch of the service was strengthened and placed under the control of the Poor Law commissioners who later became the Poor Law Board and in succession the Local Government Board whose officers were turned over to the Ministry of Health when that department was formed in 1919. The municipalities were progressing along similar lines from the time when they were given a degree of self government by the Municipal Corporations Act of 1835 and as time passed they took over the title and duties of the Local Sanitary Authorities; their functions were later supervised by the Local Government Board. It was, however, the reports of the Royal Commission on the Poor Law of 1909 which made the need for reform obvious, and the greatest interest and stimulus came from the minority report of the Webbs. Action, as far as the Poor Law was concerned, was becoming increasingly necessary and the outbreak of war in 1914 only delayed the formation of the Ministry by a short time. But, and it is here that this review by Dr Honigsbaum is so revealing, the intrigues which went on in the corridors of power were long and tortuous. In 1912 a new power entered the lists: the friendly societies whose influence had surprised Lloyd George were now banded together under the protection of the National Health Insurance Commission. The appalling infant mortality made some change for the better necessary. Nobody denied the need for a health ministry, and everybody wished to have his own department raised in stature. Details of this struggle for power is the theme of this pamphlet. It is stiff reading and the way that the material is laid out makes the understanding of what really happened difficult. Dr Honigsbaum tells the story in six short chapters, but to each one he has attached footnotes—some longer than the main paragraphs on the page. He has appended notes on the lives of the chief characters and this again caused the reader to be constantly having to refer on to find out about them. Useful in giving an insight into a phase of our history during which the dark clouds of war were casting all domestic affairs into the shade, and, for the sociologist, valuable for the fresh material rescued from the dark vaults of the ministry. For the rest of us not so informative.

A survey on attitudes to general practice. A report from the Central General Practitioners Committee of the Medical Association of New Zealand. New Zealand. The Medical Association of New Zealand. 1970. Pp. 9+64. Price \$1.00 (N.Z.).

It is not difficult to demonstrate the state of a discipline, to show how many people are working in it, and to portray their distribution in terms of age, sex, country of birth, medical school and associated factors. Unfortunately, such a study makes little contribution to knowledge of the causes of dissatisfaction and a deficit in the numbers of practising doctors is unlikely to be

made good without such knowledge.

This New Zealand study has taken advantage of the home growing of New Zealand doctors to trace the changes in their attitudes to general practice as medical undergraduates become junior hospital residential staff. A substantial contribution is thus made to our knowledge of courses. The results of this survey should be compared with the ASME project¹ which looked at 9,000 UK medical undergraduates in 1961 and 1966 and the about to be published studies of the BMA Planning Unit of UK general practitioners and Margot Jeffreys' study of general practitioners in Camden Town.

The New Zealand study both resembles these of the UK and yet sharply differs. We have so many undergraduates from overseas, they so few. We have begun to implement in our country some of the cures which we have identified for the short-fall in recruitment to general practice which appears to exist in every developed country.

The authors have discovered the heart of the problem, the absence or denigration of general practice as an accepted university discipline demonstrated by an independent department in the medical school. They suggest that undergraduates should spend electives in general practice in the latter years of their undergraduate curriculum. Too late of course. Pavlov Hospital has by then conditioned his puppies so that having defined the problem they suggest an inferior solution. Even so, this is a welcome advance on the thinking of some schools in UK. The comments on the abuses of the pre-registration year are domestic and valid, yet it does not appear to be sufficiently stressed that this period of learning was never intended to be specifically vocational for any discipline.

What seems difficult to justify is the extrapolation to New Zealand of the results of a study essentially undertaken in Otago via the Medical School at Dunedin. Nevertheless, the study is important for New Zealand and by that same token one which must be read by any who are concerned with education and training for general practice.

¹Report of Royal Commission on medical education, 1965-68. London. Her Majesty's Stationery Office. Appendix 19.

A colour atlas of general pathology. First edition. G. AUSTIN GRESHAM, T.D., M.D., SC.D., M.A., M.R.C.PATH. London. Wolfe Medical Books. 1971. Pp. 1+365. Price £3.75.

This is one of a series of colour atlases, if the standard here achieved is maintained the student of medicine will be well served. A series of colour reproductions of pathological processes is at first sight of little use to the practising doctor but it can do nothing but good to be reminded of the process of disease as revealed under the microscope,—a book to buy for the medical student and in which to browse before making the presentation. At today's prices for colour reproductions it is most reasonable.