

## Book reviews

**Multiple choice questions in physiology: with answers and comments.** IAN C. RODDIE and WILLIAM F. M. WALLACE. Pp. x+277. London: Lloyd-Luke. Price: £2.00.

This review is constructed in the same way as the book.

Mark the following statements true (T) or false (F) and compare your answers with those below.

1. "Multiple choice questions in human physiology" is intended to help students to revise their physiology.
2. General practitioners remember most of the physiology they learned at medical school.
3. General practitioners practise poorer medicine for not knowing such facts as the fate in the kidney of infused para-amino hippuric acid.
4. A piecemeal approach to revision is better than reading a well-written coherent text which sustains the interest with wit and erudition.
6. False statements which the reader wrongly marks as true have an educative value.
7. There is already a surfeit of books for the student of physiology.

### Answers

1. T. This is the authors' explicit aim.
2. F, at least for this general practitioner, who tested himself with the book and failed miserably on the basic physiology but passed easily on the applied, which is simply medicine.
3. F, but this may be a matter of opinion.
4. F. Professor Roddie has himself assembled a collection of articles into a book which makes exactly the opposite point.
5. F. In looking up an answer the reader concentrates only on correcting his knowledge of the one fact he has got wrong; this often contributes little to his understanding of the subject as a whole.
6. F. They imprint still further an impression which is all the harder to remove.
7. Too true.

### Comment

This is a well produced book aimed at the student. It is unlikely to be of much use to the practising doctor, who, if he wanted information on physiology, would go to one of the large textbooks for an authoritative discussion.

S. L. BARLEY

**Lecture notes on gynaecology.** BARNES, JOSEPHINE. (1972). Second edition. Pp. 248. Oxford: Blackwell Scientific Publications. Price: £1.75.

This handy little book is written principally for senior medical students and student nurses. Its style is concise, but there are a few slips of fact (e.g. p. 19, "the left ovarian vein drains into the

renal artery") and grammatical errors, some of which make the meaning obscure.

The book is best when it is more discursive, as in the chapter Essential Gynaecological Endocrinology, which is well written and very informative. In a small volume of necessity much has to be omitted. Some recent gynaecological advances are adequately described, such as laparoscopy, but not sonar. The psychosomatic aspects of the subject are barely hinted at, and this is the book's main weakness.

It will probably appeal to readers such as those referred to above, but will be less useful to those in general practice, and those making a further study of gynaecology.

S. G. BROOK

**A life apart** (1972). E. J. MILLER and G. V. GWYNNE. London: Tavistock/Lippincott. Price: £3.00.

This book is an account of a pilot study of residential institutions for the physically handicapped and the young chronic sick. The aim of the authors is to stimulate informed debate about, and the search for, better solutions to the problems of residential care for such people.

The authors were asked to take up this investigation by residents of Le Court Cheshire Home, who, being only too well aware of the strains and hazards of community life, wished to have the help of trained social workers in enabling people to adjust to their disabilities and to each other.

The authors visited 22 residential homes, studying five of them in considerable detail. The purpose of these institutions is to care for the cripple, from the time of 'social death', when he enters the institution, to that of 'physical death' when he dies. This may be many years. Consequently the problems involved in management are not simply organisational, medical and nursing, but psychological, social, moral and religious.

From their analysis the authors identify two types of home. The first is where the emphasis is based on meeting the physical needs of the dependent patient, which they refer to as the 'warehousing' model. The second is that in which the patients are urged to be as nearly independent as possible. This they refer to as the 'horticultural' model. They identify three aims of residential institutions for the chronic sick; to provide for the dependent needs of the individual, to provide as much scope for independence as possible for each individual, and to support each individual in his striving for independence. One inmate summed this up as the three 'A's, to Accept, Adjust, Achieve.

The authors conclude by offering suggestions for future developments in the field of caring for the chronic sick, both in and out of hospital. They

offer no panacea. Problems will always be present, but perhaps they can be tackled in a more effective manner in the future.

The authors will certainly achieve their aim of stimulating informed discussion, providing that people concerned with the care of the chronic sick read this book. It should certainly be studied by those who are on the management committees of residential homes, and by those involved in policy and decision making. As a start it can be recommended to general practitioners who have appoint-

ments to such residential homes, since they are in a position to influence thinking on this subject.

The authors have achieved a second aim. This is to set out succinctly and vividly the problems with which the chronically disabled have to cope. The book can therefore be studied profitably by general practitioners, social workers, health visitors and medical students, particularly those writing case studies on the chronic sick.

H. R. PLAYFAIR

---

### CHANGING FROM CONSULTANT PRACTICE TO GENERAL PRACTICE

. . . Becoming a general practitioner is quite easy and at the time it seemed a sensible and natural thing to do. . . . Having started to train as an anaesthetist it was illogical to stop before becoming a consultant. The seven years spent in hospitals were interesting and rewarding and I learned a great deal which is of value to a general practitioner. . .

. . . Hospital doctors and general practitioners have different roles neither of which are inferior to the other; they are complementary, and both are equally necessary for the operation of a comprehensive health service.

Unfortunately, however, the gulf *does* exist and is maintained to some extent by the nature of basic medical training. Medical students are trained in universities and hospitals almost exclusively, they gain little knowledge of medicine in the community and a distorted idea of the relative importance of scientific knowledge. Scientific knowledge is essential for the safe and effective practice of modern medicine, but it is equally, if not more essential, to have a deep understanding of people in health and sickness and a wide experience of the sort of environment in which they live and work. This cannot be learnt from a majority of specialists, nor can it be acquired easily in a teaching hospital. If doctors are going to serve their patients, they must emerge from the protective walls of their own scientific dogmatism and learn once more to listen and observe.

A number of cynics have assumed that the most important reason for going into general practice is to make more money more quickly. The financial rewards are not, in fact, so different . . .

. . . Perhaps the most attractive features of general practice are personal and social in nature. From a relatively early age a general practitioner can enjoy a normal married life, he can buy a home and live in it, he can spend time with his wife and children, cultivate his garden and develop a varied and stable social life. After seven years of hospital medicine it is a marvellous challenge to be allowed to live normally as an integral part of the community which I serve.

The future development of medicine depends to a large extent on the quality of general practice, most people most of the time have no direct contact with hospital doctors. Hospitals have an important role in the treatment of established disease, in training and in research, but it is essentially a back-up role. The most important work is in the community, with health education and preventive medicine. Unfortunately, most students still have no opportunity to realise the importance of general practice, and worse still are conditioned in such a way that they find it difficult to recognise the professional and intellectual challenges in general practice.

I have no regrets about backsliding into a less regarded branch of medicine. General practice is where the action is now. That is where I want to be.

#### REFERENCE

Pigott, F. (1973). *On Call*, 5 March.