

Book reviews

LEARNING TO CARE—Person to person (1973).

P. S. BYRNE and B. E. L. LONG. Edinburgh and London: Churchill Livingstone. Pp. VII +120. Price: £2.00.

This book is written for those who have to add teaching to their main professional role; more particularly for those whose profession is concerned with personal service to people; more particularly still for general practitioners of medicine, after their university training and before full entry to their professional group. It is about methods of learning and teaching and the situations in which learning can take place. It concentrates on one-to-one learning and teaching because the writers believe that this is the best learning situation in which to start when a profession is concerned with people and its job has to be learned in conditions of real life. Teaching is defined as 'causing someone to learn' and the particular sort of learning described is about behaviour rather than about theory or information.

Of the need for training: 'Training attempts to encapsulate into one year what might have taken many years' experience to learn. It also differs from experience because the trainee is in a position to receive some evaluation of his performance soon after completion'. This he gets from his teacher, instead of having to rely on bitter experience. For experience without training or supervision does carry risks. 'One obvious purpose of attachment is that the learner shall come to grips with reality by being exposed to reality. If this were simple, there would be no point in writing this book. The problem with reality is that it is full of risk. There exists not only the risk that the learner may misinterpret the medical clues in a situation, and then come to a wrong diagnosis and wrong therapy, but also that he may mishandle the patient in such a way that harmful relationships may be produced. . . .'

Since teaching means 'causing someone to learn', the teacher is there to provide experience and resources which will allow the learner to develop. He is not a judge or dictator preaching absolute values or fixed forms of behaviour.

Teaching nevertheless requires planning and the teacher must have his objective in mind when he enters a learning situation. This is best expressed as what the learner should be able to *do* as a result of his learning. It is then possible to test whether he can do it and whether learning has therefore been successful. But the learner may also know his own objective and it may not be the same. So programme building is best done as a joint activity so that objectives can be compared and aligned. They must also be reviewed at regular intervals. 'What we are then suggesting is that the start of any attachment training programme be seen not as a plunge into the deep end, but as an exploratory examination of the pool which has to be covered. Each side in essence should declare itself and then mutually decide what it expects to achieve out of

the situation. One of the prime purposes of this is to integrate the trainee into the management of his own learning situations. . . . 'Those who are obliged to turn decisions into action are more likely to be committed to that action if they feel they have been party to the decision which determined it. If they are implementing decisions made by others, their commitment is less reliable. . . . If it is important that individuals learn new 'coping' behaviour, then it is better that they learn the full meaning of these behaviours for themselves, rather than relying upon some outside person or agency for support. . . .'

Then a familiar problem: 'A great constraint upon learning from the consultation is that surgery sessions are based upon time-schedules which are often outside the trainee's control and hence make it more difficult for teaching-learning to take place. The trainer is thus faced with a dilemma. What is his prime purpose? If it be only to practise medicine, then the trainee must take second place. If it be to enable the trainee to learn about general practice, then the patient must take second place. Whatever decision is based upon such a structure of alternatives then it must be made clear by the trainer to himself and to his trainee before the surgery/learning session begins.'

Then perhaps the most important point of all: 'The self-understanding of the trainer is possibly the most significant factor in achieving success.'

The final chapter is about evaluation. 'The dedicated enthusiasm of the amateur trainer . . . should be strengthened by the professional approach which recognises, accepts and fulfils the duty of assessment of our programmes, of our trainees and of ourselves.' The authors favour assessment of trainees throughout their course rather than by final examination at the end. They describe valuable original work in constructing progressive rating scales for this purpose.

This is an admirably short book, but it is packed with argument—in places a little breathlessly. It is the better for a second reading and better still as a handbook for the new teacher to keep by him and to dip into again as he acquires experience and finds new problems through his involvement in teaching. For the first reading it would have been a help to have a summary in which the authors drew together the themes which they themselves believe to be the most important. Without this it is sometimes difficult to keep a sense of the main drift of the argument.

JOHN HORDER

Taber's Cyclopedic Medical Dictionary (1973).

12th Edn. Ed. THOMAS CLAYTON L. Philadelphia: F. A. Davis Company (Oxford: Blackwell). Price: £4.75.

The new edition of this medical dictionary is welcome. Its name implies that it is much more than a dictionary and it does include a number of generally useful illustrations. Some are wasted,

such as that illustrating the horizontal position, whereas that outlining the technique of drench-proofing is clear and useful. At the back of the book are lists of the muscles of the body, the nerves of the body, Latin medical words and other helpful pieces of information including some sample phrases in foreign languages.

The size is compact, the weight reasonable and the presentation good. The indented alphabetical index makes the book easy to use and the spelling is American. Although rather expensive Taber's remains one of the best medical dictionaries.

TEXTBOOKS OF MEDICINE

There are several textbooks of medicine used in general practice and rapid advances in the subject have often meant that general practitioners have tended to choose the book with the most recent edition in order to be as up to date as possible.

It is therefore particularly interesting that three of the most popular textbooks of medicine have appeared almost simultaneously, produced by three different publishers. This situation provides an opportunity to compare and contrast these most popular textbooks at a time when, for once, the date of publication is not an overriding factor.

A Short Textbook of Medicine. (1972). HOUSTON, J. C., JOINER, C. L. & TROUNCE, J. R. London: The English Universities Press Ltd. Pp. 590. Price: £1.75.

The previous edition of this book received a very favourable review in this *Journal* when it was suggested that it was then one of the best textbooks of medicine available in the United Kingdom.

It is still undoubtedly one of the leading contenders and probably the cheapest comprehensive book available. Its size is convenient and it is more easily carried about than any of its main rivals although part of the size has been achieved by using small print, particularly for the index.

One of the best features of this book is the fact that ten per cent of it is devoted to psychiatry, but rather rigid and dogmatic teaching is revealed in places. Personal doctors may wonder about "in this writer's view, termination of pregnancy on psychiatric grounds can only be justified when the continuation of the pregnancy would certainly carry a risk to the mother's life, or permanent destruction of her health. It can never be justified on purely sociological or personal grounds. Severe depression, with the open threat of suicide, if pregnancy is not terminated cannot in itself constitute an indication for termination. The indication which it does constitute is of course for appropriate treatment of the depression. Termination in itself (in fact) is often a dangerous treatment for depression (quite apart from being ethically unjustifiable). Intense exacerbation of depression with additional guilt, remorse, and occasionally severely paranoid ideas, can follow termination, when the mother comes to realise that, even

perhaps at her own insistence, her child has been killed."

Similarly, in the section on eczema the fluorinated steroids are recommended, including polythene occlusion and preparations including neomycin are rather freely approved.

It is stated in the section that the barbiturates and the sulphonamides cause drug rashes most frequently, whereas in general practice, ampicillin, which is not mentioned here, is one of the commoner causes.

Penicillin is recommended in the treatment of measles apparently at all ages, and often in the book incidence figures are not given for many diseases, although that for schizophrenia, which was singled out in our previous review, has now been incorporated.

The sections of the book have not always been inter-related, and for example in the first chapter, Gaucher's disease and Tay-Sachs disease are mentioned but neither are in the index which might be puzzling for students for whom this book is partly designed.

In general however, this book is a good summary of medical practice, and selling at £1.75 it does represent outstanding value for money.

The Principles and Practice of Medicine (1973). Tenth edition. Edited by SIR STANLEY DAVIDSON AND JOHN MACLEOD. (1971). London and Edinburgh: Churchill Livingstone. Pp. 1196. Price: £3.00.

Davidson's textbook is one of the other most popular books used in British medical schools. The latest edition is the tenth and will be the last edited by Sir Stanley Davidson himself. It includes a new chapter on immunology, a subject which certainly merits inclusion in all modern textbooks of medicine. It is unfortunate that this chapter is not written with the clarity of many other parts of the book.

The presentation is extremely attractive, the print used is big, and the numerous bold headings make sections particularly easy to absorb. There is rather more discussion than in Houston and Joiner, and there are more diagrams and a few colour plates. These add to clarity. More important in general practice is that in several sections including psychiatry and obesity there is an awareness of the general practitioner's point of view and practical difficulties in the field. Incidence figures for many diseases are not given and it must be difficult for some students to grasp what conditions are common. One of the best features of this book is the deliberate attempt at the end of most sections to consider the possibilities of prevention.

It is a pity that throughout the book there is no indication of which drug names are approved chemical names, and which are proprietary trade names, and both forms are used in different places.

In general this edition has fully maintained the reputation of this book which is now perhaps the most useful general textbook of medicine for practising general practitioners.