

**Human growth and the development of personality.**

Second edition. KAHN, J. H. Pp. 242.  
London: Pergamon Press. Price: £3.00.

Every now and then, the general practitioner finds a book which instantly connects with his own experience of general practice, and illuminates it with new insight. Such a work is *Human Growth* by Jack Kahn, which looks at the whole span of human development, and expresses human growth, adaptation and decline, in those terms which the general practitioner has made his own—the physical, the psychological and the social.

The style of the writing is consistently light and elegant and the careful observation of the good clinician is highlighted by a quite astonishing erudition. Not only does Dr Kahn quote with equal facility from psychoanalytic literature, anthropology, classical literature, and modern drama, but there is a wealth of material concerning the social history of this country, and some delightful pieces of local history. He describes, for example, the mayor of the town of Huddersfield in the year 1903, who offered a gold sovereign to every baby born in his parish during the year of his mayoralty. The sum was not given on the date of birth, but on the first birthday, and during that year the infant mortality went down by half.

In a recent college document, human development was seen as one of the five areas of knowledge and skills, essential for the training of the future general practitioner. The reviewer found this book an exciting and imaginative exposition of the most important ideas in this area.

MARSHALL MARINKER

**General Practice and its future in Australia: A first report of the Australian Medical Association Study Group on Medical Planning.** Pp. 66.  
Sydney: Australasian Medical Publishing Company Limited.

What an opportunity missed! This is likely to be the reaction in Britain to this important report by the Australian Medical Association. Although the study group consisted of a strong and well-balanced team including the Chairman of the Medical Education Committee of the Council of the Australian College, the Report contains remarkably few new ideas. It does, it is true, contain a firm policy direction towards health-centre practice, a recognition of the value of the health team in community care and a clear call for proper educational preparation for general practice. However, none of these are new ideas in Europe, and the implementation of them is either not spelt out or, where details are given, inferior solutions are proposed.

Where, for example, is the detailed study of three-year vocational training programmes as they already exist in the United Kingdom? Where are the studies of the problems and balance of such programmes? All that appears is a rather pathetic suggestion that vocational training should 'nor-

mally take two years' including 'training in general practice, of not less than three months'. It seems a poor reflection of the confidence that Australian general practitioners have in their discipline if they really believe that the whole of vocational training in this field—unlike all other branches of medicine—can really be compressed into three months. Furthermore, this report shows no evidence of the recent trend in the United Kingdom to review even the 12 month period currently fashionable and the increasing number of suggestions that it should be increased to one and a half years.

Nor is there any recognition of the extent of the administrative structure that is necessary to support modern training programmes for general practice. Arrangements of, for example, the Central Councils of Postgraduate Medical Education, the Regional Advisers, or the role of Postgraduate Deans go by default. Indeed the whole relationship between general practice and the universities has not been understood. This report recommends that there should in future be a university department of community medicine one division of which should be seen to be a separate unit of general practice. Coming from a country where there is not one single professor of general practice it is strange that no reference has been given to experience in the United Kingdom where there are now no fewer than eight professorial departments.

The references cited are revealing. General practice in the United Kingdom and general practice in the U.S.A. for example both have six references, yet it is difficult to believe that academic progress in the two countries has been the same. Furthermore when the six British references are examined it appears that two dates from 1950 and two from 1959! It is interesting that the *Journal of the Royal College of General Practitioners* is only quoted twice in the section on health centres. One is left with the inescapable conclusion that the Australians see the health centre as the sole or main contribution of British general practice to the world scene.

All in all, it is sad to see a major report from a major general-practitioner country slowly coming to the conclusions that, for example, the future general practitioner will be a generalist. To the British reader schooled in developments in Europe this inevitably creates a *déjà vu* phenomenon. Australian general practice appears to be where British general practice was about ten years ago. On the final section on education for general practice, of the six references cited only the British Royal Commission Report of 1968 and the World Health Organisation Report No. 257 of 1963 come from Europe.

Although this Report does quote extensively from the B.M.A. *Report on Primary Care* it does stress the importance of psychosocial factors in modern practice. It has failed somehow or other to capture the intellectual interest in general practice that clearly exists in other parts of the

world. The report is, moreover, presented unfortunately in very small print.

It is to be hoped that those responsible for guiding general practice in Australia will be prepared to think again—and above all to read the European literature.

**Psychiatric aspects of medical practice (1972).**  
Ed. MANDELBROTE, B. M. & GELDER, M.G.,  
Pp. 259. London: Staples. Price: £5.95.

It is becoming fashionable these days to declare interests, so perhaps I should disclose Professor Gelder was my contemporary both in medical school and initial psychiatric training posts. This is even more necessary because I dislike collected essays and had actually passed by this book in Lewis's book shop, yet now I have read the review copy I have to admit my prejudice in this case was unfair.

Thirteen essays by 11 psychiatrists, all associated with Oxford, deal with biochemistry, use and abuse of drugs, psychotherapy, community psychiatry, behaviour therapies, the general hospital psychiatrist, developmental medicine seen biologically, child psychiatry, sociology and psychiatry in epilepsy, criminology, abortion, psychosomatics of reproduction and sexual inadequacies. Indeed, if one had added a few extra chapters on schizophrenia and psychogeriatrics it would have almost been a complete psychiatric refresher course. General practitioners will find the approach sympathetic, e.g. p. 158: "the general practitioner is uniquely placed to help the child's family" or p. 67: "rapid intervention using simple methods may produce changes at a time of crisis exceeding longer and more skilled treatment in a quiescent

phase . . . it will emphasise the importance of the general practitioner's role in treatment for he can intervene quickly—and the skills are within his competence given minimal training as a student and for practice".

I would quibble if graduate marriages "tend to produce more young than the general" p. 122 and feel for "tests" p. 228 one should read "testes" to make sense. My major argument is that the expansionist child psychiatrist has not assimilated the follow up surveys quoted in *Childhood Behaviour and Marital Health* published in 1971 by Professor Shepherd and co-workers studying 6,000 Buckinghamshire school children in 1961. The child psychiatrist quotes from 1966 publications that the difference in children referred for child guidance from non referred was only in maternal anxiety and not in more disturbed children. The child psychiatrist fails to include from the same survey the facts published later that two thirds of children improved whether treated or untreated and improvement was more linked to environment than treatment. These findings do not justify a plethora of child psychiatrists.

Much can be forgiven a book that says "reading one great novel tells the student more about people than the corpus of psychological medicine". I was won over by the book and feel it will help to stimulate general practitioners, both those keenly interested in psychiatry or those aware of a deficit.

However is it value for money? The January, 1973 *Practitioner* gave 140 pages and 19 chapters devoted to "practical psychiatry" for 60p (plus 50 pages bonus on other topics) whereas the hard back book under review gives only 265 pages of text for £5.95.

ROBIN STEEL

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### DEPOT CORTICOSTEROIDS IN HAY FEVER

In this study of seasonal hay fever in a suburban practice it is seen as a comparatively common complaint affecting young people of both sexes. Almost half the patients showed four of the classic symptoms and some degree of pollen asthma was present in 28 per cent. The resultant morbidity lasted up to three months and the duration of symptoms correlates with their severity in the individual. The use of depot preparations of corticosteroids in treatment produced complete or partial relief in 90 per cent of patients.

Melotte, G. (1973). *Practitioner*, **210**, 282–285.