

individual studies and the published official figures suggests to the authors that there may be a general failure to notify adverse reactions—a reminder that the Committee on Safety of Medicines cannot monitor adverse reactions without regular reports on their yellow cards.

The effect of age, sex, genetic factors, blood groups and disease states on the incidence of side-effects are surveyed, and there is a section on drug hypersensitivity and cross-sensitivity which concisely highlights a relatively new problem. The survey of drug interactions ends with a useful table of examples listed by groups of drugs.

The rest of the book follows a systematic pathological approach, so that, for example, skin diseases (a chapter contributed by Dr A. McQueen), blood dyscrasias and lung diseases are dealt with in separate chapters, as are disorders of porphyrin metabolism, carbohydrates and fat metabolism, and water and mineral balance. Each chapter ends with recommended further reading and a list of references that testifies to the immense pains the authors have taken to cover the ground in such surprising detail for a relatively small book.

The treatment of each subject is a well-judged blend of pharmacology, therapeutics and clinical medicine. It is an interesting sidelight on the intense activity in this subject that the inevitable gap between the writing and publication of even as complete a book as this should result in the omission of a few topics which have recently concerned clinical pharmacologists, but this does not detract from its value. It ends with a cross-index of official and proprietary names, and a general index which is more than usually thorough.

The standard works of reference on drug-induced disease are so compendious as to be daunting to the general reader. This work surveys the field in enough detail to keep interest stimulated, but successfully avoids the pitfalls of prolixity. I was left with many sober reflections on the responsibilities that lie with those who prescribe, and if the authors had the encouragement of therapeutic simplicity in their minds as they wrote, they have amply succeeded. There can be few general practitioners who will not find this book a valuable safeguard against the hazards of prescribing.

M. J. LINNETT

A history of the Royal College of Physicians of London (1972). Volume three. COOKE, A. M. Pp. 1247. Oxford: The Clarendon Press for the Royal College of Physicians. Price: £5.00.

This volume—presumably the last—brings the history of the senior of the Royal Colleges from 1858 to 1948: 90 years covering the most momentous years in the history of medicine, not only in its progress as a science but also in the development of practice.

The Medical Act of 1858 made the registration of medical practitioners compulsory and set up the

General Medical Council. This was followed by a series of great Public Health Acts, and then came the National Health Insurance legislation of 1911, to which the National Health Service Act of 1946 was a natural sequel. There is so much to expound and so much that the reader will want to know about how the Royal College reacted to all these events that the author must have been sorely pressed to decide what to include and what to leave out. Sir George Clarke who had so skilfully written the first two volumes reluctantly declined the authorship of this volume and Dr A. M. Cooke has succeeded him. Seldom has a change of author been accomplished so smoothly. Dr Cooke brings to this particular volume personal knowledge of many of the events about which he writes. The first two volumes were valuable additions to our understanding of the progress of medical practice, and the present one is equally important.

Over the centuries the College has had its ups and downs, and has often seemed to be dragging its feet in the path of progress. One of its more endearing attitudes during the last century was its opposition to specialism; the physician was in its eyes physician to the whole body and his learning should be wide. Thus it was that it opposed the project to form a college of obstetricians. Even today the College aims at a membership of physicians well-grounded in the art; it expects specialisation to come later. It is surely right in this.

The great medicopolitical reforms which are still in living memory were too disturbing to be ignored by the College. These are dealt with at some length. The rôle of the president in the negotiations which preceded the inception of the National Health Service is clearly stated. After reading these pages those who were opposed to the service and prepared to wreck it before giving it a chance to start will read again of the tortuous negotiations in which the late Lord Moran played so prominent a part, and, in the comparative peace of the present, will come perhaps to a better understanding of what he wished to achieve. That he was re-elected president in the middle of the negotiations is evidence that he had the majority of his colleagues behind him.

As the shape of medical practice evolved, the College may not always have taken a leading part, but its concern for a satisfactory standard of medical education is demonstrated by its relationship with London University and the General Medical Council. The examinations for its licence and its membership were the main sources of revenue for the College; it was important that candidates should present themselves in sufficient numbers and the competition of London University required to be carefully watched. The fluctuation in the numbers of candidates over the years makes an interesting commentary on the importance in which the College was regarded during these decades.

This is a valuable historical survey of medical

practice; progress in the art and science of medicine is not so well demonstrated in these pages, and understandably not, for the "congregated college" has seldom thrown the weight of its learning into the advancement of research. Respected in all quarters, it has been consulted frequently by governments on many subjects and has always been able to give expert advice. The reports of the college on cigarette smoking are recent examples of how well it can play its part when it sets out to do so. But this new trend will have to await some future chronicler.

R. M. S. MCCONAGHEY

Outline of orthopaedics (1971). Seventh edition. J. C. ADAMS, M.D., M.S., F.R.C.S. Pp. 444. Edinburgh and London: Churchill Livingstone. Price: £2.25.

This book on orthopaedic surgery is ideal for general practitioners, whether they wish to use it for quick reference, or to read right through in order to get a comprehensive grasp of orthopaedics in so far as it concerns general practice.

It is written in a concise and lucid style and is plentifully illustrated with sketches, photographs and radiographs. Each subject is approached systematically, both from a diagnostic and a therapeutic point of view. Operative details are kept to a bare minimum.

Perhaps one or two details of concern to general practitioners are worth more emphasis. When manipulation is mentioned, it is usually implied that it is done under general anaesthesia, though it is true that reference is made to the possibility of manipulating some joints without general anaesthesia, such as backs and feet. If this was stressed a little more, and more guidance given on the selection of suitable cases, many general practitioners would train themselves in the art, and many more conditions would properly be treated in this way by their general practitioners, and not referred to orthopaedic outpatients.

In the section on flat feet, it is rather confusing to find little differentiation between three distinct groups of 'flat feet'—congenital pes planus, structural pes valgus, and postural pes valgus. The first group probably requires no treatment. The second, due to a persistence of infantile internal torsion of the tibia, which results in pes valgus, may require correction if it is gross, by splinting in infancy, or surgery later if it has been neglected and should be referred to an orthopaedic surgeon. The third and largest group, is postural pes valgus, due to postural internal rotation of the femora, which is commonest at all ages, and certainly calls for postural training, though this is not worth while before the age of six. Most of this last group the general practitioner should be able to manage himself, only needing to refer the neglected cases with secondary complications such as osteo-arthritis or painful spasm.

For those who wish to read further in any field of orthopaedics, there is an extensive and well classified bibliography. A copy of this book will be

found in the college library, and can be strongly recommended to anyone who is interested. It could properly be looked for in medical centres or group practice libraries.

Mass health examinations (1971). Public Health Papers No. 45. Geneva: World Health Organisation.

The technical discussions at the 1971 World Health Assembly were on *Mass Health Examinations as a Public Health Tool*. The 221 participants were divided into eight discussion groups. This volume contains the background papers (by J. M. G. Wilson, London; and H. E. Hilleboe, Florida); the reports of the individual groups; and a report of a joint session.

One of the early and most vivid impressions on the reader is that of the confusion which an international gathering can generate by the mere use of words and names. "The variety of terms used to describe different types of mass health examinations" comments Hilleboe, "is already causing considerable confusion throughout the world". Furthermore, this confusion is, here, readily compounded by the compendious subject chosen—covering those investigations aimed at preventing the occurrence of disease; those aimed at pre-symptomatic recognition; those aimed at preventing the progress or recurrence of disease; epidemiological surveys; and those aimed at research which has no immediate application.

Each of these processes has its own inbuilt problems. Problems of 'normality' and validity (including sensitivity and specificity); problems of reliability—both human and mechanical; problems of sampling; operational problems of recording, follow-up, resources (man-power, finance and facilities), and cost-effectiveness; problems of accessibility and acceptability; problems of evaluation either in terms of efficiency or effectiveness; not to mention ethical and legal problems.

Perhaps such polyglot discussion served some useful purpose for the participants. If so, it is not clear to the reader—who is left with the uncomfortable suspicion that the diversity of background and priorities was so great in an assembly of this sort that discussion would have been more profitably conducted by smaller groups facing more homogenous problems.

It is the appearance of the problems involved that alone makes this book worth reading.

Psychology in medicine (1971). J. E. ORME AND F. G. SPEAR. Pp. 218. London: Bailliere Tindall. Price: £1.80.

These authors attempt to put before the reader a brief account of the whole field of academic psychology, and to relate this discipline to the practice of medicine. It is addressed to the general medical reader and to the undergraduate medical student. General practitioners have a particular need for this kind of information in relation both to their work in practice and to their new task as