

course for practice administrators as long ago as 1971. The course was proved to be excellent but it was expensive and, because of the 'independent contractor' status of the general practitioner, the Department has, so far, refused to make an allowance towards its cost (apart from the pilot course, which was attended by some general practitioners and was allowed under Section 63), despite the efforts of the GMSC to persuade it otherwise. This course is, therefore, not yet available.

So much for the professional aspect of Dr Mulroy's report. Regarding the other aspect—remuneration and working conditions—the Guild of Medical Secretaries produced, several years ago (and has since up-dated on several occasions) recommended salary scales for the various grades of staff in general practice. These scales have the approval of the B.M.A. and are accepted by family practitioner committees for reimbursement purposes.

It is recognised that most general practitioners have heavy outgoings and comparatively meagre incomes during their early years in practice and that thrift, therefore, must be practised—but it would seem that the habit persists with many of them for an unnecessarily long time and to an inordinate degree! When 70 per cent of staff salaries is reimbursed by the Department and the balance is allowable for tax relief, I suggest that there can only be two possible reasons for payment

of low salaries—either the staff members are not worth any more, in which case they should be replaced, or the employer is too miserly to pay a reasonable rate.

We hear a good deal about the practice team—and rightly so. The medical secretary is a member of the team and should be treated as such by ensuring that she is not only given the opportunity, but actively encouraged, to receive proper training and also by ensuring that her value is recognised by payment of a realistic salary.

Details of courses may be obtained from: The General Secretary, Association of Medical Secretaries, Tavistock House South, London WC1H 9LN.

Details of recommended salary scales may be obtained from the B.M.A. or from The Secretary, Guild of Medical Secretaries, 19 Croft Road, Clehonger, Hereford HR2 9ST.

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REFERENCE

Mulroy, R. (1974). *Journal of the Royal College of General Practitioners*, **24**, 358–361.

BOOK REVIEWS

Textbook of Paediatrics. (1973). Ed. Forfar, John G. and Arneill, Gavin C. Pp. 2115. Edinburgh, London: Churchill Livingstone. Price £19.50.

An alternative title for this work could well have been the *Complete Children's Doctor*. *Complete Paediatrician* would have been a misnomer, for this book has been written (and I quote from the editors' preface) for all doctors who are concerned with the health of children, . . . paediatricians, . . . junior hospital doctors, . . . general practitioners and doctors (dealing with) paediatrics in the community.

In addition to the usual chapters covering all the major disease groups, there are chapters covering practically every other aspect of child health, including history taking and physical examination, prenatal and developmental paediatrics, social aspects, preventive measures and practical procedures, therapy, genetics, and epidemiology.

The editors and publishers set themselves a mammoth task when they planned this book, even though it is not, as the publishers state in their blurb, the first major postgraduate textbook of paediatrics from Britain. Garrod, Batten &

Thussfield's book surely holds that place in history. Perhaps the publishers meant to say that it is the first major Scottish work in this field; both editors and almost every one of the nearly 75 authors is from, or in practice in, Scotland.

Obviously such a book can never totally satisfy every reader. The problems to which answers will be sought by different groups will vary considerably. General practitioners, for example, will not wish to be directly concerned with the diagnosis of a rare condition, but they will want to know enough about it to be able to answer the questions posed by the family.

While it is not usually productive for a general practitioner to devote too much time to learning about pathology he is unlikely to meet, what he will want is an authoritative reference book to which he can turn when a rare case arises in his practice. This is such a book. It is well written; it is clear and it is practical.

In the section "Recurrent abdominal pain", for example, the reader is left in no doubt that the majority of children with tummy ache are suffering from some emotional trauma, but they are also told what organic problems they should be thinking about and how they should set about making

a diagnosis. The probability that both physical and emotional factors co-exist is emphasised. I would only criticise this section on one count: though common, recurrent abdominal pain is not the most common symptom in children (as can be seen from the tables in chapter 1).

It is a pity that tonsillectomy is dealt with so briefly. It is by far the commonest single cause of hospital admissions among children (again, see Chapter 1). Yet the entire subject is dismissed in less than one page. It is as though the author of this section (one of the editors himself, no less) felt it was too hot a potato on which to linger. Both the general practitioner and the school doctor, who are the members of the medical profession most concerned in initiating the action leading to an operation, will have to turn elsewhere for help in answering or parrying the questions of the anxious mothers with their snotty-nosed children (to quote an American paediatrician)—who in turn are being bombarded with advice from their mothers, neighbours and women's weeklies.

What are the main weaknesses of this otherwise excellent volume? First and foremost it is too big to be encompassed in one volume. It is too heavy to read in the lap at home, which is where I do my reading as I suspect do most other practitioners. While preparing this review I dropped the book twice and it made quite a clatter each time.

The second weakness is the quality of many of the illustrations, in particular, the drawings. Without foreknowledge of what the artist is trying to represent, in many instances it would be almost impossible to identify the subject in life.

Full recognition is given to the place of the general practitioner in the care of children under the NHS in the United Kingdom, though it is a pity that the reorganisation, which has already begun in Scotland and is due to start in England and Wales in 1974, has scarcely been mentioned.

Who will want a copy of this book? Everyone actively interested in paediatrics should have access to a copy. Not every practitioner will, however, feel the need to spend such a large proportion of his annual book budget on this one volume, but those who think of themselves as the teachers of primary child health care—namely doctors with a special interest in paediatrics—should give serious thought to the purchase of their own copy, or at least make sure it is in the library of their local postgraduate medical centre.

Several chapters could be read *in toto*: an example is Chapter 1, which is on epidemiology, even though it is somewhat strangely described as "Demography, Vital Statistics, and the Patterns of Disease in Childhood". Some of the other chapters are for reference only and when the need arises; in particular, the sections dealing with different disease processes seen in children. I suspect that the more the book is dipped into, the more the doctor will want to invest in his own copy.

STUART CARNE

Writing medical papers: a practical guide (1973).

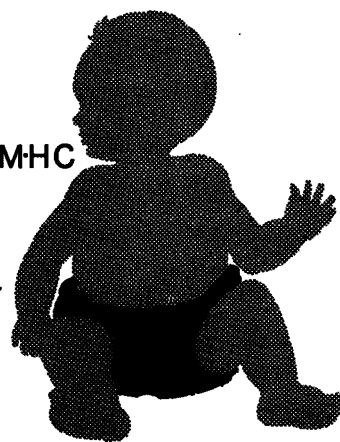
CALNAN J. & BARABAS, A. London: Heinemann. Price: £1.50.

Every reviewer is adjured by his editor to avoid such phrases as "should be read by every doctor in omphalology" or "a must for the aspiring omphalologist." Now and again, however, editorial displeasure must be risked, because some books, such as this one, really are essential reading. There is more to Calnan and Barabas' small book than writing medical papers only: they give advice in separate chapters to junior, senior and consultant doctors (the word general practitioner is never mentioned) on how to prepare medical reports, case histories and letters to journals, on how to report a conference, how to write a research-grant application, how to write a thesis and several other different sorts of medical communication.

The second half of the book, on the craft of medical writing, is less good; it is too short and is not a good substitute for the several larger books and papers listed for further reading. There is an index which appears—for all its usefulness—to have been included chiefly because someone must have thought that all good books should have an index.

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