

## EVALUATING TREATMENTS

Sir,  
Dr Johnson's article in the December *Journal* provided interesting information. Many of the conclusions he draws, however, are not justified by the facts he presents. For example, to state that penicillin V is more efficient at preventing people returning with a cough than ampicillin is obviously nonsense and it is quite apparent that it would be quite different types of patients who received penicillin V and ampicillin.

It is difficult to see what organism that might cause a cough, that would be treated by penicillin V. The author himself alludes to the deficiencies of such conclusions, but it is none the less misleading to talk about comparative efficiency under such completely uncontrolled conditions. One may get some idea of patterns of illness and response to treatment, but to compare two treatment groups there is surely no substitute for the randomised controlled clinical trial.

K. HARDEN

85 Milngauie Road,  
Bearsden,  
Glasgow GCl 2ON.

## REFERENCE

Johnson, R. (1974). *Journal of the Royal College of General Practitioners*, **24**, 832-836.

## MDs FROM GENERAL PRACTICE

Sir,  
I wish to apologise for inadvertently leaving out the names of two MD recipients from the article 'MD by Thesis from General Practice' which appeared in this *Journal* in the November 1974 issue. The first is Dr A. C. Cobbett who proceeded MD from Dublin in 1968, and second Dr Robert C. Heddle who proceeded MD in

1969 from the University of Adelaide.

W. O. WILLIAMS

33 Carmarthen Road,  
Swansea,  
Glamorgan.

## REFERENCE

Williams, W. O. (1974). *Journal of the Royal College of General Practitioners* **24**, 778-783.

Sir,

On reading through the November *Journal*, I saw the article by W. O. Williams of Swansea, entitled *M.D. by thesis from general practice*.

I notice in his table 2, that Adelaide is mentioned as having had 60 M.D.s granted between 1957 and 1971, but none from general practice in this period.

I felt to put the record straight, that I should inform you that there have been, over the past 25 years, three M.D.s (to my knowledge) granted to men in general practice and from general practice.

These were respectively, John Covernton in 1947, who while working in a country practice, wrote his M.D. thesis on the congenital myopathies of childhood. Secondly, in 1947, Clifford Jungfer, who is a Fellow of the Royal College as well as a past President of the Australian College, wrote an M.D. thesis on a child health survey in the Adelaide Hills, and more recently, Robert C. Heddle, a Fellow of the Royal Australian College gained his M.D. thesis in 1969 for his general-practitioner study of the health of the students of the university of Adelaide while working there in the student health centre.

I submit these facts to you so that the survey of Dr Williams can be completed from one small part of the British Commonwealth.

H. R. OATEN

500 Magill Road,  
Magill 5072  
Australia.

**BOOK REVIEWS**

**Hypertension: Its Causes, Consequences and Management** (1974). PICKERING, SIR GEORGE. Second edition. Edinburgh and London: Churchill Livingstone. 150 pages. Price: £2.50.

Sir George Pickering has produced a second edition of his paper-back on hypertension. This really is a truncated version of his larger book published by the same publishers.

In eight chapters and 150 pages the physiological background is examined. The significance and epidemiology are discussed, the natural history and consequences are presented, and the problems of classification demonstrated, the assessment of the patient described and a management suggested.

As might be expected the material is presented with an authority that one would expect from

a Fellow of the Royal Society, elected for his work on cardiovascular research—but somehow one has the uneasy feeling that Sir George writes from past experience, which may be vast, but without a completely up-to-the-minute appreciation of present practical clinical problems and issues. In particular the chapters on assessment and management could have been better related to general practice, if Sir George had consulted with some of his many general-practitioner friends and colleagues.

Missing is any reference to the case for and against screening for high blood pressure. Nor are there any references to, or a discussion of, the many recent and relevant papers from general practice on high blood pressure. In a well-produced book it is surprising that 'Septtrin' has been

mis-spelt with an 'm'.

What can I say? It is a paper-back well worth looking at and reading on loan from a library but not a book that I feel one must buy and keep for reference.

JOHN FRY

**The Scientific basis of medicine. Annual reviews 1973 (1973).** Ed. GILLILAND, I. and PEDEN, M. Pp. 204. London: Athlone Press. Price: £4.00.

This annual is produced under the auspices of the British Postgraduate Medical Federation. As in previous years, a high standard of material and authorship is maintained throughout.

The general practitioner is *par excellence* an artist in medicine, and can observe his daily practice diverge increasingly from the more scientific practice of university medicine; this book helps to bridge the gap.

The opening article by Sir John Wolfenden reviews the thorny problem of who provides the money for research and how tightly strings may be attached to such finance. The net woven by university grants, government enterprise, and private enterprise is depicted.

An article on acetylcholine and presynaptic nerve terminals paves the way to a discussion of the pharmacology of levodopa. The increasing use of this drug for Parkinson's disease renders these articles timely.

Horton and Beazley review the prostaglandins with particular reference to their use in stimulating uterine contractions. These substances have great potential, not only for the efficient termination of pregnancy, but also for induction and active management of labour. The dawn is seen of a day when woman's labour may be induced on the morning of her own and her obstetrician's choice, and babies are born by the evening. The oxytocins and prostaglandins together may one day dominate the control of labour. This could diminish the role of the general-practitioner/obstetrician untrained in such methods.

Cranston continues his study of the pathogenesis of fever and the importance of leucocyte pyrogens. This work emphasises the nonspecific nature of the impulse needed to induce fever—this is already realised by general practitioners who more often cannot, rather than can, explain the cause of an isolated spike of fever.

Much current interest is focused on the early stages of chronic bronchitis. This commonly disabling condition, of such great importance to modern Britain, displays early in its development changes in bronchial mucus. This is produced from surface epithelial cells and mucous glands with associated changes in their structure as well as in the volume of their resultant sputum. It is interesting that the experimental use of isoprenaline, often used in asthma, can produce similar bronchial histological appearances to those classically seen in chronic bronchitis. This raises the possibility of whether long-term broncho-

dilator sprays used in the treatment of asthma can cause the excess sputum production usually typified by chronic bronchitis.

Ocular toxoplasmosis is discussed by Perkins—this disease may be seen more often in negroes; and the organism is widely found among domestic animals in this country. The most common symptomatic infection in the United Kingdom is a febrile illness with atypical mononucleosis of the peripheral blood.

With increasing age and obesity of civilised western communities, osteoarthritis becomes a major problem, and the need for total replacement of the hip will increase. Holt and Newman consider the aetiology and pathology of osteoarthritis and hip surgery respectively. Scanning electronmicroscopy produces an enchanting new world of microscopic photography.

Skeletal scintigraphy is the study of bone-selective radioactive isotopes. The main application is in the detection of skeletal metastases by cancers, such as carcinoma of the breast and by Hodgkin's disease.

The detection of such metastases can fortify the physician's opinion in giving prognosis; and in the use of curative or palliative DXRT, palliative and cytotoxic drugs. The success of treatment of tumours of bone can be assessed by this method. The method can be linked closely with conventional radiology.

Kellie's article on radioimmuno-assay methods reviews the means of detecting cyclin (menstrual) change in human pituitary gonadotrophic hormones. Eventually these sophisticated methods allow more accurate assessment of ovulation or of placental insufficiency. Such methods may enhance the management of subfertility and prevention of perinatal death.

This book is recommended to general practitioners, not because it will necessarily improve their practice of medicine, but because of the scientific interest which it stimulates.

B. T. B. MANNERS

**Management of incontinence in the home (1974).** Dobson, Patricia. Pp 70. London: Disabled Living Foundation. Price: £1.20.

Incontinence is a terrible problem and a symptom that causes shame in the sufferer, much work for the relatives, and a feeling of depression in the doctor about what he could or should be doing. Most general practitioners have patients at home who are permanently incontinent and after examining and investigating to see what can be done to cure the symptom, many of us have little knowledge about how to help the relatives cope on a long-term basis. Miss Patricia Dobson S.R.N. has now brought together a great deal of useful information in a small 70-page booklet. She makes the point that very few studies have analysed incontinence, particularly at home, and that relatively little is known about what gadgets and services are available.

D. J. PEREIRA GRAY