

## MARIE STOPES LECTURE

Sir,  
The Marie Stopes Memorial Lecture 1975 reproduced in your pages was, as the title suggested, nothing short of an undefended attack on those who did not share the views of the speaker.

I have practised a considerable amount of family planning in my career, but I found the lecture unconstructive and unedifying. And since the speaker was presumably preaching to the converted, I really saw no point in her diatribe.

Still less do I see the reason for devoting very extensive journal-space to such an exhausted topic.

JULIA COTTER

33 Ludlow Heights,  
Bridgnorth,  
Shropshire, WV16 5AN.

## REFERENCE

Simms, M. (1975). *Journal of the Royal College of General Practitioners*, **25**, 709-19.

## VASECTOMY FOLLOW-UP

Sir,  
I think that Dr H. Meadow's approach in his letter (October *Journal*) is out of place in an academic journal.

Furthermore, I fear that he is trying to teach my ex-senior partner to suck eggs. Dr L. N. Jackson has an unusually equable temperament. His excellent reasoning ability is a compliment to his years and to the intellectual virility of his generation.

Whether Dr Meadows likes it or not, "mutilate" is an emotive word and in this scientific context an unhelpful one. In addition his definition taken from *The Concise Oxford Dictionary* is misleadingly incomplete. It should read "...render

(book etc.) imperfect by excision, etc. . . .". Dr Meadows omits the words in brackets and two other important meanings of the word.

The rudeness in his first paragraph and the distortion in the last, inevitably make the scrambled egg in the middle of the sandwich somewhat suspect.

C. H. MAYCOCK

## REFERENCE

Meadows, H. (1975). *Journal of the Royal College of General Practitioners*, **25**, 766.

## IS THERE DISCRIMINATION IN THE BMA?

Sir,  
Yes, there is discrimination in the B.M.A. Let the tumbrils roll!

BRENNIG JAMES

Cherry Orchard,  
Marlow Common,  
Bucks.

## REFERENCE

*Journal of the Royal College of General Practitioners* (1975). Editorial, **25**, 706-7.

## NUFFIELD EXPERIMENT

Sir,  
It might be helpful to your correspondent (November *Journal*) if I were to quote my personal experience.

I passed the MRCGP examination in 1971.

My personal scores, in the tests of factual knowledge which I undertook during the Nuffield Course, were below the average for the course.

R. HILLMAN

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## BOOK REVIEWS

**Index of Human Ecology** (1974). JONES, J. OWEN, JONES, ELIZABETH A. Pp. 169. London: European Publications. Price: £4.50.

Of the making of books there may well be no end. There are those to be enjoyed and put aside, perhaps not to be opened again, and others which are put down close at hand in the confidence that they will be needed again and again. Books of reference are in a class apart, they are the basis of contemporary knowledge and they contain the materials of which future advances will be constructed. Every discipline has its own books of reference. Most have their specialist journals, each becoming narrower in its perspectives as the subject becomes more elaborate and sophisticated. Even within a discipline, cross-communication

between workers in different specialties becomes more difficult.

Medicine is, perhaps, fortunate in that with dentistry and veterinary science, it is one of the few disciplines in which the generalist survives and is now becoming confirmed in the general nature of his approach by appropriate special training. There is someone, still, who can think responsibly about orthopaedic surgery and psychiatry and obstetrics as these and many other subjects come up in random sequence. There is still a general practitioner because medical care cannot do without him, and medical science needs him as someone who can contain the diverging specialties and make of them something like a coherent whole. Other scientific disciplines are

less fortunate. Differentiation starts early and is irreversible.

Now more than ever before the need for doctors to communicate with their colleagues in the sciences is recognised and accepted. When they seek to do this through the literature most are soon out of their depth. They have no knowledge of the range of subjects covered by one journal or another, or of the best sources of information on work which touches the margins of their own. The *Index of Human Ecology* may be the key that they need. Taken with the medical library it is the means whereby an enquirer can look over the edge of his discipline and see where what is done in the others is set down.

The first part of the *Index of Human Ecology* describes the present need to understand man's place in the biosphere and for understanding to come from cross-disciplinary exchanges of knowledge. The list of disciplines is formidable. Medicine is one only in a list of 30, from agriculture and anthropology to technology and theology. To have indexed literature resources across so many is no mean achievement and the value of the work is in direct proportion to its range. The index is in three parts indexing and describing sources by subjects, giving where appropriate details of publishers, services and even costs. The third part comprises a consolidated index which leads the reader into the rest of the book from whatever direction he approaches it.

The detail which the book contains is at once an advantage and a disadvantage, the latter because much of it is time-sensitive. Addresses may change, prices inevitably alter. A work of this kind must of its very nature be partly obsolescent on its publication day. No doubt the authors realised that they would have to face a continuous updating process if second and subsequent editions of their work are to remain as valuable as the first. They would be justified, it can be argued, in omitting some of the most ephemeral material from future editions and this could be done at no great loss. It is enough for most enquirers to find the source for which they seek. It is up to them to make their own enquiries after that.

Those in medicine, particularly the generalists, should not be put off by the "Ecology" in the title. They, as much as any others are concerned with man in his environment, an environment which they themselves may share. At first leaf through the medical reader will be reminded of the many influences to which his patients are exposed. He will find himself referring to the book when he wishes to explore them further.

R. J. F. H. PINSENT

#### **Teaching and Learning in Medical School (1960).**

Miller, G. E. Editor *et al.* pp. 290. Cambridge Massachusetts: Harvard University Press.

In many ways this book can be regarded as one of the standard texts of the modern view of the educational theory that should be used in medical

schools. It is a sign of the extent of the educational revolution that a book that is written as an almost defensive apology for the new radical approach in 1975 reads like the old orthodoxy. Such is progress! Nevertheless for those who want to know what is going on in medical education, or rather what many of the advanced thinkers consider ought to be going on, here is a clear and readable account. The main message is that educators have an overriding responsibility to formulate precisely their educational objectives, that they should share these with their students, and that students must be treated as far as possible as individual learners. The educationalist's responsibility to assess his results is firmly underlined and there is an interesting chapter on different methods of assessment.

Many of the other books that are being suggested on teachers' courses are about educational theory in general and it is refreshing to have a book specifically written with medicine in mind by a group of authors who have tested their theories in practice.

This book can be strongly recommended as reading material for trainers, course organisers, and members of staff in departments of general practice. It would also be useful to everyone intending to go on The Royal College of General Practitioners' Nuffield Course for course organisers.

D. J. PEREIRA GRAY

**Social work in general practice (1972).** GOLDBERG, E. MATILDA & NEILL, JUNE, E. Pp. 189. London: George Allen & Unwin. Price: £3.85.

Social work in general practice is the current "in-thing." The recent growth of interest in the subject has been phenomenal. In 1972 there were 17 whole-time equivalent social workers from the local authority social services departments attached to general practitioners, of which only eight were on full-time secondment. One year later a meeting held in Manchester for social workers interested in this field attracted an attendance of 55, while a further 35 were unable to participate. The collaboration of social workers and general practitioners is growing rapidly and the appearance of this book describing the experimental attachment of a social worker to a group practice team in Camden is extremely welcome.

This study took place between 1965 and 1970, before the Seebohm re-organisation, when social work agencies were still fragmented. The social worker joined a group practice caring for 9,000 patients, consisting of four general practitioners, an attached nurse and health visitor. Later a second health visitor joined the team. The practice was also active in teaching.

The value of this book lies in its clear description of what the social worker contributed to the total care of patients and how her identification