

more important than the ability to recall knowledge which is multiple choice questions mainly test.

(3) How do we know that the examiners are good at examining? Have they taken and passed an examination in examining? If not, why not? Was it thought that they did not need one? Perhaps they are founder members; but does that indicate that they are competent examiners and if so how?

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#### REFERENCE

Wilkes, E. (1976). *Journal of the Royal College of General Practitioners*, 26, 217-18.

### BUYING MEDICAL TEXT BOOKS

Sir,

The general practitioner keeps up to date in many ways. He goes to organised courses, medical society meetings, looks at films, tape-slides, talks to his colleagues, and reads medical journals and newspapers. He also reads books either about general practice and its administration or on special subjects depending on his particular interest or need. All these forms of education are easily available locally, but few general practitioners have a medical bookshop within easy reach.

A medical book publisher recently told us that it was not worth publishing books for general practitioners because they do not buy them. We argued that general practitioners will not buy them if booksellers do not sell them or tell the general practitioner what is available.

The library of the Royal College of General Practitioners issues a book list to interested subscribers. We took the opportunity of enclosing an enquiry form asking the reader where he got information about medical books and how he bought them.

From the 81 replies we found that 77 doctors read reviews in journals, 30 read postal mailings from publishers and 11 saw books in local post-graduate centres. Other sources were from browsing in medical bookshops (seven), the Royal College of General Practitioners library (six), and word of mouth from colleagues (six).

Having decided to buy a book how does the general practitioner obtain it? Fifty doctors bought them personally from a medical bookshop when in the big towns, 39 bought them by post (three direct from the publisher) and 18 through the local general bookshop.

It was not surprising that the subjects covered a wide range, principally general practice (62), general medicine (15), psychiatry (14), sociology and social services (12), medical education (9), and dermatology (8).

These are the figures, but the additional comments also supply valuable information. We realised that these answers were from doctors

who wanted to know more from books and the replies do not represent those of the average general practitioner. The general practitioner does not read books about general practice because the subject is too diffuse, but he needs books about his approach to special problems, and a particular need was for information about early detection of disease about which standard textbooks are usually vague.

Postgraduate centres could act as display centres for medical booksellers and publishers. Most general practitioners call in at intervals and better display would encourage them to call more often. Few doctors are willing to buy expensive books only on the publisher's 'blurb', especially with the rapidly climbing rates of postage, and prefer to look at the book itself. The book review in journals appears to be the most useful method not only of knowing about a book, but also of learning about modern trends. The reviews, however, must be well balanced and not of the type which chiefly comments on the number of misprints or throws doubts on the author's educational background.

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### CLINICAL PSYCHOLOGISTS AND GENERAL PRACTICE

Sir,

I read with interest the paper by Dr A. Brook and Ms J. Temperley (February *Journal*) and would like to draw their attention to a paper by Dr A. E. Philip and me in which we describe briefly a clinical psychologist working in a health centre with the general-practice team since October, 1973.

It is reassuring to notice many areas of common ground between the two papers; firstly, in the emphasis on the development of good communications between the various team members; secondly in the provision of a consultative service for other team members (which in my case has included physiotherapists, social workers and dentists, as well as general practitioners and members of the large nursing team); and thirdly, in the emphasis on the *early* identification and treatment of emotional and behavioural difficulties.

I would suggest that, despite the differences in the training and orientations of the authors of the two papers, these similarities have become evident because the primary aim in both cases was to apply skills developed to deal with psychological difficulties to a much wider field than is the usual practice, and to provide this expertise at an early stage in the development of these problems when it is likely to be of maximum efficacy.