

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.

Clinical psychologists have traditionally been closely linked with departments of psychiatry with some extension into work in general hospitals, and it would seem that the current move, demonstrated by these two papers, is to change the orientation away from "mental health" and towards greater involvement in primary medical care, where a wide range of problems which can be dealt with effectively is presented.

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REFERENCES

- Brook, A. & Temperley, J. (1976). *Journal of the Royal College of General Practitioners*, 26, 86-94.
McAllister, T. A. & Philip, A. E. (1975). *British Medical Journal*, 4, 513-514.

USE OF THE WORD PHYSICIAN

Sir,
The title of Sir Cyril Clarke's lecture *Physician and Family Doctors* at the Spring General Meeting, is unfortunate because of the inevitable and

perhaps unconscious implication that the term "physician" should nowadays be applied only to those who work in a hospital and limit their activities to one or a few organ systems.

Doubtless you will agree that those of us practising whole-person medicine in the community are at least as entitled to this honourable appellation, if not more so. Because frequent usage of inappropriate phraseology can lead to widespread acceptance, a more accurate phrase such as "hospital physicians and family physicians" should be used.

Having obtained an apology from the Editor of the *British Medical Journal* for allowing this and similar solecisms to appear in his columns, may I ask that you keep the *College Journal* similarly untainted?

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CORRECTION

In the March *Journal* Dr Rosser's letter referred to the Guy's Health District Medical Committee and not Group Health District Medical Committee as printed.

BOOK REVIEWS

General Practice Medicine (1975). BARBER, J. H. and BODDY, J. Edinburgh: Churchill Livingstone. Pp. 352. Price: £4.75.

General practice has developed into a specialty in its own right with its own knowledge, skills, and attitudes. It needs textbooks from which young and old may learn. *The Future General Practitioner—Learning and Teaching* supplied a scaffolding of ideas, concepts, theories and facts, some of which were banal and naive, some of which were useful and new to general practice, but it can be used as a basis for teaching the methods and ideas of general practice.

Does *General Practice Medicine* supply the practical details and clinical know-how? It is a book which could be read with profit by entrants to general practice. The book contains a series of chapters on various aspects of medicine mainly under system headings, together with chapters on practice organisations. The chapters are more or less self-contained and tend to be a truncated synopsis of the hospital management of diseases with emphasis on the importance of considering the whole person and taking note of the family situation. Talking of dyspepsia, "Psychotherapy will be an adjunct to more specific treatment along more conventional lines . . . an antacid such as magnesium trisilicate 5 ml should be

taken after each meal and a mild sedative such as 'Valium' (2 mg twice daily) should be prescribed". Such generalisations and platitudes somehow do not describe the art of general practice.

However *General Practice Medicine* contains much of practical value and puts together knowledge and tips about general practice which can not be found in a single book elsewhere. There are details I quarrel with—(p. 29). It is surprising the authors did not describe the indications for hospital admission in the description of croup. (p. 72) It is surprising that gastroscopy is not mentioned in the diagnosis of peptic ulcers. The suggestion that all investigations should be delayed for fear of alarming the patient seems doubtful advice. A diagnosis with proper explanation reassures the patient as well as the doctor. (p. 80). I would investigate urinary tract infection in children on lesser indicators (p. 86). Subterfuge is recommended to check the wife for venereal disease. The recommendation of subterfuge is dangerous and in my opinion seldom justified (p. 87). Surely biochemistry should be included in the investigation for renal colic (p. 94). I doubt the wisdom of a specific recommendation of 'Norgesic' in the treatment of musculoskeletal backache (p. 98). In discussing the treatment of