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

rheumatoid arthritis " Oral iron is only effective if there is an iron deficiency anaemia and its effect can be enhanced by giving A.C.T.H." Is this true? (p. 116) It is stated that long term anticonvulsant causes folic acid deficiencies, but the danger of osteomalacia is not mentioned.

If general practice is to manage long-term illness, attention to detail is important and failure to include such detail must lead to second rate medicine. The preface states that the book does not claim to be comprehensive and indeed it could not be in a book of this size. However, perhaps important details could have been included at the expense of some description. (p. 148) In discussing the long term use of prednisone the optimum minimum dose of prednisone or its equivalent is said to be 10 mg. I hope most of us aim for or less (p. 192). The difficulties of diagnosing gonorrhoea are glossed over, which I find surprising and alarming. However the description of fitting of an intra-uterine contraceptive device compresses some useful information. (p. 275).

I was saddened by a pessimistic approach to the handling of neurotic problems in the chapter on the management of psychiatric illness. It is also my experience that many schizophrenics are best managed in general practice, but this chapter was written by a general practitioner who is also an assistant physician in psychiatry, and I feel the approach is basically that of a hospital doctor with a general-practice slant.

(p. 316) Why is a vitalograph, or a Wright's peak flow meter and an E.C.G. not essential for general practice? How long are we going to assume that general practice need not be fully professional and that we can bumble along not using the advantages of science?

There is much accumulated wisdom and experience which would be of much greater value to all of us, both new entrants and old practitioners, if the details and facts were tightened up. Given the objectives to impart limited information, the book is a partial success. I suspect the authors would also like to change attitudes, and this may be impossible through a book.

PETER TOMSON

Rationing Health Care (1975). COOPER, M. H. London: Croom Helm Limited. Price: £4·50.

In the short introduction Michael Cooper indicates his intent to be diagnostic rather than prescriptive, but he admits that in practice the separation of these functions is often difficult.

The " want/demand/need/supply " equation is clearly explained. A patient decided that he is in want of a better state of health and by presenting himself to a medical agency for advice, converts this want into a demand. Demand is thus an expressed want. Needs are those demand which, in the opinion of the doctor, require medical attention.

Within the National Health Service the supply side of the equation predominates. Individuals are not obliged to consider whether they can afford medical attention, but merely to consider whether it holds the promise of likely benefit. Because demands and needs in this system are insatiable, politicians have tended to postpone expenditure wherever possible. Thus capital expenditure and preventive medicine have been cut back at the expense of current expenditure and " crisis " medicine has developed.

There follows a clear historical account of expenditure, in the British National Health Service with an economic interpretation of the provision of services comparing resources (manpower and buildings) with output (out patient attendances, number of inpatient numbers).

The diagnosis clearly shows that health care must be rationed, but it is disappointing that when he discusses the practicalities of rationing he selectively quotes the results of some clinical trials to criticise the practice of clinical freedom.

It must be irritating to an economist that a doctor working whole time for a monopoly employer still has to be persuaded that his employer's policies are in the best interests of his patient before he supports them.

He scornfully views the planning and management in the NHS, believing that its greatest weakness is the existence of clinical freedom. He advocates a chief consultant status, reminiscent of byegone medical superintendents, in order that the incompetent and indolent doctor can be exposed and accountable to line management.

When considering the prospects for the future he is scathing in his criticism of the British Medical Association's Advisory Panel on Health Services Financing, but this does not prevent his using prejudiced circular arguments, which only prove that his knowledge of what constitutes trivial illness is, in itself, trivial.

The implication that veterinary surgeons provide a better service to animals than doctors do to patients surprisingly does not lead him to consider more closely the way in which our dumb friends pay for their health care.

The reader is finally exhorted to judge whether unavoidable rationing could be better achieved, to the mutual benefit of tax payer and patient, by greater understanding of need, presumably as he understands it, and by a re-appraisal of clinical freedom.

It is sad that such a well-written work contains no pearls of practical widsom to solve the vexed problem of providing a low cost National Health Service which gives a high degree of satisfaction to patients.

SIMON JENKINS

Early Years (1975). MORIQUE CORNWELL. Pp. 253. London: Disabled Living Foundation. Price: £2·50.

The Disabled Living Foundation is to be congratulated on their new publication, *Early Years*.