

Thus the Anglican Church (with most if not all Protestant Churches) is not a party to the "Compulsory pregnancy lobby" where contraception is concerned, but opposes abortion as this involves the destruction of human life.

Peter I. VARDY

#### REFERENCES

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The Lambeth Conference (1958). London: S.P.C.K.

#### ANNUAL SYMPOSIUM OF THE COLLEGE

Sir,

This year I attended the annual college symposium for the first time. The content was fascinating,

and I have only one complaint: it was a day of visual boredom. There was a notion that it would be more democratic, or diplomatic, or at least a good idea, to reduce the speakers to sitting in the orchestra pit. It seemed a quaint paradox, when we were being exhorted to consider whole-person medicine, to be so often denied even a glimpse of our lecturers. I heartily applaud all those who had the courage to follow the old advice to "stand up, speak up and then shut up."

But gentlemen, what do I, as a small woman, do next year? Take my tapestry work to alleviate the monotonous view of pin-striped shoulders; or flee to the gallery where I may see, but might not hear?

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### BOOK REVIEWS

**Learning to Care—Person to Person** (1975). Second edition. P. S. BYRNE AND B. E. L. LONG. Pp. 118. Edinburgh: Churchill Livingstone. Price: £4.00.

The popularity of this introductory guide to teaching is indicated by the rapid appearance of the second edition. Its success and the stature of its authors permit a strict appraisal of the usefulness of this book by general-practitioner trainers to whom, as part-time teachers, it is directed.

The lay-out has appropriately been influenced by Bloom's *Taxonomy*, progressing from dissemination of definitions of educational terminology, through its application and analysis towards synthesis, and arriving ultimately at evaluation.

The earlier chapters are pre-occupied with the "process" of education, which is described in terms of the language to which the reader is introduced in the second chapter. As a consequence, the previously uninitiated may well be depressed by the apparent mechanics of teaching in much the same way as a golfer might be by learning the complexities of the golf swing before experiencing the pleasure to be obtained on the course. The style of these early chapters is uneasy, reflecting an academic analysis perhaps artificial to the experience of the average trainer, who may feel that understanding the terminology of the educationist and the process of teaching apparently command a higher priority than the content of the exchange between trainer and trainee.

If, however, the early chapters display an uncertainty in style, the reader is rewarded in the second half of the book, where it becomes easier to identify with the authors. The later chapters provide the kind of guidance which many trainers will find helpful, particularly those dealing with the consultation, counselling, the use of the tape recorder, and finally the important areas of evaluation and assessment. Those with responsibility for

teaching in general practice, either individually or collectively, will find this a helpful book for whom a title *Caring to Learn* could be more relevant than *Learning to Care*. Perhaps in the third edition this transposition of the title could with advantage be associated with a rearrangement to allow the later chapters to welcome the reader, rather than act as a "reinforcement" for his success in reaching them.

A. G. DONALD

**Contraception, Abortion and Sterilisation in General Practice** (1975). OLDERSHAW, K. LESLIE. Pp. 288. London: Henry Kimpton. Price: £6.50.

Dr Oldershaw has written a winner. With an easy readable style he covers in a thorough and practical way the subjects in his title, and for good measure throws in at the end a chapter on sexual problems and venereal disease.

He rightly gives most space to oral contraception and presents an exceptionally well balanced account of current knowledge.

It is unthinkable that a reviewer could find nothing in a book with which to disagree. Two points trouble me, and I think they are important. Dr Oldershaw seems to accept that the Pill causes depression. He quotes the relevant figures from *Oral Contraceptives and Health* without appreciating that the small excess of reported depression in Pill users is likely to be predominantly due to biased reporting. If the Pill ever causes depression it must be a rare event. Yet depression remains a common reason for abandoning oral contraception. Women who give up the Pill are generally poorly motivated to other methods, and they experience a 20 per cent unplanned pregnancy rate within the year. If we assume that there are

two million users in the United Kingdom, we can estimate that each year there will be about six and a half thousand avoidable unplanned pregnancies, and nearly one thousand avoidable induced abortions, solely because women are stopping oral contraceptives because they are depressed.

In the chapter on sterilisation, Dr Oldershaw makes the following uncharacteristically dogmatic statement: "Only when it has been ascertained that operation on the male is out of the question should female sterilisation be considered". Here I think the author has seriously underestimated the instability of modern marriage and the poorer life expectancy of the male. If the husband has a vasectomy and the wife, for whatever reason, later finds another consort, she will find herself once again unprotected. It is a point that few couples seem to consider, and it clearly needs to be discussed.

When Dr Oldershaw comes to prepare his second edition (and he will certainly need one), I hope he will think again about these comments.

In the meantime, there is no other book which so competently meets the needs of all doctors who wish to study contraception.

CLIFFORD R. KAY

#### REFERENCE

Royal College of General Practitioners (1974). *Oral Contraceptives and Health*. London: Pitman Medical.

**Rational Diagnosis and Treatment** (1976). Wulff, Henrik R. Pp. 182. Oxford, London, Edinburgh, and Melbourne: Blackwell Scientific Publications. Price: £3.75.

On a first skim I had mixed feelings. My admiration for an author who sets out to expound the art or science of clinical decision-making was offset by a vertiginous fear of the heady heights of numeracy, whose peaks Dr Wulff invites us to scale with him. Gaussian probability curves, Venn diagrams, Boolean algebra, Bayes' Theorem . . . would the deteriorating and abraded threads of school maths. and medical school statistics form a rope strong enough to bear the weight of my incomprehension?

Familiarity with the work has increased my admiration for this Copenhagen physician and dispelled much of my innumerate apprehension.

Dr Wulff points out that medical students read and learn multitudes of facts from the bodies of knowledge of anatomy, pathology, clinical medicine, yet are seldom shown how these facts may be used in the central activity of medical practice, that of making clinical decisions. He aims "to show in one book what . . . clinical decision theory encompasses". He employs concepts from the fields of statistics, the laws of chance and of probability, the so called "new mathematics", and the theory of games. He looks critically and thoughtfully at such concepts as disease: "A

disease entity may therefore be regarded as the vehicle of clinical knowledge and experience"—and diagnosis—" . . . It should be remembered that the diagnosis is not an end in itself; it is only a mental resting place for prognostic consideration and therapeutic decisions . . ." He makes plentiful use of illustrated examples and images. I enjoyed the allusions to medical history, which were aptly employed in discussion of the concept of disease.

There is a very useful appendix on "Statistics for Readers of Medical Journals". It is probably just as suitable for writers of medical articles, particularly in its reference to the two common pitfalls of inter-dependent observation (the randomly chosen patient or the control who isn't) and the grand "significance game".

There is a helpful list of references and source books. Only a dozen or so of the 89 references would seem to be unavailable in English.

I enjoyed the charm and clarity of this fresh approach to the central area of clinical medicine. The concepts which Dr Wulff offers from the fields of statistics, mathematics, logic, and probability are offered with a simplicity appropriate to the non-specialist reader. I recommend it for anyone who wishes to look thoughtfully and critically at his own clinical decisions. Shouldn't we all?

T. M. KENNEDY

**No one to blame\*** (1976). Dr G. Pp. 12. London: Help the Aged.

It is difficult to see to whom the anonymous Dr G, a general practitioner, is addressing himself. He has produced a booklet of a dozen pages in which he first outlines how hard it is to give good care to an increasing number of increasingly old patients, and then proposes his solution, namely a universal retirement check-up on leaving work or at some generally accepted age. However, Dr G does not produce any evidence to say why he thinks a check-up would be more effective than the surveillance plans which are being adopted in some general practices for the continuing care of the elderly.

The language chosen is that of standard medical journalism, without concessions to the lay public, but it is framed in the manner of the pamphlet, the traditional medium of pioneering, dissenting, or crusading exhortation. He ends with the words: "Now that you are aware of all that is needed, do not let this knowledge sink back into oblivion again. Do not wait until *you* are one of these statistics!" He therefore appears to want a change of spirit from a wider public than just general practitioners. Even if the direction of this pamphlet's message is uncertain, it would perhaps be best to see that your waiting room is not without a copy in this—Age Action—year.

Pamphlets may be obtained from Help the Aged, 8 Denman Street, London, W1A 2AP.

S. L. BARLEY