

of appointed general-practitioner trainers, the number of trainee practitioners in post, and the number of new principals receiving the vocational training allowance for the first time.

It makes the point that the number of appointed general-practitioner trainers is now about 1,200, which for the first time has therefore reached the number of doctors first becoming principals. It notes with regret that only a sixth of the new entrants to general practice have completed full three-year vocational training (i.e. about 200) and that about half will have spent a year as a trainee practitioner. There are, of course, 1974 figures and the position should have improved considerably since then.

These three chapters at least are well worth reading by all those general practitioners who take part in the organisation and administration of the Health Service, through local medical committees, district management teams, health authorities, or the health care planning teams.

D. J. PEREIRA GRAY

Personal View (1975). Ed. STEPHEN LOCK. Pp. 17 + 302. London: British Medical Association. Price: £3. (including postage).

Rarely does the reviewer receive a book which causes him to burn the bedside lamp far into the night, and to occasion rebuke from the party of the second part for his disturbing chuckles, sighs of appreciation, and snorts of disapprobation. This selection from the long series of *Personal Views* published over the years in the *British Medical Journal* did just that to me.

The editor has selected 100 examples from about 500, and has chosen well. They are all short essays, most can be read in five minutes and the rest in under ten: the perfect bedside material, but it is difficult to read one without catching the title of another and being absolutely forced to unwrap *that* parcel. It is as seductive as a dictionary of quotations.

In any anthology one has to accept the rough with the smooth—no editor can please everybody—he must please himself and hope for the best. This editor has done the customers proud, and it would be a dull doctor indeed who did not find himself fascinated by the great variety of subjects and the great originality of thought which many of the authors show. Protean is the word.

One is astonished how well, how elegantly, so many doctors can write when they are astride their hobby horse or venting their spleen or just gently ruminating over time lost and days past. Why don't more doctors write more?

The accurate description of the book as a paperback scarcely does it credit. The paper and typography are of the highest order and pleasant to handle, and it will look well on any bookshelf.

This, ladies, is the ideal present for Master—provided always that you can tolerate the midnight lamp, the infuriating chuckle, and that occasional angry snort.

J. MILES

The Family Physician—Proceedings of the International Workshop of Family Medicine September 1972. Special Edition. Herzliya: Israel.

One of the characteristics of an expanding discipline is that it becomes difficult to keep abreast of the developments in different countries and in different aspects of the discipline. We are at present spectators of and to a lesser extent contributors to intensive inquiry and research into education in general practice, into the organisation of primary care, and into its potential for research. The International Workshop of Family Medicine held in Israel in 1972 was concerned with studying these three aspects of family practice in the context of international medicine.

The proceedings of the Workshop give a fascinating account of the views of those involved in general practice from both an academic and practical viewpoint, and represent the "state of play" in 1972. No doubt opinions have changed or have been modified by further study and researches in the three and a half years since the Workshop. Nevertheless, it is of value to have some base line of international thinking and this the proceedings present in admirable fashion. Although of particular interest to those involved in academic general practice this book should be available for reference to all concerned with the practice and philosophy of family practice and with the education of future practitioners.

J. H. BARBER

Treatment Room Nursing (1976). JACKA, S. M. & GRIFFITHS, D. G. Oxford: Blackwell. Pp. 155. Price: £5.50.

The demands made by doctors on their practice nurses vary widely from practice to practice, but are certainly increasing, so that the practice nurse is playing an increasingly important part in the care of patients. Many of the procedures a practice nurse is asked to carry out will not have been covered in her general training, and it is up to the general practitioner to ensure that his nurse is familiar with all aspects of her job. There is no substitute for practical experience, but a book covering much of the work involved in treatment room nursing would be of value in any treatment room.

A wide variety of topics is covered, ranging from brief notes on planning and equipping a treatment room to the application of a plaster-of-paris splint. Procedures are well indexed, being divided into diagnostic and therapeutic, with very few omissions. However, a fair amount of rather basic knowledge is included (how to weigh and measure a patient, take blood pressure, give injections) while the importance of listening to a patient is never mentioned. Despite this, there is no difficulty in understanding the procedures, with step-by-step instructions, and much practical advice on the

management of such familiar problems as warts and leg ulcers. Neither is the nurse allowed to forget the all-important claim form.

The photographs of laid-up trolleys are of poor quality and too small to be of use, but the photographs and diagrams of procedures are relevant and useful.

A section on physiotherapy suggests exercises for many common disorders, but in parts is not very clear.

Finally, the lay-out of the book has some pleasing features. For instance, each procedure is described on facing pages so that there is no need to turn over, and the spiral binder allows the book to lie flat and stand up to repeated use. This is both useful and effective and is obviously the result of careful planning.

RUSSELL STEELE

The Health Care Dilemma or Am I Kranken, Doctor (1976). Pp. 24. London: O.H.E. Price: 25p.

The Office of Health Economics is financed by the British Pharmaceutical Industry to "undertake research on the economic aspects of medical care and to investigate other health and social problems". It is as independent of its sponsors as is the BBC of the government. It is a great pity that its publications are not known to a wider audience, especially as any doctor can be put on its mailing list for a modest fee.

Number 53 in the series of papers on current health problems is entitled *The Health Care Dilemma* or "*Am I Kranken, doctor?*". In this short paper of 24 pages arguments are presented which are of fundamental importance to the organisation of the health services of this country and to the whole philosophy of British primary health care; arguments which even though they have been largely ignored by the establishment medical press require to my mind serious examination and consideration by the College.

The paper argues that government funded medical care should be essentially rational and that there is a need to develop a different and more appropriate attitude to ill health than exists in society at present. The paper's most valuable contribution is a clear consideration of the concepts of "health and ill-health". It rejects the WHO definition of health as "a state of complete physical, mental and social well being" as totally unrealistic and offers a much more logical and acceptable definition of its own.

In its fearless examination of some of the problems of our health care dilemma this paper looks at all the Marinker modes of "unhealth" and much more. It looks at the medicalisation of social problems and at the need for more, rather than less "self care". It makes some trenchant comments which are worthy of real debate. For example, it states: "In the search for the chimera of perfect well-being health care resources are being squandered on treatment which in medical

terms are unnecessary and ineffective"; or again, "The population has recently been educated to expect unrealistic levels of well-being; doctors need first of all to re-educate the public to accept that unwellness in the sense of failing to achieve the WHO state of perfect well being is normal".

As with most OHE papers this document is clearly written and concise. It should become required reading for trainees as well as their trainers and university teachers. Finally, the authors of *The Future General Practitioner* would be well advised to incorporate its definition of health and some of its philosophical thinking into the next edition of the book.

LEN RATOFF

REFERENCE

Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: British Medical Journal.

Cerebrovascular Disability and the Ageing Brain (1975). G. F. ADAMS. Pp. 157. Edinburgh: Churchill Livingstone. Price: £4.50.

The combined effects of primary age changes and cerebrovascular disease on the nervous system present those concerned in clinical practice with the care of the old people with a formidable and increasing task. Yet it has been in some way paradoxical that Man's most prestigious organ has been accorded a relatively low priority in the clinical field.

Professor Adams and his colleague, the late Louis Hurwitz, have been highly influential in advancing our knowledge of the anatomical, physiological, and psychological principles involved in the management of disability from strokes, and in particular the elucidation of those barriers to recovery resulting from impaired comprehension, apraxia, and verbal dysphasia. The diffusion of this knowledge, in particular, has led to the rapid disappearance of the "unco-operative" patient in every modern unit where the principles of geriatric medicine are properly taught.

The introduction, which is a fascinating historical review of contributions to our present knowledge, serves to show that we are really only now emerging from standards of treatment practised by Paul of Aegina, who introduced the word hemiplegia in the sixth century A.D. The pathogenesis of neurological disability in old age is described, and there follows a useful chapter on the assessment of mental capacity in old age. It is important that other clinical syndromes which fall more usually in the field of psychiatry are not confused with neurovascular disorders, and these are discussed briefly. There is a useful chapter on normal reflex control of posture and movement, as well as those postural disorders related to common pathological conditions.

The second half of the book is devoted to minor stroke, the management at the onset of major strokes, and subsequent residual disability.