

available, it is reasonable to suppose that a contribution to its costs might be forthcoming from the Department of Health, or the Scottish Home and Health Department.

However, for the moment it would be most valuable for us in developing the system further to find out from general practitioners what their level of interest might be, were such a facility available today. Accordingly, I should be grateful if your readers would write to me, at the address below, or telephone Mossley (04575) 3315 during office hours, indicating their enthusiasm, or lack of it, for the topic.

ROBERT A. JOHNSON

16c Clough Lane,  
Grasscraft,  
Oldham, OL4 4EW.

#### REFERENCE

Keele, G. (1976). *Journal of the Royal College of General Practitioners*, **26**, 382-83.

#### PREGNANCY TESTS

Sir,

Dr Constance A. C. Ross comments on the demand to hospital laboratories to perform pregnancy tests (*May Journal*).

The number requested by general practitioners who normally perform the test themselves is small. Modern methods of doing a pregnancy test on the urine are hardly more time consuming than the quantitative test for sugar in the urine.

If the test is performed in the surgery, the patient is saved several days of sometimes agonising waiting.

G. S. PLAUT

57 Upper Tooting Park,  
London, SW17 7SU.

#### REFERENCE

Ross, C. A. C. (1976). *Journal of the Royal College of General Practitioners*, **26**, 356.

#### VALUE OF CASE CONFERENCES

Sir,

It has recently been brought to my notice via the press that the Royal College of General Practitioners in its written evidence to the Select Committee on Violence in the Family did not appear to be very enthusiastic about the role of case conferences in this particular family problem. We have all found, having as we do a good relationship with our local social workers, that case conferences help to clarify who should take primary responsibility in the future handling of a family's problem. The actual role of the case conference is also of great value in sharing and pooling ideas and information.

There is, in fact, a problem regarding confidentiality, but with understanding from the workers in other fields with whom we have achieved personal relationships, we find that many problems can be overcome without detriment to the patient.

We also find that the generic social worker, who is much maligned by many members of our profession, is in fact very useful within the context of whole family medicine. The previous specialised social worker often meant that only part of a family problem was taken up by each social worker.

In summary, therefore, we find that case conference techniques are useful for the handling of family problems with regard to violence, and that one of the most important aspects of working with social workers is not what title they have, but how good a relationship we can achieve with them.

E. R. CARTER

D. G. COLIN-THOME

D. M. SMITH

P. I. VARDY

The Health Centre,  
Castlefields,  
Runcorn, WA7 2HY.

### BOOK REVIEWS

**Problem Centred Learning (1975). The Modified Essay Question in Medical Education: A Handbook for Students, Teachers and Trainers.** KEITH HODGKIN AND J. D. E. KNOX. Pp. 152. Edinburgh: Churchill Livingstone. Price £2.75.

Modified-essay questions as a method of assessment of medical practitioners were perhaps a natural evolution from the different techniques which the College considered and developed since the examination for its membership was first introduced in 1965. The growth of importance of this technique underlines the success of the MEQ

as an assessment tool, but belies the difficulty which is experienced by examiners in designing each stage of the constituent part of the MEQ.

It is fitting that two of the main originators of this method should have compiled this book, as much as a guide to would-be candidates as an aid to course organisers for group learning, and as a demonstration of the learning process to those learners and teachers who wish to build a scientific approach to problem framing and problem solving.

The first and larger section of the book gives examples of MEQs, and the lay-out enables the

student to work through the questions himself before checking the answers. Not only does it give the student useful experience in mastering the examination style for MEQs but provides a valuable learning exercise.

It is a pity that most of the examples of modified essay questions given by the authors are highly clinically orientated. Counselling within the consultation is one of the most important skills of the general practitioner, and more questions aimed specifically at this would have been appropriate in a book by general-practitioner teachers for general-practitioner learners.

The second part of the book demonstrates the development and construction of the MEQ and its use as a teaching tool which stimulates real life situations. The advantages over the traditional essay-type questions are clearly explained.

Throughout, the authors emphasise that in general students will tolerate and possibly enjoy this type of assessment. The technique enables those designing MEQs to modify them in various ways to suit the competence and the educational level of the prospective candidates. Thus questions can be framed for pre-clinical, clinical, or postgraduate students with varying emphasis on factual recall, skills, and judgement.

The authors end by suggesting that the construction of MEQs is a proper postgraduate exercise, providing a useful method of increasing the clinical teachers' awareness of educational objectives and resulting in a convenient means of communication between general practitioners within a peer group.

M. S. HALL

**Equipment for the Disabled** (1975). Oxford: Oxford Regional Health Authority, Old Road, Headington, Oxford. Fourth edition. Price: £1.50.

One of the biggest problems for a generalist in medicine is to apply the latest advances in other branches of medicine for the benefit of individual patients. Today's general practitioners have a particular difficulty in that few of us received any worthwhile training in aids and gadgets that are available to help disabled people in the community, and furthermore a great number of these have been invented and developed during the last few years.

The vast number of handicapped people live in their own homes, and the range of instruments which have now been developed to help them is impressive and encouraging. Furthermore, many of the ideas described in this booklet are quite cheap and could easily be afforded by thousands of the patients for whom they have been designed. Nor should assistance be thought of only in terms of the home; there is an interesting office section including, for example, information about special typewriters for handicapped typists and a writing aid which is arousing widespread

interest, which will hold a pen or pencil in a normal writing position when the fingers are too weak to grip.

This booklet covers a great many aspects of living and even includes a remote control unit for colour television.

There must be few practices of any size that would not find this booklet useful both for the general practitioners and for the health visitors. I have found it useful to give the booklets to the patients to read through and select what would most help them. The challenge must be somehow or other to devise methods of getting all this information through to the people who need it; there must be many who are ignorant even of the existence of these instruments.

As to suggestions for improvement, the Oxford Regional Health Authority would surely be wise, if they really want these ideas to reach patients in general practices, to include at least one general practitioner on the advisory panel, as there does not seem to be one at present, and it would be helpful if prices could be shown wherever possible.

D. J. PEREIRA GRAY

**The Needs of the Elderly in the Scottish Borders** (1976). R. GRUER. Pp. 187. Edinburgh: Scottish Home & Health Department. Price: £1.80.

**The Measurement of Need in Old People** (1976). ISAACS, B. AND NEVILLE, Y. Pp. 167. Edinburgh: Scottish Home & Health Department. Price: £2.20.

Accurate information about the population involved is essential for planning services and allocating resources, and it is also fundamental that the problems posed should be identified. The Scottish Home and Health Department has sponsored research into the needs of old people in Scotland, which are reported in two volumes.

Professor Isaacs and Mrs Neville analysed a random sample of 1,035 people over the age of 65 drawn from two areas of Glasgow and the seaside resort of Largs, for their ability to perform "activities necessary to basic care". They introduce the idea of "clock charts", which describe the interval of time between necessary periods of help. From this, and their data about the living conditions and help received by the sample population studied, they estimate the services required to provide adequate cover for the elderly. Unfortunately, the age-bands presented in the tables are at ten-year intervals, which fail to reveal the changes within these age-bands and make comparison with other similar studies more difficult. It is also confusing to find yet another definition of degrees of dependency among those already current.

The study by Dr Gruer is easier to read. In this project 762 people over 65 were chosen by