

our view of the value of literature, drama, painting, music, history, philosophy, logic, and so on, to the practice of medical care is highly subjective and at present very much a minority one. If it has more general validity the important question must be what should be taught and when.

So long as the undergraduate curriculum is mainly concerned with serious organic disease and its specialist management, advanced chemistry and physics are essential prerequisites. However, I do believe we are seeing the tiny beginnings of a more sensible approach based on the frequency as well as the severity of disease (and illness, *pace* Marinker), an approach which takes into account the needs of society and which emphasises the impor-

tance of understanding how people think and feel about health.

As this new dawn develops then I am sure you are right to suggest that the arts should be given an educational place in the preparation of most medical students for their lifelong learning task.

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REFERENCE

Journal of the Royal College of General Practitioners (1976). Editorial, **26**, 555-556.

BOOK REVIEWS

The Medical Risks of Life (1976). STEPHEN LOCK and TONY SMITH. Pp. 328. Harmondsworth: Penguin Books Ltd. Price: 95p.

At present Editor and Assistant Editor respectively of the *British Medical Journal*, Drs Lock and Smith have been writing and reporting on medical subjects for the general public over a number of years. In this book they range over a large number of topics of current interest and concern not only to the average intelligent layman, but also to the medically qualified. Much of their material derives from papers published over the past few years and among other subjects is included coronary artery disease, sports medicine, environmental pollution, food additives, alcohol, drugs and, inevitably, cigarette smoking. There is a detailed index, but with so many references to published papers it would have been helpful, at least for the medically qualified readers, had the authors provided a bibliography.

With the current emphasis on prevention the book is topical and it is also up to date—e.g. a reference to the influence of the hospital doctors' industrial action in 1975/76 on the incidence of para-suicide.

Although primarily written for the non-medically qualified, there is much to interest (and inform) every doctor.

D. G. GARVIE

Careers in Medicine (1976). Pp. 153. London: Council for Postgraduate Medical Education in England and Wales. Price: £2.00.

"Recently qualified doctors and final year medical students recognise that the training needed for different careers in medicine is being defined more closely. This means that they must carefully select their jobs after full registration if they are to avoid wasting time in appointments which will not count towards

accreditation." With this introduction, this paperback sets out to provide guidance on the training required for each branch of medicine.

The first 27 pages describe and summarise currently accepted principles concerning training programmes, posts approved for training, etc., and includes up-to-date information, e.g. definitions of "accreditation" and "attestation". The newly created Joint Committee on Postgraduate Training for General Practice gets a mention in a footnote on page 12.

The second part gives a fairly comprehensive account of each specialty in medicine, with particular reference to training requirements. The material draws heavily on the work of the B.M.A. Careers Service, to which due acknowledgement is made. The range is very wide, including information on aviation medicine, the medical missionary service, and voluntary service overseas.

The section on general practice, contributed by the Royal College of General Practitioners, clearly sets out a view of the characteristics of general practice as a service specialty with its training requirements. Because of rapid developments (such as the implementation of mandatory training within the next three years), it is likely that this section will require early revision. When that is undertaken, perhaps more attention could be given to aspects of general practice as an academic discipline. This might help to encourage other Colleges to adopt a much firmer approach to the vital contribution general practice will have to make to the training of future specialists in other disciplines. At the moment, if such a contribution is recognised at all (there is no apparent recognition, for example, in the section on community medicine that training in general practice is any more relevant than training in hospital), it is accorded the same sort of position as untutored service in one of the former (and more obscure) colonies.

General professional training is frequently mentioned, yet to some of those directly concerned with training much of the advice appears to be in the nature of lip-service only: the realities are still far removed from the concept, however desirable that concept may be.

These comments are not, of course, a reflection on the publication itself, which is essential reading for all medical students and for any doctor who is concerned with careers advice. The Scottish Council for Postgraduate Medical Education has a similar, though smaller, booklet entitled *Career Guidance*. It seems a pity that these books should observe so strictly the confines of the geographical-political situation, understandable though this is in publications from the separate Councils for Postgraduate Medical Education. Perhaps future versions of these books could embody a truly United Kingdom flavour, since career development of the individual doctor is not always limited to practice in one part of the British Isles.

J. D. E. KNOX

Medicines: a Guide for Everybody (1976).
PARISH, P. Pp. 453. London: Allen Lane.
Price: £5.

The consumption of drugs is steadily increasing, and as the number of drugs available multiplies, the risk of taking these drugs increases. "We ought to ask ourselves whether the production, sales promotion, and prescription of these drugs are always in the best interests of the individual who seeks relief from symptoms." Dr Parish doubts whether these interests are always well served, and aims to ameliorate the situation by providing information for the layman. He starts with a section on general pharmacology and this is followed by more detailed information on various groups of drugs and a section on remedies for specific disorders. The concluding section comprises a pharmacopoeia for the layman.

It is a well written and very readable book, containing a wealth of detail. I have some reservations, however, about the title. What proportion of the general public would find it comprehensible? In order to put across points in a coherent and rational way, Dr Parish inevitably uses some complex language. Is it in fact a guide for 'everybody,' or for the intelligent layman?

This leads me into some doubts about the concept that lies behind the book. I do not question whether it is good for people to know more about the drugs that they consume, but I would question whether they want to know as much as the book contains. I am sure people have the right to know whether their doctor is prescribing wisely and whether the drug they are being given will produce serious side-effects, but in most

instances this right could be exercised simply by enquiring of the doctor, "Do I really need a drug for this illness? If I do, can the drug affect me adversely?" It is a pity that doctors do not ask themselves these questions more frequently in their patients' behalf.

Paradoxically, Dr Parish's book could provide many answers for the general practitioner. Therapeutics is an area which is much neglected in general practice, and I think this book could, in fact, be of greater value to the doctor than *M.I.M.S.*

G. KEELE

Population Trends 4 (1976). Office of Population Censuses and Surveys. Pp. 62. London: H.M.S.O. Price: £2 net.

This *Journal* has commented before on the steadily improving statistical services in government departments and their welcome readiness to publish their results in easily assimilated form.

Population Trends 4 is a useful reference journal. In addition to giving important basic trends, such as the marginal improvement in the ranking order of England and Wales by perinatal mortality rates (up from 13th position to 11th position in 1972) and a table of five months' moving averages for the trend of resident women in England and Wales having abortions, which shows clearly the plateau effect which began in 1972, this issue also contains an interesting analysis of the 50 most common surnames in Britain compared between 1853 and 1975.

The three most common surnames—Smith, Jones, and Williams—remain unaltered in the same position, but Patel appears as the 41st most common name now in Britain, with Kaur (Kour) 56th and Singh 57th in the birth list, illustrating the extent of the names originating from the new Commonwealth.

D. J. PEREIRA GRAY

First Report of the Health Service Commissioner (1976). Pp. 59. London: H.M.S.O. Price 75p.

There are many aspects of this report which would be of interest and even fascination for general practitioners. It is a tale of muddle, understanding, and mis-management. Perhaps the most significant point for us is the exclusion of complaints against family doctors as being outside the Health Commissioner's jurisdiction.

Among the cautionary tales which come closest to general practitioners are: patients' rights not to participate in teaching (p. 35); the anonymity and multiplicity brought about by 'team work' (p. 38); communications/cover up (p. 52); and emergency admission arrangements causing problems for general practitioners (p. 56).

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