of trainees' scores at the end of the course would lead to standardised medical care.

What could be, paradoxically, more rigid and authoritarian (to name only two of the vices stamped out in the trainees) than imposing arbitrary standards of personality and medical care on trainees, and equating conformity with success?

Equally astounding was the conclusion "that there does appear to be good systematic and objective evidence for the implementation of vocational training." How can authors say this when the study was completely *uncontrolled*?

Where was the group of happy reprobates like me who, after relevant training, worked in different countries (developed or underdeveloped); in good, bad, referral, or independent practices; from state organised to totally private medicine or total medical care in the bush, where the only peer-review was the local lynching party!

All this while the poor trainees were finding obstetrics exhausting, not enough spoonfeeding in casualty, and experiencing serious accommodation and financial difficulties! What limited, dependent and unimaginative people they are being turned into ... and how can the trainee schemes claim credit for maturation of attitudes in a group which has metamorphosed from students to full members of the community, with mortgages, spouses, bereavements, overdrafts, and even a few weans to broaden their outlook and understanding?

So much for the Report. Your editorial stated that "the profession now regard this as the proper way to prepare for unsupervised practice." I hope by this that you do not mean three-year mandatory, hospital-based vocational training schemes—as the recent craft conferences and L.M.C. conferences in London passed resolutions deploring the inflexibility of current proposals for three-year vocational training schemes, and the majority of local ordinary general-practitioner opinion in this area seems to feel likewise.

The saddest and most horrifying comment of all was that three-year training was necessary because any less would not produce approximation of trainees' attitudes to their trainers (and betters?) in, of course, simulated interviews.

It seems a perfect system for churning out identical wet blankets "whose just reward is the M.R.C.G.P."—poor old patients!

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BOOK REVIEWS

Focus on Learning in Family Practice (1976). FABB, HEFFERNAN, PHILLIPS AND STONE. Pp. 253. Published by the Royal Australian College of General Practitioners, Family Medicine Programme. Price: $(A)7·00 (including postage).

When the Royal College of General Practitioners published *The Future General Practitioner—Learning and Teaching*, the academic discipline of general practice took a major step forward. In struggling to present a coherent account of teaching objectives, the content of teaching, and teaching method, the clarity of the message was sometimes obscured by the 'background noise', as critics were quick to note. There is no doubt, however, that the document has made possible several further developments.

One of these is to be seen in *Focus on Learning in Family Practice*, which is intended as a trainers' handbook. The text is in two parts: the first is devoted to the principles of learning and teaching and their application, while the second part offers practical advice for both teachers and learners in planning and implementing educational programmes. Thus, in a relatively small space, the authors have managed to summarise the main features of current educational theory and to produce in a series of appendices a synoptic view of components of clinical competence and perspectives of the content of family practice.

The authors are not always convincing in demonstrating the relevance of some of the educational theory to general practice, and family doctors in the United Kingdom will still be irritated by the overliberal use of what will—to them—appear to be jargon.

Despite these criticisms, there has been produced for the first time a handy, pocket-sized book (with nevertheless large print and liberal

use of diagrams) which, though written for the Australian scene, will be particularly helpful to course organisers, regional advisers in general practice, staff of university departments of general practice, and a growing number of especially interested trainers. The Plain Man's Guide still remains to be written, but this challenge can be more confidently met by standing on the shoulders of such pioneers as the authors of this work.

J. D. E. KNOX

Epidemiology of Head Injuries in England & Wales (1976). J. H. FIELD. Pp. 109. London: H.M.S.O. Price:

Head injuries are an important cause of morbidity and mortality. Annually they result in about 70,000 patients consulting their general practitioners and in over 140,000 hospital admissions. General-practitioner management is mainly concerned with the neurological and psychiatric sequelae.

This work is one of the first reports to emerge from the Research Liaison Groups of the Department of Health and Social Security which have been set up to stimulate research in certain 'priority areas'. It is an excellent literature survey and review of current research but it contains no original work. Dr Field skilfully handles a vast amount of data, although I feel continuity suffers by placing all the illustrations and graphs at the end.

One of its main functions is to highlight deficiencies in present knowledge and suggest where further research is needed. Much of this is best done by general practitioners, for example on the sequelae of minor head injury and on rehabilitation.

It will be a necessary addition to the libraries of clinical research and postgraduate medical centres and of individuals with a particular interest in head injuries. It is, however, too specialised to be recommended to the majority of general practitioners and trainees.

R. PEPPIATT

Doctors and Old Age (1976). Ed. J. T. LEEMING. Pp. 71. Mitcham: British Geriatrics Society. Price: £1.

As a contribution to Age Action Year the British Geriatrics Society have published a paperback in which 15 doctors describe the challenge and stimulus they find in their work with the elderly.

Their aim is to explain the attraction of the specialty of geriatrics, with three younger doctors commenting on the lack of training in geriatric medicine in most medical schools and the relevance of such training to all young practitioners, whether they continue with a career in hospital or in general practice.

General practitioners will echo many of the sentiments expressed but will, I think, feel sad that, with most of the care of the elderly taking place in the community, there is no contribution from a general practitioner.

R. V. H. JONES

Geriatric Care in Advanced Societies (1975). Ed. BROCKLEHURST, J. C. London: Medical & Technical Publishing Co., Ltd., Lancaster. p. 160. Price: £6·50.

Faced with increasing numbers of very old people, advanced societies are faced with big problems in developing medical and social services for a group with the highest consumption. In this survey distinguished practising physicians each give a historical and contemporary account of geriatric care in Great Britain, the Netherlands, the United States, Sweden, U.S.S.R., and Australia.

Professor Brocklehurst, who edits this volume, ably describes the progress made in this country in promoting geriatric medicine as a new medical specialty, and emphasises the place of the general practitioner. While there is a lack of purpose-built long-stay accommodation in Britain, this country has pioneered the pre-admission assessment visit programme and developed the idea, originally conceived in the U.S.S.R., of the psychiatric day hospital, to serve the interests of aged patients.

In the Netherlands, useful research has been carried out among general practitioners, or former general practitioners turned social geriatrician. Special geriatric hospitals are not favoured here, but old people are admitted and treated just as younger ones in general hospitals.

In the United States the Medicare enactment of 1966 has gone some way to alleviate the plight of the elderly, who were recognised as a particularly hard hit group affected by the adverse financial aspects of medical care; but although Medicare and Medicaid offer access to hospitals and some doctors, many difficulties remain. Unfortunately, geriatrics is not a recognised subspecialty in the United States and is neglected in the educational structure.

Although as yet there is only one professorial post in geriatrics in their country, the Swedes are beginning to show more concern for long-term geriatric care, and are encouraging the further education of general practitioners in this field.

In the U.S.S.R. a highly organised system is reported, based on the home, including patient education. Long-term medicine is recognised as a specialty and training is detailed. Prophylactic work in 'health zones' provides for therapeutic physical training, and many other imaginative facilities.

The medical care of old people in Australia, because of its colonial origin, and for geographical reasons, has developed along different lines in different States. The philosophy underlying concepts of care is turning away from 'disability orientated' programmes to 'function-orientated' where retraining is directed to daily living.

The book will interest all those concerned with