

most, if not all, diseases start as a single event affecting a single cell.

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COLLEGE ARMS

Sir,
I am curious to know the true identity of the owl perched supreme on the College

coat of arms. Would it be possible for an ornithologically minded Fellow or Member to provide the information with authority?

From the various sightings that I have recorded on journals, ties and paper-headings it would appear to be the long-eared owl (*Asio otus*). Assuming that it is a resident of the British Isles the little owl (*Athene noctua*) would be more appropriate being associated with the Goddess of Wisdom from whom it derives its name; but alas this owl does not possess tufts!

Should it really be the little owl, the

security of tenure of the snake on the gavel would be in some doubt, as this owl is known to eat reptiles in its varied diet and, according to Aristotle, snakes have been attacked by this raptor. Certainly the balance of nature would be more effective if it were the long-eared owl, but why should this species be so favoured as to sit on such a pinnacle?

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BOOK REVIEWS

THE GENERAL PRACTITIONER AND THE PRIMARY HEALTH CARE TEAM

N. D. Mackichan

Pitman Medical
Tunbridge Wells (1976)

374 pages. Price £6

Dr Mackichan sets out with the intention of providing a 'handbook for those employed in, attached to, and working with a family practice', a tall order, but one which is outstandingly realized in this book. It provides a wealth of information simply presented and refreshingly free from the jargon and many clichés which usually bedevil general practice literature.

The increased volume of work in general practice since the inception of the NHS and the tendency of doctors to work less in isolation than hitherto require greater efficiency in practice organization and greater co-operation with supporting services—some of them outside the normal practice ambit. All this gives rise to the concept of the primary health care team, and after relating the disciplines to one another and explaining the administration of the general practitioner service, the author goes on to develop his theme with individual chapters devoted to the various ancillary specialists: nurses, midwives, health visitors, social workers, dispensers, and so on. These chapters are valuable in themselves, although at times necessarily superficial, because of

the degree of specialization and qualification required.

The core of the book, however, is the centre section of some 150 pages on practice documentation and administration, intended for the budding receptionist/secretary/practice manager. There are many useful diagrams and tables, and practically all the essential NHS forms are reproduced, from the FP1 to the FP1001, although it is unfortunate that the old form Med 3 is shown, rather than the new one introduced on 4 October 1976, specimens of which must have been available before the book went to press. There is also little explanation of the RM7 procedure.

The advice to receptionists on how to cope with various clinical and emergency situations is particularly good, though surely certification alone can never be an indication for a home visit. Some of the other sections are a little disproportionate: for example, the sterilization of glass syringes (does any general practitioner really use paraldehyde these days?), chemical tests on the urine (the Ames preparations are far more accurate in my hands), and taking an ECG—only half a page is given to this important subject.

Minor criticisms apart, the author has given us a book which will become something of a handbook for all members of the primary care team, not least the trainee general practitioner. A must for all postgraduate and health centre libraries.

P. J. HOYTE

PRINCIPLES OF FAMILY PSYCHIATRY

John G. Howells

Pitman Medical
Tunbridge Wells (1976)

338 pages. Price £7

I have never been to Ipswich but I am sure that the Institute of Family Psychiatry there must be painted black and white. In this book the director spells out the principles which guide his work with a certainty and righteousness that are most unfashionable.

Dr Howells describes the discipline of family psychiatry, considers the anatomy of the family, discusses nosology, explains family psychopathology and family diagnosis, and outlines the various forms of therapy he uses. His writing is a strange mixture of clarity and idiosyncratic jargon; his style juxtaposes unbearable convolutions with short sentences.

He classifies and reclassifies compulsively. Psychiatric diagnostic terms are renamed because they are unsatisfactory: neuroses become psychonoses, psychoses become encephaloses, and schizophrenia is rechristened encephalo-ataxia. The logic behind this activity is not without point, but the changes do not appear to lead anywhere.

Any family has five dimensions: individuals, internal communications, general psychic properties, external communications, and physical properties; and each may be studied in the