

Our weekly discussion sessions were terminated largely because Dr O'Flanagan preferred to spend the time elsewhere. These sessions are initially of value in introducing a trainee to a practice and discussing any problems arising during the preceding week, but may prove tedious as time goes on, when there are fewer topics for informal discussion. For this reason my partners co-operated in arranging some evening tutorials as an alternative.

We both attended weekly seminars organized by the Derby Vocational Scheme, and of course had case discussions after each surgery. Our trainees also spend some time with the various members of the primary health care team.

Since Dr O'Flanagan took his half day on the day of the practice antenatal clinic, this must account for the very few obstetrical cases recorded. To compensate for this, he was able to attend a consultant antenatal clinic, although these cases are not mentioned in his statistics. He was also able to attend a family planning course, dermatology and other clinics during his general practice year.

I agree with Dr Gilchrist (July *Journal*, p. 441) that the comparison of Dr O'Flanagan's 1,000 consecutive cases seen in general practice with my own 500 cases is somewhat misleading, since we used rather different diagnostic criteria, and I recorded, where appropriate, several diagnoses per patient. The purpose of my study was purely to verify my own suspicion that the established general practitioner tends to see more chronic illness, psychiatry, and gynaecology, than the 'new' doctor in a practice.

This is inevitable, but in this practice we can overcome the problem to some extent since we have a communicating door between the two surgeries and can therefore invite the trainee in to see anything of interest or importance, providing the patient is agreeable.

Constructive criticism of a trainee's work is perhaps the most difficult, and most important, thing a trainer has to do. In many ways this is most easily done patient by patient and visit by visit. We are now experimenting in Derby with assessment forms for both trainee and trainer. Indeed, my last trainee and I filled in the appropriate

forms and neither of us found the experience too painful.

Regarding the article as a whole, I would agree with Dr O'Flanagan that obstetrics and paediatrics are the two essential hospital posts, but the insistence on a further year in hospital is open to debate. Most trainees have already spent six months doing a general medical job, and a further six months medicine may not be of value unless the firm concerned is geared to the needs of general practice and is able to teach the diagnosis, investigation, and long-term follow-up of chronic disease from the general practitioner's point of view.

There is a great deal to be said for the introduction of psychiatry, geriatrics, and gynaecology into the trainee's hospital posts, but perhaps even more to be said for additional time in general practice.

I hope this will help to clarify the problems raised.

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## BOOK REVIEWS

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### CHILD CARE IN GENERAL PRACTICE

Cyril Hart (Ed.)

Churchill Livingstone,  
Edinburgh (1977)

442 pages. Price £6.50

Dr Hart and 32 contributors, 29 of whom are practising general practitioners, have co-operated to produce this book. In his succinct preface Dr Hart makes these important points:

1. Child care accounts for 25 per cent of general practice, thus justifying a work exclusively devoted to this aspect.
2. The book is designed to complement rather than supplement standard textbooks of paediatrics.
3. Books on general practice are best written by general practitioners.

To a large extent the work justifies these last two statements.

The work is sensibly divided into six sections namely: The Organization of Child Care; Child Care and Preventive Medicine; Clinical Care in Acute Illness; Continuity in Clinical Care; Clini-

cal Care in Long-term Disorders; and Essays in Family Care. The multi-authorship has not prevented a natural flow of the text but has led to a variable standard in the contributions.

Section 1 is, on the whole, well written and it is interesting that, although the Court Report was not available to the contributors, some of their conclusions are in broad agreement.

I particularly commend the chapters: "The Quality of Child Care", by Dr Hart and "The Social Services and the Practice", by Elspeth Colebrook, who was herself a social worker. This is written with a good deal of tact and a deep appreciation of the problems of both disciplines. The chapter by Dr Pearson, "Child Care Legislation", is valuable for reference.

Section 2, Child Care and Preventive Medicine, is more patchy. The initial chapter, the "Fetus at Risk", reads like a knowledgeable student's answer to an examination question. It is a comprehensive treatise but requires modification.

The other chapters: "Development Screening", "Immunization", and

"The Child Health Clinic", are quite adequate but that on "Ill-treated Children", by Dr Pereira Gray, is of a very high standard. Happily this carries with it the approval of the Royal College of General Practitioners as its policy towards the problem of child abuse.

The quality of the chapter "Clinical Care in Acute Illness" varies throughout. The chapter on "Acute Infection of the Respiratory Tract", by Dr Gregg, from whom we have come to expect so much, is disappointing. The chapters "Some Common Viral Infections", by Dr Hart, and "The Acute Abdomen", by Dr Hooper are of a high calibre. In the latter the author begins with a sensible review of the symptoms and signs, but I must take issue with his implied statement that diarrhoea is absent in acute appendicitis (p. 190).

Section 4, Continuity in Clinical Care, is by and large well written but is surpassed by Section 6, Clinical Care in Long-term Disorders, which includes an excellent and practical chapter on congenital heart disease, by Dr Sykes.

Both in this section and that which follows, Essays in Family Care, the authors write as general practitioners

pursuing a three-dimensional approach spicing the *Scientia* with a generous measure of *Caritas*. The essays on "The Family", "The Spoilt Child", and "Death in Childhood" will be of particular benefit to the younger entrant to general practice but can be read with benefit by more experienced doctors.

All the chapters are comprehensively referenced and the appendix, "Voluntary Organizations for Child Care", is most useful.

I welcome this work but hope that if another edition is forthcoming all the contributors will write with their prime commitment to the essential principles of good practice rather than airing their expertise in their special interest.

COLIN WAINE

**Reference**

Court Committee on Child Health Services (1976). *Fit for the Future*. London: HMSO.

**MEDICAL RECORDS**

Bernard Benjamin

William Heinemann Medical Books, London (1977)

248 pages. Price £6.50

This book will certainly help to foster the aims professed in its foreword, namely, promoting and fostering in hospital, medical, educational, and similar circles a higher sense of the value of systematic medical record-keeping, and encouraging a higher degree of efficiency in those engaged in the work of record-keeping.

The team of contributors, who are largely drawn from the Association of Medical Records Officers, are more concerned with technique and organizational developments rather than the much discussed topic of problem orientated records versus clinical records.

It is a serious and helpful book, and although it is, of course, dominated by the problems of hospital record-keeping, general practice and the community both have clear and fair statements of their respective needs.

Unfortunately for the keen general-practitioner recorder, the chapter on disease classification and diagnostic indexing will be disappointing, for it completely ignores recent developments such as the publication of the *International Classification of the Health Problems of Primary Care* by the *Journal of the Royal College of General Practitioners* which was the happy result of international co-operation and pilot trials.

General practice also suffers in the discussion on lateral filing, as the

authors consider only lateral suspension filing—a Rolls Royce method, which is hardly applicable to the wooden shelves which have to 'make do' for so many general practitioners.

The vexed problem of numerical filing, so beloved by hospitals, is possibly only a wishful thought for general practice, as the necessary master index would put still further pressure on a general practice already hard pressed for time, space, financial resources, and staff. The admission that small hospitals are more suited for alphabetical record filing systems makes one wonder what is small!

The section on appointment-system records is helpful, but it ought to be enlarged in the next edition of the book to include advice about general-practice appointment systems. There must be at least 15,000 appointment systems in general practice, which should be enough to deserve a small place in a textbook on medical records.

It would have been interesting to have had some discussion about the small record versus the big A4 record, as clearly the general practitioner in the NHS will have to continue to make a virtue out of the necessity of using the 5 in x 8 in envelope. It certainly concentrates the mind powerfully to have limited recording space. The many attempts of the 5 in x 8 in insert cards to cope with drug and problem orientated record-keeping must be taken as the evidence that the general-practitioner innovators do not see much chance of A4 records becoming universally available in the foreseeable future.

This book represents an important milestone as a statement of the present position, and it should be helpful to those who wish to acquire up-to-date knowledge of record systems in general practice without frustration.

E. V. KUENSSBERG

**Reference**

World Organization of National Colleges, Academies and Academic Associations of Family Physicians/General Practitioners (1976). *International Classification of the Health Problems of Primary Care*. Occasional Paper No. 1. London: *Journal of the Royal College of General Practitioners*.

**RESCUE EMERGENCY CARE**

Ken Easton (ed.)

William Heinemann, London (1977)

490 pages. Price £9.95

A recent broadcast by the BBC in its series, "From the Grass Roots", which was stimulated by an article in *Drive*, was devoted to immediate care; but to

my mind the whole point of such care schemes was missed. Those taking part in the programme spent most of the time arguing about the financial and emotional benefits of saving three per cent of those who die on the roads each year. The fact that three per cent means approximately 220 people, mostly between the ages of 18 to 45, was quickly passed over.

It is therefore with great pleasure that I recommend this book, in which the aims of immediate care are clearly laid down: namely to save life, to ease suffering and to minimize the injuries. Other benefits, such as quickly certifying the dead and advising on the best methods of moving the injured, as well as assessing the priority of medically urgent cases, are also described. Most of the authors are well known authorities in this subject and include Hanns Pacy, Stanley Miles, Peter Basket and Peter London.

A fellow reviewer has said that he is not clear at whom the book is aimed, as parts of it relate to hospital procedures. However, the fact that much of the care will be given at the site of the incident does not exclude the use of hospital techniques. If the technique required is good, simple and in the interest of the patient, then the attending doctor should either have it up his sleeve or have ready access to another doctor who does have the skill.

The late Norman Capener has given the best review in his foreword to the book. Epidemiology, he says, as a special aspect of ecology is a study of the interrelations between organisms and their environment affecting communities and individual components: in this case the human disease is trauma or accidental injury, which among children and young adults under 25 is the commonest cause of death.

Capener goes on to write: "Teamwork of excellence is the practical ideal not only of life but in prevention and treatment", and the authors have done their best to pass on their knowledge in an effort to fulfil this need; they have, I believe, succeeded. The articles are sensibly laid out, dealing first with the essentials of emergency management, then with head, chest, and soft tissue injuries, and then going on to more specific services and situations.

All are well written and together will form an invaluable aid to all casualty officers as well as to senior staff in charge of allied disciplines concerned with immediate care, who may be anxious to learn much more about each other's disciplines than mere basics. In fact, I feel sure that anyone interested in this aspect of care will find the book invaluable.

M. R. MARTIN