

## A DIPLOMA IN GENERAL PRACTICE?

Sir,  
I propose the institution of a Diploma in General Practice.

Having just taken both the MRCGP and DRCOG it seems only fair that my obstetric peers should in addition to their MRCOG be able to sit for a DRCGP.

There would be a requirement of six months in a recognized general practice

and the candidate would have to display a basic proficiency in general practice as appropriate to the intending hospital specialist.

I would not, of course, expect obstetricians alone to wish to acquire the Diploma but anticipate keen demand from intending physicians, psychiatrists, and paediatricians—the latter would then almost certainly be referred to as a PGP.

In the scramble for consultant posts the senior registrar with his MRCP and DRCGP would have a distinct ad-

vantage over a colleague who has not taken (or failed) the Diploma.

One can even foresee the day when possession of the DRCGP would be a requirement for admission to the domiciliary list. In the meantime perhaps a two-tier scale of fees for domiciliary visits might suffice.

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## BOOK REVIEWS

### THE NEW POLICE SURGEON

*S. H. Burgess (Ed.)*

*Hutchinson, London (1978)*

60 pages. Price £18

By chance this book arrived for review when one of us had just taken on an appointment as a police surgeon. We are therefore able to comment on it both from the point of view of the experienced surgeon and that of the novice.

In Europe forensic science enjoys a high respect and a student is expected to pass an appropriate examination. This is not the case in the UK, where the quality and quantity of teaching to undergraduates varies, but with rare exceptions cannot be graded as better than mediocre. Those carrying out the work of a police surgeon therefore have little training and in the past have had to acquire much of it as they went along.

A proportion of the work is concerned with the treatment of ordinary illnesses in people held in custody and, as is pointed out in this book, the doctor has to remember the basic ethical principles of medical conduct: to preserve life, not to cause suffering, and to be *impartial and helpful* in times of stress to a prisoner.

A police surgeon is always likely to be called to give evidence in court, either in writing or in person, and this evidence can be challenged, often very fiercely, by Council briefed to defend the person accused who is at risk of losing not only his reputation but quite possibly his freedom. The book therefore emphasizes the need for meticulous observation and accurate recording. It also offers advice for police surgeons attending court both in

the capacity of witness of fact or as an expert. However, its main function is to provide comprehensive concise answers to those questions most likely to arise in a police surgeon's mind as he performs his duties; on the whole it is successful in this.

As with most multiple-author textbooks, the quality of the chapters varies and they might have benefited from more detailed comment.

As the book is a policy document of the Association of Police Surgeons of Great Britain, the contributors include experienced police surgeons (or, as they are occasionally called, clinical forensic physicians) and representatives of the police force and judiciary and forensic science.

The first chapter charts the development of this interesting branch of medicine through the ages and specifically in the UK. The following chapters describe the organization of the police, the law, our penal system, and the forensic pathology services. The whole book is eminently readable, in particular those contributions dealing with such situations as how to deal with drunken drivers or drug addicts; the police surgeon's role *vis-à-vis* a sexual offender or in the case of non-accidental injury (for example, baby battering); sudden death; and how to exclude foul play.

Not only is the book a useful introduction to young police surgeons, but it is also an essential reference book for those who are experienced in this field. All police surgeons should buy a copy if for no other reason than that it will surely appear on the desk of every defence council in court during cross-examination of a medical expert.

STUART CARNE  
IVAN KOPPEL

### TOPICS OF OUR TIME 1: VITAMIN D DEFICIENCY AND OSTEOMALACIA

*S. J. Darke & J. M. L. Stephen*

*Department of Health and Social Security, HMSO, London (1976)*

18 pages. Price 75p

One of the natural functions of a central department of government with responsibility for health is the identification of new clinical problems in medicine which may need special attention.

The resurgence of vitamin D deficiency syndromes has led to the Department of Health and Social Security publishing a new series under the theme "Topics of our Time". This 18-page booklet is designed to reawaken awareness of the increasing prevalence of these conditions in the minds of general practitioners.

The message is that rickets and osteomalacia are associated with an inadequate intake of vitamin D, usually due to inadequate ingestion, inadequate sunlight, or both. However, the diseases can be secondary to gastrointestinal conditions, especially gastrectomy, the use of anticonvulsants, kidney disease, or vitamin D metabolic disease.

The booklet emphasizes that some groups are predisposed to these diseases, especially babies who are bottle fed, adolescents, pregnant women, those who are housebound, and Asians. Clinical pointers include: gait, slowness in sitting up, knock-knees, small stature and fractures. The investigations are fairly simple and include, of course, a raised serum alkaline phosphatase and a lowered serum calcium and serum phosphate. The x-ray characteristically shows cupping and fraying of the