

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.

STEPHEN HALL
Vocational trainee

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Exeter.

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

epiphyses of the growing ends of long bones, that is, of the wrists, the knees and ankles.

D. J. PEREIRA GRAY

MEDICAL TEXTBOOK REVIEW. 2ND EDITION

Victor Daniels and Steven White

Obtainable from the Reviewers
(Level 5), Cambridge Clinical
School Offices, Addenbrookes
Hospital, Hills Road, Cambridge
CB22 2QQ

63 pages. Price 75p

General practitioners have not traditionally been heavy users of medical books, but this is changing rapidly with the development of libraries in training practices. Although in the past many practice libraries have reflected the number of years the partners have been qualified rather than their current needs, times are changing fast.

Another important development is the increasingly frequent appearance of general practitioners on library committees, and the professionalization of teaching, with its £1,300 a year trainers' grant, is acting as a powerful stimulus to provide a reasonable selection of medical textbooks in the practice itself.

But where to begin? The number and variety of medical textbooks is daunting but until recently most have been bought usually just on the recommendation from a review in a good journal, without any serious evaluation. To general practitioners wishing to build up their practice library the 75p spent on *Medical Textbook Review* will be well worth it.

It has been written by two PH.Ds, while they were clinical students at the University of Cambridge. They have made a serious attempt to compare and contrast current medical textbooks, devoting 22 pages to pre-clinical books, two pages to atlases and dictionaries, and the rest to clinical books.

An interesting feature is the attempt by these authors to select a leading text in each of their main categories and while each of us may disagree with some of their choices, this booklet does reflect what some discerning students at Cambridge feel are currently good books.

The first edition, which I gave to my daughter, vanished in double-quick time and she now guards this second edition with great care.

On balance this is a courageous and worthy attempt. The authors bravely invite criticism and I look forward to

seeing a larger section on general practice in the third edition. They may now have to cover more than 500 books.

I hope a wider team at Cambridge might make contact with other medical school societies so that market forces may increasingly work to aid the consumer and end the tyranny of having to read one's professors' books in order to pass finals.

ROBIN STEEL

FISH'S OUTLINE OF PSYCHIATRY. 3RD EDITION

M. Hamilton

John Wright and Sons,
Bristol (1978)

282 pages. Price £5

For those general practitioners whose work involves seeing distressed, anxious and often rather unusual people who are nevertheless not psychiatrically ill, this book is not the answer to learning how to cope with them. It is an outline of psychiatry and provides clear guidance for the diagnosis, treatment, and management of psychiatric illnesses, including the common general-practice problems of depression and anxiety.

The author emphasizes the importance of establishing good rapport with patients, of seeing the patient as a whole—taking into account physical, social, and emotional factors—and asking the question, "why did this person break down in this way at this time"?

I found the book a little hard to get into, perhaps because my own mind is becoming rigid and I prefer chapters on history and development to be dealt with briefly at the beginning. However, many of the chapters stand on their own. The accounts of abnormal personalities and psychogenic reactions are clear and concise. The two chapters covering the psychiatric organic states are outstanding and highly appropriate to general practice. This section includes the only diagram in the book (a flow chart) which is so helpful that it seems a pity that there are not more diagrams elsewhere.

My main criticism is that there is a lack of emphasis of the range and totality of normality. The conciseness and clarity of the accounts of the various psychiatric illnesses inevitably suggest clear-cut boundaries between normal and abnormal that we know do not exist.

Inward-looking students might need to be reassured that all normal people have neurotic traits and that normal personalities are a mixture of abnormal personality traits.

R. HILLMAN

EQUIPMENT FOR THE DISABLED—WHEELCHAIRS. 4TH EDITION

E. R. Wilshire

Oxford Regional Health Authority
(1977)

101 pages. Price £1.50

Wheelchairs, pushchairs, tricycles, and their accessories are not commonly prescribed and no doubt the average family doctor is not fully aware of the range of aids available. The Department of Health and Social Security provides a handbook outlining the limited range of items that they supply, which has recently been updated, but it does not cover all eventualities. A wider range of equipment is described in this book, together with the price and the name and address of the manufacturer or supplier. Examples include electric wheelchairs for outdoor use, an ingenious wheelchair elevator which can be incorporated in most wheelchairs, and instructions for do-it-yourself accessories like hand protectors and lap trays.

The second half of the book is a reproduction of the DHSS booklet, which reveals that much of the equipment supplied privately is also available through the DHSS, but it duplicates information already possessed by general practitioners.

I do not think, therefore, that this book deserves a place in the surgery; it would be of more value in the post-graduate medical centre library.

RUSSELL STEELE

HIPPOCRATIC WRITINGS

C. E. R. Lloyd (Ed.)

Pelican Books,
London (1978)

380 pages. Price £1.95

Every doctor is conditioned at an early stage in his career to have a deep reverence for Hippocrates, whoever he or they may have been—for the scholars tell us that the writings cover a period of some 400 years and that there is no real evidence that Hippocrates of Cos ever actually existed. When one reads much of the writings, too, one asks whence this reverence flows. With few exceptions the Aphorisms are a farrago of great nonsense and the Epidemics are but a collection of closely observed and carefully recorded bedside signs for which there is no diagnosis and no treatment, only prognosis. Obsessed with the idea of therapeutics the modern doctor may wonder what the function of such a doctor could have been, and is