

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. Wilshere

*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

forced to the conclusion that it could only have been that of the supportive psychotherapist—with a very kitchen-sink manner at that.

Nevertheless, in the assiduous attendance and dispassionate recording of every sign and symptom, we see erected the twin pillars on which the edifice of scientific and caring medicine was to be built. But who are we to smile at the naïvety of the ancient thoughts and conclusions, and what, I wonder, will posterity have to say about our efforts in 2,000 years' time—always assuming there will be a posterity to make such judgements!

This book covers a good selection of works from the corpus, and the translation is excellent. A lot of fun can be

had by reading the disease descriptions in the Epidemics and trying to come to a diagnosis (I have to admit to a low score). The Aphorisms are always worth a browse, providing, as they do, a marvellous string of bizarre *non sequiturs*. Thus: "People who lisp are especially liable to prolonged diarrhoea" and "A shivering fit and delirium following excessive drinking are bad." (Somewhere in the distance bells of crapulous compassion are ringing for that last one!)

In the books on the treatment of fractures and the description of the heart the faintest false dawn of scientific approach can be detected. The real dawn was a couple of millennia away. Perhaps also in this category is the

debunking of the Sacred Disease, epilepsy, where it is argued that its causes are, like any other disease, mundane and not divine. This must have been pretty revolutionary and unpopular thinking in those days.

There is a long introduction by the editor which I found a great help—my knowledge of the Hippocratic corpus being minimal—and wisely, textual annotation, which always interrupts the flow of reading, has been kept to a minimum.

All in all this collection is one of the best I have seen, and although I doubt whether it will attract a large readership, I am sure it will achieve an enthusiastic one.

JOHN MILES

REPORT

Learning from our prescribing

A ONE-DAY symposium on "Learning from our Prescribing" was held at Princes Gate in June under the joint aegis of the Royal College of General Practitioners and the *Drug and Therapeutics Bulletin*. The majority of the 60 participants were involved in vocational training either as trainers or as course organizers, and there was a sprinkling of teaching hospital clinical pharmacologists. Nearly every aspect of prescribing in general practice was touched on, often tantalisingly, in a series of 10-minute presentations by general practitioners giving their experiences of, or researches into, the way they prescribed.

What did it reveal? Not a pretty sight. Shock, dismay, and disbelief were the almost universal reactions of these researchers. Dubious remedies; nonsense prescribing; whole communities getting to sleep by courtesy of Messrs Roche—these revelations spurred on the doctors to mend their ways. Yet as speaker after speaker gave his personal testimony it seemed that rather than prescribing becoming rational, prescribing decisions were being rationalized.

We general practitioners often allege, in a "wholer than thou" way, that our hospital colleagues are preoccupied with treating the disease rather than the patient. But very often we ourselves seem to be engaged in treating the doctor, never mind the disease. How else

do we explain the selectivity of our *bêtes noires*? One doctor carries out a purge on digoxin, another on barbiturates, and a third slams diazepam. Occasionally a hardy spirit goes in for total parsimony and obtains staggering reductions in his prescribing rates (but how can he be sure he has not merely achieved substitution from the chemist's shop—or even from the off-licence?).

What is to be learned from this symposium? First of all, a sequel is necessary: not to attempt to tie up all the loose ends, but to examine one or two topics in depth after the initial brainstorming. Secondly, while it is tempting to retreat into therapeutic nihilism and stinginess we owe it to our patients and to our calling to establish a rational basis for effective prescribing.

Thirdly, medication has to be seen in the perspective of total patient management. Fourthly, because the doctor's apostolic functioning is never far beneath the surface, how we prescribe must have as much to do with characteristics of the doctor as with the nature of the illness or the personality of the patient.

Lastly, although individual audit is a valuable and often chastening exercise, a more reliable alternative must be sought; for instance, review by a peer group.

J. S. NORELL