evidence that his idea is incomplete (Tuckett, 1976); perhaps doctors are not quite so good at seeing life as they think they are. Balint said that too!

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INDEPENDENT CONTRACTOR STATUS

Sir,

It is not only how, or even how much, we are paid, as Tudor Hart suggests (April *Journal,* p.237), but for how long. We can bemoan the loss to our NHS patients of years of experience when great consultants are pensioned off at 65: we also sigh with relief that we can carry on. What to do with our status is a question of political attitude, for revolution or evolution.

The introduction of the NHS 30 years ago was a revolution. Evolutionary modifications have followed (although the 1966 Charter might be described as part of a continuing revolution).

Evolutionary changes in the independent contractor status have, as Tudor Hart rightly says, increased our dependence on the DHSS. On the salaried side, some 45 per cent of consultants have chosen to be whole-time salaried employees. In Exeter these consultants may be impersonal and lackluster; in Central London most, in my experience, are the reverse.

No, the main difference at present between salaried and independent contractor status is the possibility of the independent contractor continuing to earn a full income past 65. Even here, however, increasing misgivings are felt, especially in local medical committees where cases are heard against elderly general practitioners in breach of their terms of services. The General Medical Council is toying with annual review of registration of those over 65 involving some form of audit.

My argument is that the two kinds of status are moving so close together that they vary only in detail. The details are important but if we chose, or were forced to choose, to be salaried, our negotiators should be able to protect our needs in the new contracts. I have no doubt that we would continue to practise past 65, but I suspect that there would be some form of assurance of competence, and this would not be such a terrible thing.

Dr Pereira Gray is to be congratulated on opening this discussion (December *Journal,* p.746). The clarification of issues that is following can only help to question dogma, and this is vital to that very British form of revolution—evolution.

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PRACTICE ACTIVITY ANALYSIS

Sir,

We have enjoyed taking part in the Practice Activity Analysis published in the *Journal* in the past few months. However, the published results do not take account of consultation rates, size of practice, type of practice or age-sex distribution which are obviously relevant to the results, and we wonder if there are any other practices which would be interested in pursuing these variable factors.

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BOOK REVIEWS

THE SI FOR THE HEALTH PROFESSIONS

World Health Organization
75 pages. Price £1.20

SI units are not exactly popular! Indeed they can be said to inspire bewilderment, contempt, or anger among most practising doctors who in any case are usually rather shaky about exactly how they are derived.

Nevertheless SI units are here to stay and they are being used increasingly in medical journals and books throughout the world. The 'I' stands for international and this is their first main advantage. If eventually they do become universal it will greatly aid communication between doctors in different continents.

Secondly, and perhaps more important in the long run, is that they do provide a rational basis for calculating units which is logical and consistent at the very least. Almost any uniform system was bound to be better than the hotch-potch of units which has grown up over the years.

Fundamentally there are seven base units which are precisely defined and include, for example, a unit of length (the metre), a unit of mass (the kilogram), a unit of time (the second), and a unit of substance (the mole). From these there are a series of derived units such as the square metre or cubic metre.

This little booklet, in only 75 pages, makes a fair attempt at explaining in simple language what SI units are all about. As they will soon be adopted as the standard unit in this *Journal,* this would be a useful book to buy.

D. J. PEREIRA GRAY

OBESITY AND ITS MANAGEMENT 3RD EDITION

Denis Craddock

Churchill Livingstone
London (1978)
194 pages. Price £5.50

Shame on those of us who have not read this book! By a generalist, for generalists, and written, perhaps, on the most general topic one could find, it is one of the few volumes that can be unreservedly recommended for, if not every consulting room bookshelf, then certainly every practice library.

Like a good deal of important literature, its message is not new. We already know much about the causes of obesity, of its hazards and its implications, and no one who did not have a fair grasp of the principles of its

management could claim to be a practising clinician. But by giving us a clear, concise, and most readable account of each of these aspects, and many more, supported by numerous authoritative and up-to-date references, Dr Craddock infects us with his enthusiasm for dealing with the obese patient with knowledge, skill, and evident zeal spiced with liberal understanding and compassion. One thing the book is likely to achieve is a change in the reader's attitude to the management of obesity.

In common with other addictions, the habitual eating of refined sugar is a complex social phenomenon affecting particularly, like the tobacco habit, the richer classes of the poorer nations and the poorer classes of the rich ones. Wherever sweet foods are used as rewards from early childhood we must expect a proportion of the lonely and the unhappy to remain what Dr Craddock calls "comfort eaters". Many of the misunderstandings and misconceptions surrounding this topic are admirably dealt with and we are reminded that the main problem *is* that most fat people metabolise their food more slowly than the thin, that they often eat less than their more fortunate fellows, and that exercise, a vital part of any slimming programme, does *not* stimulate the appetite to any great degree. The evidence for the author's views is effectively suggested by his own unique long-term study. Anorectic drugs, we should note, can be a safe and valuable adjuvant when used with care.

This is one of the few cases where one can say with conviction, "Many of my patients will benefit from my reading this book".

M. J. AYLETT

SPAS THAT HEAL

William A. R. Thomson

Adam and Charles Black
London (1978)
142 pages. Price £5.25

Dr Thomson is an enthusiast. By his choice of title he nails his colours to the mast and hauls off on a long beat to windward looking neither to port nor to starboard—but frequently astern—loosing off great broadsides at all those reactionaries who do not agree that spa treatment has its place in modern therapy. Nobody who sails with him will be bored.

The author gives a brief resumé of spas in general, and British ones in particular. There is also a mention of some of the more famous continental spas.

Largely, however, the book is a lament for the loss of our native therapeutic heritage (there is now only one fully operative spa in Britain) and a plea for the restoration of seven others which, chosen geographically, could serve the whole nation. He inveighs against both the civic fathers and the medical profession for pig-headed ignorance, but his greatest weight of shot is directed at his medical colleagues. We are so sold on drug treatment, with all its dangers, that we are hopelessly biased against a natural therapy which has no ill-effects of any kind. Some of the evidence he adduces is quite resistible and would not survive strict analysis but, on the other hand, as he rightly points out, nobody has bothered to conduct research that would support their opposition to hydrotherapy. For these poor benighted devils water is water, whether it comes from a hole in the ground or out of a tap.

This is all good hard-hitting stuff and interesting to read, but at the risk of inviting a salvo from the intrepid author, I cannot resist quoting an epitaph which according to legend is to be found in the parish churchyard of my home town, which was once a spa:

Here lie I and my two daughters
Dead through drinking Cheltenham waters.
If only we'd stuck to Epsom salts
We wouldn't be lying in these here vaults.

JOHN MILES

YOU AND YOUR BACK

David Devlin

Pan Books
London (1977)
93 pages. Price 60p (paperback)

The Back Pain Association, whose sole purpose is the relief of, and research into, back pain, has produced this book with the intention of giving reliable information to people suffering from back pain.

This little book does supply much useful information and particularly advice on the management of back pain and will help many patients to understand their problems. However, it blames muscle and ligament tears for the great majority of back pain and this is clearly not true. For a book revised in 1977, the concept of facet joint locks in the spinal articulation must surely feature as a major factor in the causation of back pain.

The book skates round the question of manipulation and this underlines the difficulties that exist between the registered and the unregistered practitioners, though it indicates how to identify those who hold qualifications as chiropractors and osteopaths.

The diagrams are simple but clear and I am sure they will be easily understood by the layman. Like most societies appealing for support from the laity and supplying medical information to them, this book is likely to appeal most to a middle-class public.

R. J. GROVE-WHITE

LECTURE NOTES ON MEDICAL MICROBIOLOGY 2nd EDITION

R. R. Gillies

Blackwell Scientific Publications
Oxford (1978)
229 pages. Price £4.25

Microbiology is a term and a discipline with which many general practitioners, particularly those who qualified some years ago, are unfamiliar. It embraces bacteriology, virology, protozoology, and mycology, and should therefore concern all practising doctors.

This edition is an expanded version of *Lecture Notes on Bacteriology* which was first published in 1967; it is aimed specifically at the needs of the student. Most chapters are devoted to a description of the morphology, cultural requirements and appearances, the serological characteristics and the animal pathogenicity of micro-organisms causing clinical disease in man.

The present edition contains three new chapters on immunology, contributed by Dr T. A. McNeill, but unfortunately these are written in such a condensed manner that they do little to increase the ordinary reader's understanding of the subject.

There is much detail about the physical and chemical characteristics of the various organisms, but too little information about the clinical aspects of the diseases which the organisms cause. Certain organisms, such as *B. cereus* and *B. bacteroides,* whose importance in clinical medicine has been recognized recently, are described in some detail, but it is surprising that the author still recommends routine smallpox vaccination for children and refers to the role of the medical officer of health in its control. There is no mention of the topical application of idoxuridine, except in the treatment of eye infections, nor to the possible sexual transmission of serum hepatitis.

It is unlikely that this book will have a wide appeal and I cannot recommend it to general practitioners.

D. G. GARVIE