

part of modern medicine, and they do not therefore recognize an automatic intellectual superiority in their specialist contemporaries.

Income should be based solely on workload and level of responsibility, and not on the expectations of a bygone era. Yet many consultants still object *in principle* to the small overlap in relative overall remuneration compared with their own; although they continue to have misconceptions and confuse general practitioners' net and gross income while still sniping at tax advantages which cease to exist only for consultants without private practice (Scurr, 1978).

D. L. BEALES  
General Practitioner Trainer

P. K. SCHÜTTE  
General Practitioner Trainee

Phoenix House  
Phoenix Way  
Cirencester  
Gloucestershire GL7 2PJ.

#### References

Scurr, C. G. (1978). The hospital practitioner grade. *Anaesthesia*, 33, 838.

#### MIDWIFERY RESEARCH PROJECT

Sir,  
I should like to ask your readers for help

in a research project which is being undertaken by myself and colleagues at the Nursing Education Research Unit of Chelsea College. The research is concerned with the role and education of the midwife and will consider the relationship of the midwife's work with that of other health professionals, including the general practitioner. The original initiative for the project came from the Royal College of Midwives and it is financed by the Department of Health and Social Security.

We shall, of course, be studying the issues involved from the midwife's point of view, through questionnaires and interviews, but feel it is also important to establish the views of other health professionals. We are therefore planning to send questionnaires to a small random sample of general practitioners in all 14 regional health authorities and hope to conduct a short interview with a sub-sample in three.

We do hope that general practitioners who are asked to participate in the project will feel able to do so, as we think it is important for their views on this subject to be represented in the project.

SARAH ROBINSON  
Research Fellow

Nursing Education Research Unit  
Chelsea College  
University of London  
17a Onslow Gardens  
London SW7 3AL.

#### ROLE OF ACUPUNCTURE

Sir,  
I am surprised at the cursory recognition given in your columns to the role of acupuncture therapy in successfully treating many conditions which fail to respond to other forms of treatment. In my six years of experience with acupuncture, I have found it to be successful in treating pains in the back, head, and neck, as well as migraine, neuritis, some forms of arthritis and skin conditions, asthma, alcoholism, obesity, and other problems.

The apparent timorousness on the subject is extremely disappointing. In the rest of the non-British western medical circles acupuncture is growing with rapid acceptance, especially in France, Germany, and other European countries, not to mention its increasing acceptance in Canada, the USA, and Australia, as a glance at the past few years of *Index Medicus* will attest.

It is to be hoped that acupuncture will eventually be considered with other medical sciences, instead of being relegated, as it is in this country, to articles by non-medical people in popular journals and the netherland of fringe medicine.

JOHN SHEEHAN

186 London Road  
Leicester.

---

## BOOK REVIEWS

---

#### FAMILY MEDICINE

F. J. H. Huygen

Roya Vangorcum Ltd  
Netherlands (1978)  
164 pages. Price £9

It is a rare pleasure to read an outstanding book which could have been written only by a general practitioner. We in Britain take some pride in our belief that we are family doctors and we do indeed work at the level of the family and the home. All too few of us take the next step, that of recognizing ourselves as doctors of families. It has taken a Dutch doctor to show us the way.

Professor Huygen entered general practice in Nijmegen during the war and began, under almost impossible

circumstances, the meticulous documentation of the patients he inherited from his predecessor. The difference was that from the start he quantified his evidence on diagnoses, attendance patterns, and referrals in family terms rather than in relation to the isolated patient.

Documentation of diagnoses and management consistently over the years is difficult enough but when he reviews his notes on the families he describes Professor Huygen is able to adduce those small observations of behaviour, character, living circumstances, or job which taken together can be called personal insight. Not only does he deal with the evidence in a professional way: he also shows the real affection and regard that a good family doctor has for the patients whom he knows well.

The descriptions of families which exemplify a particular point come first. Reading them the British doctor will recognize patients in his own practice and find himself wishing that he knew more about the family. The story could be set in any country town although the reader is often reminded by delightful pen and ink sketches that the scene is in fact set in Holland. He cannot forget, however, that patients are patients wherever they are and have qualities that can be consistently observed by good family doctors.

The next dimension is the application of aggregate analysis to 100 younger families, and 100 older ones. Methods of quantification are described and used which although by no means simple seem to work convincingly. They are based on data collection methods which