

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).

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### 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.

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### 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.

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JOHN SHEEHAN

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## BOOK REVIEWS

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### 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

are used in many practices (including the College Classification of Diagnoses) which should encourage others to look at their material in the same kind of way. Groups of families seem to show different characteristics. Why? Are changes in morbidity patterns due to better, or different, diagnostic capability? All these questions are faced squarely by a family doctor who is a philosopher besides.

The latter part of the book discusses the various concepts of family medicine, the extent to which it is defined in different countries, and how far family therapy can be practised effectively. It ends with five key questions which every doctor should ask himself when a patient first consults. These are concerned with the family origins, the family in which the patient now lives, its medical and social history, what the current illness will mean to the family, and the nature of its impact upon it.

Yet further new ground is broken by the inclusion of a pull-out appendix housed in the back cover which contains the original data from which the family histories were drawn. It can be opened and read in conjunction with the narrative account. It might even enable the reader to come to different conclusions than those of the author, though this is indeed unlikely. It is a fascinating way of glimpsing the working of the author's mind by seeing his interpretation of his own primary material.

The prose style is smooth and easy to read. The tables and diagrams are clearly set out. It is not only a book to read with profit, it can be read with enjoyment too.

R. J. F. H. PINSENT

## **FAMILY MEDICINE. PRINCIPLES AND APPLICATIONS**

*Jack Medalie*

*Williams and Wilkins  
Baltimore (1978)*

*372 pages. Price £8.57*

This is a magnificent book. In 30 chapters written by a variety of distinguished American, Israeli, and British authors it covers an immense range of knowledge. Its scope is so great that to list the chapters—which vary from the sociology of the family, transmission of infectious diseases, and the problems of the expectant couple, to computer-based medical records and general practice research—suggests that this is another superficial text for trainees. Nothing could be further from

the truth.

Not only is the book well written—the many chapters by Jack Medalie especially so—but thankfully the authors write about real and recognizable patients and do not bury themselves in impractical theory. These doctors care about people. They also know their respective subjects and the book should therefore prove a first rate work of reference. The indexing is good and each chapter contains a long list of references.

Obviously criticisms can be made. It is very much an American book, which is shown in discussion about such topics as sequential pills, insurance schemes, nurses' duties in pregnancy, and so on. It also has the occasional fault, common to many American texts, of stating the obvious at great length. Nevertheless, any intelligent reader can translate the book into English as he goes along, and it is all relevant to British general practice. The chapter by John Fry covers ground already familiar to the British reader, and unfortunately it is based on a lecture and reads like one. The general layout of the book is clear and easy to read, with good, if occasionally duplicated, tables and diagrams.

There are, of course, many points with which the reader will disagree, but this can only stimulate thought, and I found that the book had the effect of making me very dissatisfied with my own standard of practice. The last chapter is a summary of the knowledge and skills needed by a family practitioner, and if this does not make the reader feel inadequate, nothing will. While many doctors baulk at the idea of such a check list, it certainly makes stimulating reading. This is one book that will never bore you.

DAVID HASLAM

## **UNWANTED PREGNANCY AND COUNSELLING**

*Juliet Cheetham*

*Routledge and Kegan Paul Ltd,  
London, Henley-on-Thames, and  
Boston (1977)*

*234 pages. Price £2.50*

The speed with which social expectations and professional attitudes about unwanted pregnancy have changed in this country over the last 12 years has caught most of us unprepared. There were doctors then, as now, who preferred not to recognize that there was a problem. Many more were unhappy with equations which, starting with 'unplanned pregnancy', became 'unwanted pregnancy', proceeded to 'unacceptable pregnancy' and ended up

as an unloved child with appropriate forebodings for future generations.

This grim domino theory has possibly been overplayed, and general practitioners are well aware of patients' resilience, their capacity to contain ambivalent feelings, and ability in the majority of cases to further their maturing and to make new beginnings. In short, to get on with living and loving.

Yet, at what cost? For problems there undeniably were. The debate could only be about its size and about the price individually being paid for its resolution. Into this arena of controversy poured the partisans; among them, humanitarians, feminists, and dogooders; stern upholders of family life and traditional values; the social planners and the prophets of doom; and in the midst, an unhappy and divided medical profession, desperate to avoid the jibe that it could be hired to do a technical job in response to social pressures.

The scene remains muddled and, in some parts, seedy; but the heat has largely gone out of it. We know a great many pregnancies are unwanted, and that each year thousands of women are prepared actively to seek and to undergo termination. There is more than a suspicion that the very availability of means for a 'satisfactory' solution may have been a stimulus to demand; or at any rate has something to do with maintained demand despite widespread and increasing contraception and with health education and other information being available as never before.

It is hardly surprising, therefore, that counselling services—a mushroom industry, if ever there was one—should find themselves deeply involved. Since real options have become available patients may paradoxically be in need of more help, not less: help to guide them through the tangled thicket of their own emotions and of subtle and not so subtle family and social pressures.

Miss Cheetham's book, now available in paperback, looks at the scene from the standpoint of a sociologist. Yet the treatment is far from being academic. It is a factual and sensible guide to the issues raised by unwanted pregnancy, written with sensitivity and understanding. The author was a member of the Lane Committee, whose terms of reference were to inquire into the working of the Abortion Act, and she writes as if she knows what she is talking about.

Her book begins candidly (and how rare this is!) with a statement of basic assumptions, goes on to look at pregnancy and family roles in the social setting, reviews what is thought about the psychology of pregnancy and