sultant by fellow practitioners in the county; so perhaps in *his* generation it was not "an independent discipline", but it most certainly was in my generation, and the one before, and when consultants at my teaching hospital said, as they often did, "most of you will go into general practice" they meant that we would enter that discipline—and, we might guess, they rather hoped we should call them in when we needed a surgeon's help or a physician's opinion.

When I began practice in Hampstead in 1920 I was one of about 50 general practitioners in North West London belonging to a medical society which met in members' houses. How we should behave to our patients, to each other, and to consultants was well understood and the society had a—rarely functioning—ethical committee to uphold these rules. Some of us were, some were not, members of the National Health Insurance Service: all were general practitioners.

The Collings Report (1950) described some sadly debased clinical practice and the College was founded in the hope of raising standards. I hope it has succeeded but good general practice is not new, nor is general practice research, though the College has done much to promote it.

Surely, sir, general practice has been evolving as an independent discipline for a century and more; what is new is the organization of specialties. There were no paediatricians, geriatricians, or psychiatricians when I was a boy!

LINDSEY W. BATTEN
Retired General Practitioner

65 Oakfield Road
Selly Park
Birmingham 29.

DISTRICT MANAGEMENT TEAMS

Sir,

I would like to disagree with Dr Mary Chisham (June *Journal,* p.372) and defend Dr Evans (March *Journal,* p.181) who is, I believe, like myself, one of the relatively few active general practitioners who struggle, without any specific training, to serve as clinical members of district management teams.

Some of us in this role have noted two disturbing trends: first, the increasing difficulty clinicians have in maintaining an effective voice in ever more complex management decisions, and secondly, the problems arising from using cost effectiveness as the main criterion for distributing patient services.

Although I am not a member of the College myself, I hope there would be few College members who would try to argue that increasing academic standards can be pursued realistically nowadays in politico-economic isolation.

Why, for instance, is there so little evidence that doctors who have been vocationally trained at great trouble and expense are any better than those who have undergone no training at all? Indeed, where is the evidence that vocational training is cost effective?

I strongly believe that it becomes increasingly important for general practitioners to play an active part in academic, political, and organizational roles simultaneously. If we do not, our decisions will be taken from us by administrators. I also belive that it is time that consideration was given to providing incentives for general practitioners to improve their efficiency. It should not be too hard to devise some. Since I feel that there are implications for all clinicians here, perhaps the College would consider piloting a study of the problems facing members of district management teams, unless they would really prefer to leave such matters to the BMA?

RICHARD MAXWELL
General Practitioner Member
Frenchay District Management Team
267 Soundwell Road
Kingswood
Bristol.

LOOKING AFTER CHILDREN

Sir,

I read your editorial (September, *Journal,* p.159) on "Looking after children" with interest. However, I would take issue with your assertion that general practitioners have "greater experience than all other doctors" on the impact of problems at home where children are concerned, and the article on child psychiatry by Bailey and colleagues (October *Journal,* p.621) appears to support my view.

As in the past, so it is today that that neglected and often derided body of doctors, the clinical medical officers, deal with and have the greatest experience in preventive medicine for children, their parents, and families who have psychosocial and educational problems. It ill becomes a powerful College such as your own not to acknowledge the debt general practitioners and paediatricians owe to clinical medical officers for medical services to children.

ELSIE MAY
Specialist in Community Medicine (Child Health)
Alpha Tower
Suffolk Street
Queensway
Birmingham B1 1TP.

BOOK REVIEWS

THE MEDICAL ANNUAL 1978/9

Sir Ronald Badley Scott and Sir James Fraser (Eds)

John Wright
Bristol (1978)

378 pages. Price £11.00

The publication of the 1978/9 edition of the *Medical Annual* is a reminder not only of the passage of time, but also of the numerous growing points in medicine. The *Annual* bears the subtitle *The Year-book of Treatment* but in fact it takes a broader view to embrace the management as well as treatment of patients. All the sections are of high standard and few general practitioners will fail to find something of interest.

Once again Professor J. D. E. Knox contributes a perceptive chapter on general practice. His comments upon routine blood pressure measurement and the need for interdisciplinary co-operation and research are particularly noteworthy.

Among points of particular interest to general practitioners is the reminder that *Campylobacter enteritis, Giardiasis lamblia,* or rotoviruses may be a cause of diarrhoea, which is not a disease but a symptom. The value of rubella and measles immunization is also discussed and a review of two new drugs, labetalol and diflunisal, is included.

The constant problem of cost effectiveness is drawn to our attention in