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

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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

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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.

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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

the section on radiodiagnosis where the pros and cons of the 'routine' x-ray are discussed.

Breast lesions in children, torsion of the testis, Menière's disorder (often misdiagnosed), and HD-lipoprotein levels in coronary artery disease are among the many other subjects discussed which general practitioners will find helpful.

Now in its 96th year, the *Medical Annual* remains a 'good buy' and is well served by its contributors. What, I wonder, is planned for the centenary edition?

H. W. K. ACHESON

RUNNING A PRACTICE

R. V. H. Jones, K. J. Bolden, D. J. Pereira Gray, M. S. Hall

Croom Helm Ltd
London (1978)
186 pages. Price £6.95

It is strange how gaps in the literature of a subject remain unrecognized until someone fills them. Gaps may be in clinical knowledge or, as in the present instance, in an aspect of the application of that knowledge, the logistics of general practice.

Time was when it was enough for the doctor to run his practice by improvisation and inspiration, not to say imagination as well! Generations of doctors satisfied themselves that what they did was just right for their particular patients who were, of course, quite different from those of the other doctor a quarter of a mile down the road.

Then partnerships came in, and practice management became a matter of consensus and delegation to staff whose duties varied from practice to practice. There was scope for good organization, or bad, but the gap remained; there was no source of guidance and advice to which the general practitioner could turn when faced with the problem of running his practice.

How have the four authors of this book succeeded in meeting the need? They have pooled the experience of four practices of different types presenting different organizational problems. They have researched the regulations painstakingly and thoroughly, looking far beyond the limits of their own practice areas. They have crystallized many thought sequences and perplexities which must have afflicted all of us at one time or another into clear logical paragraphs to which reference can easily be made.

Because the four authors worked together there is an even and balanced spread of emphasis on different aspects of practice, though it is surprising, considering their academic experience as well as their experience of practice, that the organization of a practice for teaching purposes is underplayed. Undoubtedly the comings and goings of students of all kinds, student nurses, health visitors, even social workers in training, as well as medical students and postgraduates, cause disturbance to practice routine which can be compensated for by thought and action. This is something for the next edition, predictably not very far away.

When reviewers say this book or that is required reading for a number of different groups of people the statement has a hollow ring. ***Running a Practice*** will, however, have something to tell everyone who is engaged in the running of a practice, whether he or she is an established principal or a trainee just starting to contemplate the running of a practice. Furthermore, if they could be persuaded to read it, doctors in hospitals and other areas of practice would find a new and realistic insight into what general practice is all about.

R. J. F. H. PINSENT

ELECTROCARDIOGRAMS—A SYSTEMATIC METHOD OF READING THEM. 4th EDITION

M. L. Armstrong

John Wright
Bristol (1978)
189 pages. Price £3.50

Electrocardiography is becoming a routine tool in general practice and many practitioners are in the habit of reading the tracings themselves. The basic skill required for this is the ability to distinguish between the normal and the abnormal and to be able to identify the common abnormalities. However, some general practitioners have a special interest in electrocardiography and wish to be able to analyse in rather greater depth.

The preface and back cover imply that this book is suitable for a beginner and it is true that no previous knowledge is assumed, but the detailed approach and tightly-packed information would be daunting to anyone taking his first electrocardiographic steps. Although there are no more than the necessary basic facts of cardiac electrophysiology, there is a very comprehensive account of the dysrhythmias, common and rare, simple and complex, which seems to reflect the author's enthusiasm rather than the general practitioner's need: there are 71 pages on dysrhythmias but only 16 pages on myocardial infarction, which does not represent the average general practitioner's balance of interest.

The title tells us that Dr Armstrong has a systematic method of reading electrocardiograms and he makes his order of reading his order of teaching. This produces problems at times: for instance, on page 46 he suggests that it would be "as well at this stage to read this section on page 84". This may be systematic reading but it is not systematic teaching.

The book is fairly well bound, the standard of printing is high, and the price is reasonable. Although it cannot be recommended for the general practitioner who wishes to gain an elementary all-round understanding of electrocardiography, it does, however, provide a full and interesting account of the dysrhthmias for those who already have some knowledge.

J. D. BRUCE

HANDBOOK OF CLINICAL PHARMACOLOGY

Felix Bochner, George Carruthers, Jens Kampmann and Janice Steiner

Little, Brown Company
Boston, USA (1978)
313 pages. Price £5

Much unbiased information concerning drugs and therapeutics exists for medical practitioners but there has always been a gap between the encyclopaedic classics such as Martindale and excellent little handbooks such as the *British National Formulary*.

Now comes an American textbook, published as one of a series dealing with the whole medical curriculum. The four authors are clinical pharmacologists from Australia, Canada, Denmark, and England respectively. Their claim is that "This useful manual . . . will serve all medical practitioners as an essential, fingertip guide to the practice of informed drug therapeutics in any branch of medicine", and they are to be congratulated on providing such a wealth of readily accessible information within one small paperback.