

practice, met to discuss the planning of a possible course. Mrs Christine Walsh, the training officer, described the courses run by the South-West Thames Regional Health Authority and Mr John Yates described those run by the Association of Practice Managers. Consultations had already been held with local medical committees, the Regional Adviser, and University Department of General Practice.

As a result of this encouraging one-day meeting, it was decided to mount in the autumn a year's experimental day release course, organized at the University of Birmingham's Health Centre Management Unit, in association with the West Midlands Regional Health Authority, through their personnel division.

This was a preliminary communication for three reasons: first, in case any West Midlands practice has not heard of this venture; secondly, because we suspect others in other faculties may have had more experience which we would like to know about; and thirdly, to offer an exchange of views with any other faculty starting along the same pathway.

ROBIN STEEL

St John's House
28 Bromyard Road
Worcester.

UNWANTED PREGNANCY IN GENERAL PRACTICE

Sir,
It is difficult to give a coherent answer to the letter by Dr Sheila Adam and Dr David Costain (May *Journal*, p. 312). As stated in my article (February *Journal*, p. 108), this was an abbreviated report on four years' work and therefore controls which were used in the original work were excluded from the article.

As to their second point: one can only say that this was the pattern of personality trait found by 11 experienced general practitioners during a period of four years.

Finally, I would emphasize that the work has been concerned with counselling women who came with a request for termination of pregnancy. It is not designed to increase nor decrease the provision of NHS abortion services. Nor does it make any judgement either way on the decision made. This surely must be up to the woman herself.

D. E. TUNNADINE

1 Leighton Road
Linslade
Leighton Buzzard LU7 7LB.

EDITORIAL POLICY

Sir,
Our *Journal* provides a record of College activity and thought, and offers a wide choice of reading matter. In 1958 I supported the need for reliable, bias-free information reflecting wide ranging interests (Eimerl, 1958). Editorial policy can encourage this, but if contributors are unaware of important events happening outside the UK, the *Journal* may fall short in reporting wider issues which affect people generally and are directly relevant to the daily provision of primary care: for primary health care comprises much more than professional concern with diagnosis and treatment (DHSS, 1976).

Primary health care remains a front-runner in WHO activities, culminating in the huge international conference at Alma-Ata in September 1978. Regrettably our *Journal* remains silent on this though many nations have shown great interest in the event and the recommendations would surely have interested readers in view of the often stated aims of the College.

1979 is the International Year of the Child, yet as I write in mid-June our *Journal* is still silent. Do we no longer wish to hear about advances in child care, about practical life-saving measures which other countries are developing and which may apply in the UK also—such as the oral rehydration therapy packs?

Again, what do we know about the *Manual* intended to aid teachers of health workers or assess their performance as teachers? There is much international activity about this: we too could learn from WHO's experience of practical work applicable also in the UK. We are surely justified in expecting our *Journal* to give us information about this.

My letter can do no more than suggest; fuller reports can come from other readers. Younger readers especially are likely to benefit each other and their patients by looking beyond the boundary of the NHS to the wider world beyond. I do not criticize editorial policy; but, Sir, since you depend, as all editors do, on the quality and range of interests of your contributors, would we not all benefit by your readers—and potential contributors—being actively encouraged to take the wider view?

TEVIOT EIMERL

48 Lyndhurst Drive
Sevenoaks
Kent TN13 2HQ.

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PROFESSORS HUYGEN AND MEDALIE

Sir,
May I draw your attention to a remarkable coincidence. In 1964 or 1965, I was present at the Annual General Meeting of the College in London and two of the three invited speakers on the "Art and Science of General Practice" were Drs F. J. H. Huygen from the Netherlands and Jack H. Medalie from Israel.

In the February 1979 issue of the *Journal* (p. 119, 120), there were reviews of Huygen's and Medalie's books on family medicine. Both reviews were enthusiastic. It says a great deal for Sir George Godber and Dr Harry Levitt to have invited these two people to represent their countries 15 years before they published their books.

JOHN HARVEY

4,979 Anderson Road
Lyndhurst
Ohio 44124
USA.

14/15 PRINCES GATE

Sir,
Is no one else in the College embarrassed about the abysmal conference facilities at Princes Gate? I have recently attended several one-day meetings and have been made forcibly aware of the low standard of those facilities. For example, the upstairs room holds only 100 people in some discomfort and those at the back find it impossible to hear or see what is going on. The microphone and amplifying system is primitive and ineffective. The visual aids would not be accepted in the average postgraduate centre and the rather beautiful chandelier seems to be left permanently in the 'on' position.

The chairs are uncomfortable and in the late afternoon, just at the time when the meeting should be drawing conclu-

sions and pulling thoughts together, most people are anxious to leave to avoid the London rush hour. All in all, it turns an interesting conference into an endurance test. The College headquarters is turning into a nice Club of which

I am pleased to be a member, but it is not a conference centre and perhaps the College should urgently consider ways of improving the situation.

M. G. SHELDON
Senior Lecturer in Primary Care

The University of Nottingham
University Hospital
Queen's Medical Centre
Clifton Boulevard
Nottingham NG7 2UH.

BOOK REVIEWS

BEHAVIOURAL TREATMENT OF OBSESSIONAL STATES

H. R. Beech and M. Vaughan

John Wiley Ltd
Chichester (1978)

189 pages. Price £7.50

The severe obsessional state is rare in general practice (amongst patients, at any rate) but when it occurs the compulsive rituals of up to several hours are distressing for all concerned and can cripple the patient himself. Relatively little is known about the course of the affliction and the best way to manage it. The authors of this book are clinical psychologists at the University of Manchester and they have produced a very full account of the behavioural treatment of this condition and an extensive review of the literature. It is a technical work for a specialized readership and few general practitioners would want to possess it, though they might wish to be able to refer to it to find out about the variety of treatments available or to learn what their patients may expect when undergoing a particular therapy.

The authors are doubtful about the validity of the so-called typical pre-morbid personality and believe that the illness magnifies pre-morbid characteristics, whatever they might be. They found that prognosis was uncertain and this made it difficult to evaluate treatments. Sometimes recovery followed treatment rapidly—suspiciously rapidly in the authors' opinion—but perhaps the most significant message for general practitioners is the authors' lack of enthusiasm for any of the treatment modes they have studied. For instance, systematic desensitization, developed by Wolpe from his work with neurotic cats (he made them that way first) is little better than 50 per cent successful. Other methods such as modelling, flooding, response prevention, satiation, and thought-stopping, fare no better.

They quote an interesting example of

“self-regulation” whereby in order to give himself permission to perform a ritual the patient has to “buy a ticket”, in this case a self-administered electric shock. Psychotherapy is mentioned but was found to be not successful and is recommended as an adjunct only. One patient who spent three hours in checking rituals before going to bed had treatment which included a hug and a kiss from his wife if he succeeded in leaving out a room from his rituals, and “in some instances a dollar was dropped from the therapist's bill”. He was found to be symptom free at eight months' follow-up.

J. S. NORELL

THE USE OF DRUGS IN PSYCHIATRY

J. Crammer, B. Barraclough, and B. Heine

Gaskell Books
London (1978)

240 pages. Price £3.95

Attempted medical polyglottery is the bane of the general practitioner reviewer. So many of the books written for one discipline purport to speak also for general practice; and yet they usually do not.

This book is written for the trainee psychiatrist and for those paramedical workers involved in clinical psychiatry, and for them it is informative and useful as a source of reference on modern drug usage in psychiatry. Though laudable in the scepticism of its approach to the patent-orientated molecular juggling of the pharmaceutical industry, it is somewhat cavalier in its treatment of new anti-depressants. Though we must accept that only the original tricyclics of the 1960s have been proven to be both effective and safe, mention of possible major advantages of more recent developments should have been made.

Gaskell Books is an imprint of the Royal College of Psychiatrists. Excellent for specialists, its publications will be of much less use to those barefoots who treat the unorganized generality of psychiatric illness in primary care. For them, the middle section of the *British National Formulary* supplemented by the *Prescribers' Journal* remains a better deal.

M. J. AYLETT

CLINICAL PHARMACOLOGY: BASIC PRINCIPLES IN THERAPEUTICS 2nd EDITION

Kenneth L. Melmon and Howard F. Morrelli (Eds)

Baillière Tindall
London (1978)

1146 pages. Price £18.00

The rate of introduction of new drugs seems to have slowed somewhat during the last few years and there is some indication that general practitioners are becoming more cautious about introducing new products at least until they have been well documented in general practice itself.

Undoubtedly there is a continuing need for general practitioners to update their own knowledge of clinical pharmacology and it is encouraging that a growing number of textbooks are becoming available to explain the pharmacological basis of therapeutics.

Clinical Pharmacology has now gone into a second edition but is not a book for light reading. It consists of over 1,100 pages and weighs nearly two kilos.

It gives full and comprehensive discussion of many topics but is curiously unhelpful for many of the issues facing general practitioners today. For example, about the problem of whether to use digoxin in heart