

knowledge of the patient and her sexual history, including the latest sexual contact, any casual contact, any previous sexually transmitted disease, whether or not there were any symptoms in the partner, and the method of contraception. This would be of particular concern for women using an intra-uterine device. Selection would also be based on knowledge of high-risk groups within the practice population, with special reference to women between 15 and 24 years, marital status, and history of foreign travel; details of recent drugs taken would also be required, as would gynaecological history. Investigation could then be related to historical background and symptoms. Time, expense, practicality, and acceptability to doctor and patient might limit the amount of investigation.

Stuart's medium should be available, taken out of the refrigerator for the morning surgery, kept at room temperature and returned to the refrigerator at night. This would enable those with symptoms of vaginal discharge, or a history strongly suggestive of sexually transmitted disease, to have an endocervical swab placed in Stuart's medium and a second high vaginal swab, also in

Stuart's medium, to look for *Candida albicans* and *Trichomonas vaginalis*. Charcoal swabs could be kept together with the Stuart's medium. This medium should maintain a sufficient number of gonococci for successful culture after 24 hours at normal temperatures, or after 48 hours under refrigeration. The great advantage of Stuart's medium is that it allows investigation for the two pathogens mentioned above, rather than solely for gonococcus as with Transgrow.

If a sexually transmitted disease is identified, the venereologist would consider that referral to a clinic was necessary for contact tracing, exclusion of other sexually transmitted disease, and accurate bacteriological follow-up. The above régime would not, of course, exclude syphilis and infection with *Chlamydia trachomatis*, both of which are increasing in frequency.

Women with recurrent vaginal discharge in general practice might also be referred to the sexually transmitted disease clinic, where accurate microbiological diagnosis might prevent significant psychological and social sequelae, and the possible loss of confidence in the practitioner when symptoms fail to

resolve after several courses of treatment.

Although the ideal would be to refer all women with vaginal discharge, which could mean a need for increased resources for the specialty, selective referral is still necessary. While this is the case, it is suggested that priority be given to those with possible contact history of sexually transmitted disease, those with recurrent vaginal discharge, and those with sexually transmitted disease already diagnosed in the practice. A further priority group would be women using intra-uterine contraceptive devices who complain of vaginal discharge, so that earlier investigation for gonorrhoea and chlamydial infection could prevent subsequent pelvic inflammatory disease.

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BOOK REVIEWS

THE DOCTOR. FATHER FIGURE OR PLUMBER

James McCormick

Croom Helm
London (1979)

170 pages. Price £7.50

Any layman reading this book, without noticing an inconspicuous sentence on the dust cover about its author, would judge that it was written by a practising doctor and that he must be a very good one: one who takes a broad and balanced view at ground level; but also, more surprisingly, with that view from above that is usually associated with social and community medicine rather than clinical work. He might come from anywhere within the British Isles.

Most readers of this *Journal* will not start uninformed and will recognize a very distinguished Irish practitioner—the only one in any of these islands, as far as I know, to be elected Dean of a Medical School.

I find this an excellent book—very readable, helped perhaps by a slightly acid approach which dresses down doctors and patients both, in no way gloss-

ing over their equal share in the weakness of human nature, and courageous in the author's exposure of his personal opinions. Perhaps particularly courageous is its main theme which is at present unpopular—that the doctor's commitment is different from that of most other people; that if he wants to keep the special respect accorded to his forbears, this depends at least as much on service, devotion, and sacrifice as on knowledge, skills, or even successful results. Many doctors appear not to recognize this and neglect to act on it. Which of us indeed does not, at least at times? Rather often?

Much of this short book and each of its short chapters can be seen as a justification of this view and an explanation of how this has come about. Clearly the fault does not lie with doctors alone. On the other hand, the remedy is more with them than with anyone else.

I particularly value the discussion of preventive medicine (not too encouraging) and of the different effects on doctors' behaviour of different ways of paying them.

My only unhappiness is with the title. It challenges, certainly, but it suggests that there are two alternatives only,

whereas the whole point of the book is that there is a third. Anyway, what is wrong with father figures or plumbers? We all need both. But we also need doctors—good ones, like the image that flickers through the pages of this book.

[Doctors and teachers] "are expected to give generously of what they know without a price being put on time or knowledge. The presumption in the relationship is thus more social than economic. Moreover, both are expected to give more than they can conceivably give . . . professional service is never stationary, it knows no limits and there is no resting place or terminus." This is a quotation from Richard Titmuss (about the National Health Service) which is quoted at the end of James McCormick's book.

One of the things that is so obvious within this College is that it is the people who give most who gain most—a fact of observation, not an item of morality.

JOHN HORDER

Reference

Titmuss, R. M. (1965). The role of the family doctor today in the context of Britain's social services. *Lancet*, 1, 1.