

time patients reach him the other eye has been affected, but it shows how blind hospital doctors can be to the highly selected nature of their workload.

When I was a student I had to learn a long list of causes of lower back pain but in practice I see about one patient a day with back pain and in most instances I don't know the cause. X-ray examination, when it is carried out, is usually negative. The back is clearly stiff and painful from a contraction of the longitudinal muscles of the spine, but I do not know what the cause of that spasm is. I can make up theories, but what good is that?

There is a great deal of medical ignorance accumulating between the general practitioners' and the consultants' range of interest. The general practitioner does not see enough cases or cannot

investigate his cases sufficiently to get sound knowledge, and the consultant sees a population which has already been highly selected. Why is there no feedback to medical students? Why cannot they be taught lists of causes which bear some relation to reality rather than the gleanings of ancient textbooks?

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### DEFINING PARADIGM

Sir,  
"When I use a word," Humpty Dumpty said in rather a scornful tone, "it means just what I choose it to mean—neither more nor less." How pleasant it is that

Humpty Dumpty has still a disciple 108 years later in the person of Dr B. R. Barnett (September *Journal*, p. 520) who writes (p. 521): "Paradigm is here used to mean an accepted body of scientific achievements that for a time provide model problems and solutions to a community of practitioners."

Dr Barnett later admits (p. 524) to ownership of the *Shorter Oxford Dictionary*. I have only the *Concise*. Here it is laid down that a paradigm is "an example, pattern, especially of inflexion of noun, verb, etc."

If Dr Barnett is as keen as he says "that doctors in their dealings with patients should not persist in error", he should use his dictionary more assiduously.

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## BOOK REVIEWS

### ON THE STATE OF THE PUBLIC HEALTH FOR THE YEAR 1977

*Department of Health and Social Security*

HMSO, London (1978)  
129 pages. Price £2.50

The annual review of the Department of Health and Social Security is always worth reading because it provides in compact form basic information about developments in the National Health Service, not always easily found in other documents.

In the manpower section this report shows that British general practice is still failing to recruit British-born male doctors, and in 1977 increased the number of these in England and Wales only by 16. There were, however, increases in the number of male overseas doctors (153) and female doctors born in Great Britain (116); thus the total number of unrestricted principals in general practice in England and Wales increased by 263.

The total number of principals born overseas now forms 19.5 per cent of all principals. By comparison there was an increase of 881 hospital doctors including 120 new consultants. In 1977, 15 per cent of consultants were born overseas, over a quarter of all senior registrars, and over half of both registrars and senior house officers.

The report states that "a requirement to undertake at least one year in general practice as a trainee may be introduced

before then [1981]" and that "although the regulations have not been introduced, the number of doctors training for general practice continues to increase by about 100 a year. On 1 October 1977 there were 941 doctors in their general practice trainee year and the number of trainers rose to over 1,500.

It is clear that the training programme is now reasonably in balance because the total number of those entering general practice for the first time in 1977 was 1,101.

In 1977, the infant mortality rate fell to 13.7 per thousand live births, and the perinatal mortality fell to 16.9. The standard mortality ratio has been used as the index for international comparisons and the conclusion is that the level of mortality in England and Wales puts us at the mid-point or marginally into the top half of the rank order of the selected countries.

In an interesting table on the principal causes of death in 1977 based on standard mortality ratios, taking 1968 as 100, the main diseases in which there has been a deterioration include "carcinoma of the oesophagus, 114; other malignant neoplasms, 111; and of the trachea, bronchus, and lung, 110".

Other diseases in which mortality ratios have deteriorated include aortic aneurysm, 118; cirrhosis of the liver, 118; and nephritis and nephrosis, 117.

Among the conditions in which there have been the greatest and most important improvements are influenza, 24; complications of pregnancy, childbirth, and the puerperium, 35; and

tuberculosis of the respiratory system, 34.

Other interesting improved rates include bronchitis, emphysema and asthma, 63; suicide and self-inflicted injuries, 82; and peptic ulcer, 88.

Dominating the causes of death is ischaemic heart disease which still forms more than a quarter of deaths from all causes, and in which there has been virtually no change in the standardized mortality ratio.

New claims for sickness and invalidity benefits showed a reduction of five per cent during the year and it was reported that the output of medical students exceeded 3,000 for the first time.

Laboratory services continued to increase, and the rate of increase in 1971 to 1976 averaged six per cent a year, with 8.6 per cent increase for chemical pathology. Simultaneously, the use made by radiology services increased by another 10 per cent in 1976.

D. J. PEREIRA GRAY

### MEDICAL TEXTBOOK REVIEW 3RD EDITION

*Victor Daniels and Steven White*

*Cambridge Medical Books  
Cambridge (1979)*

121 pages. Price £1

The compilers of this paperback are to be congratulated on their idea. Short reviews of about 1,000 medical textbooks, pre-clinical and clinical, are

gathered together in one small volume. The number of books reviewed in each section varies widely: for example, general medicine has 35, anatomy has 43, general practice has 47, geriatrics has four, neurology has 50, neuroanatomy has 18, and orthopaedics has nine. Does this reflect the tastes of the compilers, or perhaps the urge of neuroanatomists to write? That the section on general practice now contains most of the books which vocational training course organizers have on their reading lists is due largely to Dr Robin Steel, who the compilers admit in their preface "criticized the previous edition for paucity of selection of books on general practice".

Unfortunately, their good idea has turned sour in execution because of the unacceptably high number of errors of fact which the book contains. In the general practice section there are mistakes in the number of papers, and in the names and initials of authors. For some books the prices are omitted. For example, one book which has four authors is provided with only three, and two of those are spelt wrongly. There is also one poor chap masquerading in three different disguises: P. Bryne, P. S. Bryne, and P. S. Byrne—with only P. S. Bryne appearing in the index.

This is not recommended until the many inaccuracies have been rectified.

R. V. H. JONES

### TAKE CARE OF YOURSELF

*D. M. Vickery, J. F. Fries, J. A. Muir Gray and S. A. Smail*

*George, Allen and Unwin  
London (1979)*

289 pages. Price £6.50

Originally written as a guide to health care for the general reader in the USA, this book was not quite suited to the British reader with his National Health Service, in particular because it was full of strange Americanisms. The new anglicized version has been compiled by the last two of the quartet of writers listed above and a very good job they have made of it.

The great strength of the book lies in the vein of common sense which runs through it, and the avoidance of the sort of sensationalism which has ruined many a similar work. The early chapters give sensible advice about health in general, how to share medical care with the family doctor or hospital staff, and how to cope with drugs and medicines. It also describes the intricacies of our medical services in an intelligible manner.

The second part deals with various symptoms in the form of visual charts, with pointers towards the action that should be taken, such as "treat it yourself", "see doctor today", and "make appointment with doctor". Of course, such simplification is not without its risks, but the authors have been careful and sensible and I found little to criticize. Some might object to the sections headed "What your doctor will do" because no two doctors do the same thing but we are dealing in basics and the patient would have some right to be critical of the doctor, or the Service, if such basic procedures were not carried out.

Although it is intended mainly as a guide for housewives, it will be very useful to paramedical workers and the receptionists in my own surgery have found it helpful, especially when dealing with patients' requests over the telephone. It is therefore a book which every practice would do well to possess and the doctor need not be ashamed if he takes a sly glance at it from time to time himself.

C. P. ELLIOTT-BINNS

### CLINICAL THINKING AND PRACTICE. DIAGNOSIS AND DECISION IN PATIENT CARE

*H. J. Wright and D. B. Macadam*

*Churchill Livingstone  
Edinburgh, New York and London  
(1979)*

206 pages. Price £4.95

There are now a number of books for undergraduates written by general practitioners. This is without doubt the best that I have read.

It is different from most others in that its concern is with method and with principles, and it is not directly concerned with specific diseases. While it draws heavily on other disciplines and is not in any sense exclusive to general practice, it is illuminated throughout by an awareness of the undifferentiated problem of the patient in relation to his psychological and social background.

The style is a model of clarity and it reads as if it was from the pen of a single author. Such a great deal is condensed into its relatively few pages that one is occasionally reminded of a revision text. My only fear is that much of its wisdom and depth might be overlooked at first reading. This fear is enhanced by the authors' statement that "the book is designed primarily as an introduction to clinical method for the medical undergraduate encountering patients for the first time". I am sure

that such undergraduates would find it valuable but they will need to reread it many times at later stages of their career to obtain from it all that it offers.

The authors state in their preface that "this book sets out to examine the thinking on which clinical practice is built, and the limitations to which it is subject". They have succeeded in their objective.

If I had to persuade an unbeliever that academic general practice had something to offer the undergraduate, I would give them this book to read. I shall recommend it to both undergraduates and postgraduates. It has given me great pleasure and is an outstanding achievement.

J. S. MCCORMICK

### DERMATOLOGY AN ILLUSTRATED GUIDE 2ND EDITION

*Lionel Fry*

*Update Publications Ltd  
London (1978)*

162 pages. Price £8.25

This *Journal* recommended the first edition of this book as the best atlas of skin diseases available at that time and since then it has been much appreciated and used by vocational trainees.

The presentation of this second edition remains excellent and an additional 86 illustrations have been included. The topics chosen are extremely relevant for general practitioners and even though the price has risen to £8.25, post free, it is still recommended as the best available skin atlas for general practitioners.

D. J. PEREIRA GRAY

### EPIDEMIOLOGY FOR THE UNINITIATED

*C. Rose and D. J. P. Barker*

*British Medical Association  
London (1979)*

59 pages. Price £2.50

Curiously, epidemiology hardly had a look in on my undergraduate course (1967 to 1973). Odder still, it barely figured in our vocational training. Does it frighten us all except a small stalwart band of researchers (and a few community physicians *et al.*)?

Even in medicine a seven-syllable word is long. The authors have touched on a vital spot in the choice of "Uninitiated". This fearsome subject has