

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

always been offputting to those of us not especially numerate; its relevance has been questioned by those of us who are 'proper doctors' looking after actual patients, 'real' people.

It is therefore a pleasure wholeheartedly to recommend this slim book. It is cheap, well set out (like the other *British Medical Journal* books) and readable. Indeed, it almost leads the reader into the ranks of the initiated. Definitions, rates, surveys, planning, conducting, screening, aetiology, and outbreaks of disease are tackled, with useful clinical illustrations and examples throughout. These illustrations represent the real strength of

the book. Consideration of dietary fibre for "diseases of civilization", oral treatment for asymptomatic diabetes, the difference between the neurologist's view of multiple sclerosis and the general practitioner's, prognosis in acute coronary heart disease—such topics persistently draw epidemiology into 'our patch'. Not only are they fascinating in their own right: more importantly, they show how relevant, indeed central, is epidemiology to us in general practice. For here is the study of disease in relation to population. "Like the clinical findings of pathology, the epidemiology of a disease is an integral part of its basic description."

Let us hope that the authors will help break down the barriers between the initiated and non-initiated. They certainly deserve to. By helping to make this badly neglected discipline less fearsome and irrelevant, they might even help to break down the apartheid of research in general practice.

Recommended for the practice, not just the library, the book is much better than an (? incomplete) collection of tornout *BMJ* articles (circa 1978/79). Well worth getting (and far fewer tables and numbers than the average article in this *Journal*—let alone a *BMJ* one).

R. H. WESTCOTT

## REPORT

# Royal College of General Practitioners/ Norwegian Course

A course for general practitioners was held from 2 to 6 October 1978 at 14 Princes Gate, organized jointly by the Royal College of General Practitioners and the Sogn and Fjordane Medical Association in Norway. The idea for such a course came from the Norwegians, who asked a district medical officer, Dr Arne Øvertveit, to make the necessary arrangements. Funds were found which were equal to the cost of such a course in Norway and travel arranged by charter flight. A representative from each of the Institutes of General Medicine in Bergen and Oslo were sent as observers.

The medical programme was arranged jointly by representatives from the course committee in Norway and the experimental courses study group of the Royal College of General Practitioners in London: the course organizers were Dr John Woodall and Dr Jane Savage. A log diary was sent out in advance so that each participant could keep a brief record of his or her own practice for a period of 14 days, paying special attention to the topics which were to be discussed on the course.

The course lasted from 10.00 to 17.00 hours each day. The mornings were spent in concentrating on the main problems of general practice, and in the afternoons excursions were arranged to health centres, industrial medical officers, and to Wellcome's well known medical museum.

Each subject was introduced by a short talk which identified the central problems of the subject to be discussed. The 28 participants then divided into two groups, each with its own leader, a general practitioner with special experience of this type of course. We sat in a circle and offered cases from our 'log book' which might help to throw light on the topic of the day. The

group leader made us focus on our own problems and helped us to concentrate on those points we were to discuss more fully. As time went on, we discovered that we were not dependent on having a specialist present from whom we could ask advice: we found we had enough medical background and experience to solve the problems ourselves. Nevertheless, the leader played an important part, as we came to realize.

The leaders were all well informed general practitioners who were always able to support their assertions by references to literature or examinations. There were occasionally disagreements arising from the difference between Norwegian and British general practice, but this made it all the more exciting.

After an hour the two groups reassembled and reported on their discussions to the convenor of the day. Among the subjects discussed were: coronary illness, high blood pressure, asthma, problems of the aged, and gastroenterology in general practice. For some subjects other groups of health workers were called upon to give the benefit of their experience.

On the last day we discussed the postgraduate and further education of general practitioners in the United Kingdom. We learnt about the strict demands of the College and were given the opportunity of trying to answer typical questions from the MRCGP examination.

On Thursday we were guests for dinner at the College, which was greatly enjoyed, perhaps especially so because we were joined by our wives and husbands. We experienced an English custom in an enchanting way and were delighted with the opportunity it gave us of getting to know our teachers and group leaders from the course.