

staff of a hospital has great advantages because the hospital is the very centre and spring of all medical knowledge." Mr Honigsbaum underlines this frequently by referring to what he calls the "social work concept of general practice" which seems to exclude the care of organic disease.

It is striking how few references there are to any achievements of general practice or general practitioners. He does refer briefly to Sir James Mackenzie but makes the error (p. 95) of stating that he "failed to obtain a place in a hospital", whereas Mair (1973) has shown that he became the "Physician in Charge of the Department for Cardiac Research" at the London Hospital (p. 258).

How would Mr Honigsbaum handle the educational and research developments in post-war British general practice?

In fact, he solves these issues simply by ignoring them. The list of acknowledgements includes none of the leaders of the Royal College of General Practitioners, and the College and all its publications get a handful of mentions in 300 pages, against a chapter for the antivivisectionists and liberal quotations from the Socialist Medical Association and Lord Moran.

Mr Honigsbaum appropriately closes his work with a quotation from Lord Moran which neatly fits his theme: ". . . that in time the pick of the general practitioners must follow their patients into hospital and will become part of the staffs of those hospitals. I know it will be said that the standard of those hospitals will go down, but I do not think that that should happen if we see that the general practitioners are properly integrated with the consultants already on the staff of the hospitals."

The whole mammoth work is rather sad. Mr Honigsbaum has two *idées fixées*, first a preoccupation with the policies of the socialist groups which, while interesting, are not in the end of overriding importance, and secondly his certainty that the hospital is the centre point of medicine. In ending with the statement that general practitioners have been denied access to "the main centre of professional work" he dismisses without discussion the concept of a personal, accessible, home-based medical service, which can include the care of the majority of patients with asthma, coronary thrombosis, diabetes, duodenal ulcer, pneumonia and offer personal preventive care as well. Furthermore, the total cost of British general practice is very low and it is producing results comparable with other nations at substantially lower cost. Mr Honigsbaum has not just missed the bus—he had not yet found the bus queue!

Primary medical care will always be under pressure to become more like secondary or hospital care, and there will always be those who want the hospitals to absorb or take it over completely. However, general practice is actively resisting this pressure and is orientating itself firmly towards the needs of patients in their local communities.

It is a pity that the division in British medicine, which is real enough, is seen only in terms of general practice's failure and separation from the hospital service—rather than in terms of the success of general practice in keeping close to the needs of its clients.

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ICHPPC-2 (INTERNATIONAL CLASSIFICATION OF HEALTH PROBLEMS IN PRIMARY CARE) 2ND EDITION

Prepared by the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA).

Oxford Medical Publications
Oxford (1979)

146 pages. Price £8.50

The urge to phoneticize a set of initials is almost irresistible and when this is done to the International Classification of Health Problems in Primary Care the result is 'Itchpick', an inelegant description of an extremely elegant classification which should always be honoured with its full title, or abbreviated to ICHPPC.

The taxonomy of phenomena observed in general practice began with the Records and Statistics Unit of the College, and after an attempt at a hierarchical classification which nobody could be persuaded to use, a short-list of the International Classification was decided upon. This underwent further changes to make it more effective for its purpose—the study of various aspects of practice in the United Kingdom.

In 1972, the Conference of the World Organization of National Colleges and Academies of General Practice

(WONCA—acronyms seem inescapable) realized that this classification could be the basis of a truly international system which could be strictly related to the *International Classification of Diseases (ICD)*. A working party was set up, and how that party worked!

It is unusual for international affairs to go smoothly but representatives of 14 countries made common ground and field-tested a short-list of the ICD. The working party became the Classification Committee of WONCA and was able to introduce ICHPPC-1 in Mexico City in 1974.

The present volume comprises ICHPPC-2, further evolutionary improvements made necessary by changes in the ICD itself. The Classification will be reviewed and brought up to date with every future revision of the ICD.

It must not be thought that the WONCA team is resting on its laurels, for it is working hard on definitions which can be applied to the rubrics in ICHPPC, and so make this the most specific and precise instrument of its kind that has ever been devised.

Many research workers in the UK will have accustomed themselves to using the ICHPPC in parallel with the College Classification, which it will ultimately replace. Those unfamiliar with the research work of the College may also take some pride in the development which its offspring has undergone.

R. J. F. H. PINSENT

NAMES WE REMEMBER. 56 EPONYMOUS MEDICAL BIOGRAPHIES

C. Allan Birch

Ravenswood Publications
England (1979)

165 plus xi pages. Price £9.75

There are few doctors who have not wondered from time to time about the great ones who have left their names on the signposts of medicine. What sort of a fellow, for instance, was the up-turned Babinski, or Huntington, or the triangular Scarpa? Dr Birch has answered 56 of these questions in his collection of eponymous biographies.

Of necessity the treatment is synoptic, and none the worse for that, for the reader will find a short bibliography to start him on the track of any eponym in which he is especially interested.

It is odd how some of them are immortalized for the wrong reasons. For instance, that great and good man, John Ryle—for whom as students we had respect only just this side of idolatry—is