

for the Royal College of General Practitioners.

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*Figure 1 is an example of the type of encounter form used in the study. It does not, of course, refer to an actual patient—Ed.*

## CARING WITH CONFIDENCE

Sir,  
I am sorry Ms D. Walster was not happy about my review of the Scottish Health Education Unit's booklet (*March Journal*, p. 187).

I understand that the book was aimed at staff in old people's homes, and I was making the point in my review that this book was not for general practitioners—a point which still stands and with which I assume she agrees.

My reference to the print being large

and clear was not a criticism, and I agree it is only sensible to produce a book in this way for people and patients who may have visual problems.

Finally, I did not know that this had been issued free to home helps in Scotland, and I think this is its correct usage and perhaps ought to be done in England and Wales as well.

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## BOOK REVIEWS

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### MORBIDITY STUDIES FROM GENERAL PRACTICE 1971-72. SECOND NATIONAL STUDY. STUDIES ON MEDICAL AND POPULATION SUBJECTS No. 26.

Office of Population Censuses and Surveys  
HMSO, London (1979)  
197 pages. Price £7

This is the Second Report of the National Morbidity Study, which began in 1970 and relates to data collected during the period November 1971 to November 1972 from 45 practices in England and Wales. Since the methods of collecting and recording data were basically the same as in the preceding period (1970/71), the statistics relating to numbers and types of episodes of illness are directly comparable for the two periods.

The result is a mine of information which provides as reliable a picture of contemporary morbidity patterns as the British general practitioner can hope to achieve.

As a basis for their diagnostic and operational thinking, this report, like its predecessor, should be compulsory reading for all postgraduate trainees, and should be widely used by trainers. Equally important, however, are the early chapters of both reports, which provide a vivid insight into the hazards that beset the validity of any multi-observer research project and illustrate the ingenuity, careful planning, and considerable hard work needed to minimize these.

Historically, these reports will form a landmark in the science of general medical practice; and the College can rightly be proud of them.

H. J. WRIGHT

### THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS, 1958-1978

W. A. Conolly, H. M. Saxby, J. G. Radford, F. M. Farrar (Eds)

Royal Australian College of General Practitioners  
Sydney, Australia

160 pages. Price £1 plus postage

Those who are called upon to write the history of a living, growing institution face an almost impossible task. Were one author to try to tell the whole story the result would surely reflect his own interpretations and opinions. Individual bias may be lessened by involving many contributors but each will prepare his evidence in a different way. The task of editing such material is immense.

People look for different things in histories. Some go for facts. Who did or said what? When and why did they say it? What was ultimately decided? To these readers names and dates are the essence of history. Others look for something more subtle, the influence of a decision on the subsequent course of events as they affect the institution itself, or the world around it. Names and personalities matter less.

The Royal Australian College of General Practitioners has made a brave attempt to chronicle events in an interesting way, though the captious will say that the result is fragmented and that there are kangaroo-like jumps from facts and minutes to opinions, sometimes personal ones, and speculations as to hopes for the future.

The account, however, is an inspiring one, describing steady growth and successive achievements leading to the full establishment of the first Royal College to arise in the Southern hemisphere. There are interesting parallels with the

growth of the Royal College of General Practitioners and even more interesting divergences because of the different nature of problems of medical care encountered by our colleagues 'down under'. The College produced its great men in full measure. Conolly, Saxby, Radford, Kent Hughes, and Jungfer are names to conjure with.

By taking a middle course, this history does more for posterity than it does for contemporary readers so close to the events which have been described. Future historians, writing perhaps at the College's centenary, will look back at the events of 1958 to 1978 for an invaluable interim summary accurately describing the state of play during the College's first 20 years. The historians of our own College, now striving to catch up with our younger kinsfolk, are already examining the methods which have been used in compiling a history which they hope to emulate.

R. F. J. H. PINSENT

### BEDSIDE DIAGNOSIS. 11TH EDITION

C. Seward and D. Mattingly

Churchill Livingstone  
London (1979)

357 pages. Price £7.95

To review a book which is now in its eleventh edition appears, at first sight, to be a work of supererogation. During a period of 30 years many thousands of English-speaking students and doctors have voted on it with their pockets—not to mention those whose first language is Spanish, German, Portuguese, Greek, or Czech. With so great a cloud of witnesses, what need is there to say more?

What makes this book immediately attractive is, undoubtedly, that it starts from where the doctor starts, with symptoms, considers the diagnostic possibilities which each of these raise, and only then discusses some of the disease entities in question. "In particular, our first clinical contact," remark the authors, "is not with a disease . . . but with a patient complaining of symptoms or presenting physical signs." For the students encountering patients for the first time, and for the young postgraduate, this approach has obvious merit.

There is great merit, too, in starting the text with a chapter on "psychogenic symptoms". Disentangling symptoms of psychological origin from those of somatic origin remains one of the doctor's most difficult tasks. As Pickering (1974) has commented: "It is an issue which most doctors like to avoid and it demands the highest level of professional skill." In his preface, Dr Seward reminds us that psychological activity produces effects on all the physiological systems of the body; and he formally rejects any dichotomy of mind and body. However, in spite of this, he does not entirely succeed in shaking off his proscribed duality. Thus, for example, he writes: "Headache in the psychoneurotic subject is less a pain than an expression in physical terms of the underlying disturbed mental state, a symbolic expression of psychological stress rather than a statement of fact." Further (such is the tyranny of present clinical classification), he conveys the impression that all somatic expressions of psychological stress represent either "anxiety states" or "masks" of "depressive illness".

In all, 24 symptoms are considered. Each chapter is prefaced by a "synopsis of causes"; and in all these synopses, cases "which are commoner in Europe or are of clinical urgency are italicized". Since, however, what is common is not always urgent, and what is urgent is not always common, such use of italics is liable to be misleading (e.g. as causes of thoracic pain, "pneumothorax" is italicized, "collapse of the lung" is not; "reflux oesophagitis" is italicized while "rupture" is not; and so on). A uniform typeface would have been preferable in these sections.

Following the synopsis, each chapter has brief sections on the physiology of the symptom concerned and on diagnostic approaches to its assessment, followed by a brief description of some of the major disease entities involved. Inevitably in a book of no more than 350 pages, these descriptions are extremely compressed and, the reader may well feel, often superficial. Periodically, as in the discussion of hypertension, stat-

istics are produced in summarized dogmatic form without reference to their source. Such will not satisfy the inquisitive mind of contemporary students; and it is at this point that they will wish to move back to more satisfying texts.

H. J. WRIGHT

### BLEEDERS COME FIRST

Colin Douglas

Canongate Publishing  
Edinburgh (1979)

171 pages. Price £4.95

In his second novel, Colin Douglas has got the recipe for success about right—a large slice of Kildare, a leavening of Doctor in the House, much good clinical material, beautifully presented and sufficiently ghoulish to hook the layman, and a zest of illicit sex into the bargain: nobody can ask for more.

Our hero is a young casualty officer in a large Scottish hospital. His duties are, it appears, to direct his material to the correct one of the many specialist departments by which he is fortunate enough to be surrounded. He manages this, and has time to conduct an affair with the wife of a sick colleague, which unendearing activity appears to have no beginning and no end. Interwoven with this is the tale of the Indian doctor in perpetual pursuit of a fellowship—which quest has a tragic end. A tenuous plot, indeed, but with all that lovely gory stuff who needs a plot, anyway?

The day-to-day work of Casualty is described with such skill that the intelligent layman will understand easily, and the medical reader will find his interest fully engaged. Good, accurate, racy stuff.

What a pity it is, then, that the author allows what one can only describe as an obsession to intrude. He never misses an opportunity to make venomous and tasteless attacks on his general practitioner colleagues.

Let those general practitioners who lack insight know that they are lazy, ignorant, and inaccessible, and employ professional obstructionists to deal with their telephone calls. (I use the author's words.) And how interesting it is for those of us who had thought we had spent much time gently educating young casualty officers, to discover that "not infrequently, when faced with the obvious consequences of neglect or mismanagement by an established and virtually invulnerable(!) member of the profession, a casualty officer one or two years out of the egg had to treat the

patient and save the day . . ." He also has to "minimise discussion of previous fumbblings". Ah well, we live and learn.

Colin Douglas has the facility and the material to write more and interesting books, and it is to be hoped that the catharsis provided by this one will enable him to rid himself of his little hangup—at least in print—for his own sake and that of his readers. Lapses of taste of this order do not pay off in the long run—however much they may pander to the tastes of those addicted to sensationalism.

In short, this is a good little book spoilt.

JOHN MILES

### STRESS AND RELAXATION

Jane Madders

Martin Dunitz  
London (1979)

128 pages. Price £1.95

In March 1978 this *Journal* reviewed Mrs Madders' previous short book *Relax*, which has now been enlarged in text and illustrations. The result is a detailed book on an important subject which is pleasant to handle and which general practitioners will not hesitate to recommend to their patients. It is very much to be hoped that work-addicted doctors will themselves heed its lessons.

S. L. BARLEY

### PYJAMAS DON'T MATTER

Trish Gribben

John Murray  
London (1979)

51 pages. Price £2.50

I look forward to the day when a couple of three-year-olds get together and write the definitive manual of childhood. When they do, I know that this picture-filled guide for parents will be one of the books to which they will turn for material on how to be a successful toddler. In the meantime, we parents can be grateful for an amusing and unpretentious account of child rearing.

All the important bodily functions are sensibly and briefly covered. There are pages headed "Why does she cry?" and "Why doesn't she sleep?", and the section called "Knowing (roughly) a little of what to expect" gives a very readable, recognizable, and not too neur-