

International Union against Cancer, and to discover that this publication was No. 44 of a series. Writers from three countries, the United Kingdom, Australia and Italy, are represented in the monograph, and at first sight it does not seem to hold much of interest for general practitioners.

The publication was prompted by the feeling that the combined forces of voluntary cancer societies and the medical profession could be more effective in promoting public education about cancer, and chapter eight discusses the methodology of persuading doctors to take up the cudgels on behalf of societies to promote cancer education.

Other chapters describe educational objectives, which would interest course organisers or lecturers, and discuss the application of these principles to cancer education. Public attitudes to health education in general are discussed, and also sociological ideas and theory about communication. A chapter by Philip Ley consolidates the findings of a number of studies of communication and compliance and finally there is an account of an Italian experiment in Turin involving doctors in cancer education.

Sociology, educational theory, and research methods tend to breed jargon, but the monograph contains clear definitions, is economical in style, and yet manages to be interesting, readable, and illuminating.

L. A. PIKE

PRACTICAL PAEDIATRIC PROBLEMS

James H. Hutchison

Lloyd-Luke

London (1980)

682 pages. Price £12

At the beginning of a decade when many general practitioners are questioning standards of child care and looking for ways of improving this in their own practices, the latest edition of *Practical Paediatric Problems* provides a clear, readable, and concise guide to clinical paediatrics which is up to date and full of common sense.

The chapters are short and are subdivided so that the reader can dip into them readily and find sensible advice about both the common problems and the rarer disorders of childhood, which present in general practice.

While giving remarkably up-to-date

advice for a medical textbook on current therapeutics, Professor Hutchison also reminds the reader of time-honoured treatments which are no longer used. In chapter 20, on the subject of treatment of convulsions, he mentions, only to dismiss, the hot mustard bath. While recommending slow intravenous diazepam for status epilepticus he does not exclude the use of paraldehyde which in general practice can, on occasions, be of more practical value. In chapter one he states that Lobeline, nikethamide, and vanillic acid are contra-indicated in the management of asphyxia neonatorum, but spoils this by recommending the morphine antagonist nalorphine rather than naloxone, which is now the drug of choice.

The place of the general practitioner in child care is often mentioned, and in the chapter on respiratory diseases the author emphasizes that psychological management of chronic asthma "should be best carried out by the family doctor with his knowledge of the home background, its strengths, stresses and weaknesses." On psychoneurosis, chapter 27, he writes: "The majority of psychological problems in childhood can be resolved by the interested and sympathetic physician lacking specialized training in child psychiatry." The 20 lines on management of school phobia are admirably brief and sensible, and it is made clear that any but the milder forms constitute a psychiatric emergency, when specialist advice should be sought.

Under the sub-heading "Acute otitis media" oral amoxycillin is rightly recommended for pre-school children. It is unlikely however that many general practitioners will wish to give intramuscular benzyl penicillin every six hours to the older child, though this advice is presumably for hospital doctors.

Unfortunately, the author gives no simple rule of thumb to help mothers prepare suitable oral fluids for use in mild gastroenteritis. If this is to be remedied in future editions, it should be remembered that few mothers in Britain have gone metric in the kitchen.

The use of italics for emphasizing essential points is most helpful. In chapter 17, when discussing the importance of urine analysis in the investigation of ill children he writes: "*The diagnosis [of pyelonephritis] must be based upon examination of the urine including microscopy and culture,*" and he makes the same point in italics in chapter 27 when discussing enuresis.

In short, the book can be strongly recommended to established general practitioners as well as those in training.

CHRISTOPHER MAYCOCK

HOW MANY PATIENTS SHOULD A GP HAVE? A REVIEW OF POLICIES, CONCEPTS AND DATA

J. R. Butler

Centre for Research in the Social Sciences, University of Kent at Canterbury

Bedford Square Press, London (1980)

132 pages

In 1972 an editorial in this *Journal* asked "How many patients can a general practitioner look after?" and in doing so questioned the assumption that the (then) national average list size of 2,500 was right. In its report the Royal Commission on the National Health Service (1979) recommended that "... before a maximum or minimum list size is adopted, considerable research ... should be undertaken"; it is in response to that statement that this report has been prepared.

Drawing extensively on published work, the first part of the report critically examines the varied opinions regarding optimum list size with particular reference to standards of care, the needs and demands of patients, the efficient organization of general practice, and the balance between the costs involved in reducing list sizes and the benefits that that reduction may bring. The author poses a number of questions relevant to forming a judgement about reasonable list size and the second part of the report surveys the relevant literature. This section is concerned with the effects of varying list sizes on time spent in patient care, consultation patterns, and the content and quality of care; it is concluded that there is no good evidence that large lists generate a poor standard of practice. In the concluding section the author emphasizes the pressing need to try to find better ways of measuring quality of care.

The author documents in detail the extensive literature on the number of patients whom a general practitioner ideally should have on his list. The report will be of interest chiefly to medical politicians and social scientists but the questions which it raises should be considered by everyone who is concerned about the future of general practice in this country.

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References

- Journal of the Royal College of General Practitioners* (1972). How many patients? Editorial, 22, 491-493.
Royal Commission on the National Health Service (1979). Report. Cmnd 7615. London: HMSO.