

would be recorded separately unless they formed aspects of a single diagnosis . . . this has meant that what appears as the number of consultations is in fact the number of times a disease or condition was the subject of a consultation" (OPCS, 1974). Thus, a 'consultation' in the National Morbidity Survey is more akin in North American terms to a 'problem contact' than to a 'direct encounter' (NAPCRG, 1977).

This ambiguity surfaced when comparing Danish 'visits' with NMS2 'consultations' (Krogh-Jensen and Kilpatrick, 1980) at the recent WONCA meeting in New Orleans. Care should be taken in interpreting those tables of the Second National Morbidity Survey headed 'consultations' or 'consulting'. Dr Crombie, who was responsible for planning NMS2, confirms that this effect inflates 'consulting' rates by between eight and nine per cent.

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COMPULSORY TRAINING MAYBE . . . STATUTORY TRAINING NO

Sir,
I note that after 15 February 1980 it will be illegal for me to become a principal in NHS general practice unless I conform to the regulations of the National Health Service Act 1977 (Sections 31 and 32) and thus obtain a certificate of prescribed/equivalent experience from the Joint Committee on Postgraduate Training for General Practice.

I am, however, eligible to become a general practitioner in the Isle of Man, Channel Islands, the Republic of Ireland, Australia, Gibraltar, much of Canada, most of the Third World, the British army and privately in Harley Street. Statute bars experienced British doctors from NHS general practice. Are British doctors such rogues and potential criminals that they need to be regulated by an Act of Parliament?

There is no law which bars me from becoming a surgeon, anaesthetist or obstetrician tomorrow if I so choose. Fellowship examinations and higher professional training are essential for the would-be NHS specialist, but they are not legal requirements. Why have general practitioners, who value their freedom and independence, agreed to the imposition of the above legislation? The 1858 Medical Act introduced compulsory basic qualifications and the General Medical Council and the 1950 Medical Act introduced compulsory pre-registration experience. Surely the

regulation of training should be in the hands of the medical profession rather than the government. We do not need another Act.

Is it really desirable that experienced British doctors should be faced with the risk of prosecution in the Crown Court if they attempt to become principals in NHS general practice?

VINCENT ARGENT

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EUROPEAN EXCHANGES

Sir,
Allgemeinmedizin International ("International General Practice") is attempting to establish a register of British doctors who would be interested in changing place with their European counterparts either professionally or for holidays. Any doctor interested in such exchanges should write to me giving the following details: name, address, telephone number, languages spoken, special interests and whether anxious to exchange professionally or for holidays.

It is intended that, subject to numbers, these details will be advertised in the journal in the hope of promoting cultural exchanges.

F. M. HULL
UK Editor

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BOOK REVIEWS

THE SLIPPED DISC 3RD EDITION

James Cyriax

Gower Publishing Company
Farnborough (1980)
236 pages. Price £9.50

It remains an extraordinary fact that whilst he is accepted throughout the world as being an authority on back pain, James Cyriax's methods have never been fully recognized in the United Kingdom. Indeed, discussion of his techniques among doctors tends to

verge on the religious: "Do you believe in Cyriax?"

Clearly he must have a great deal to offer. Results of his treatments are consistently good, and most doctors who try his techniques enthuse about the outcome. Why, then, do most British orthopaedic specialists usually reject his teaching? Does he pose too great a threat to their own methods, is he tar-nished with irrelevant medical prejudice against osteopathy, or is he just wrong?

The Slipped Disc is a guide to the whole confusing subject of backache. It is aimed at both doctors and laymen, but the detailed theory it describes

would be above the heads of most people with no medical training. He deals in detail with causes, treatments that are used and should be used, prevention, diagnosis, and so on, in a total of 19 chapters. There is also a glossary which grades various car seats for their backache potential. In particular, the very clear dermatome maps are the best published anywhere.

It is a well written and stimulating book, but I was nevertheless surprised to read, in a section on gardening, that "no-one should dig". I would like to know how I'll get next year's potatoes in! In another area of prevention he

condemns baths deeper than six inches, which is just the sort of advice that makes the public see preventive medicine as a joke. Perhaps it is just this sort of contamination of the excellent that has put people off Dr Cyriax in the past.

The test of any book is that it should teach the reader something, and remain a useful source of reference. Even if you are not a Cyriax 'believer', this book passes the test.

DAVID HASLAM

1980 YEAR BOOK OF FAMILY PRACTICE

Ed. R. E. Rakel

Year Book Medical Publishers Ltd
Chicago and London (1980)

453 pages. Price £28.25

The Year Books are a highly successful American series covering 23 specialties. Each one is a collection of abstracts-digests plus short commentaries on papers selected by the editor as of particular importance and relevance to the specialty. It is significant that family (general) practice now takes its place in the series.

The 1980 Year Book of Family Practice is edited by a professor of family practice in Iowa, USA. The period reviewed is mid 1978 to mid 1979. The 18 regional sections have their own sub-editor. The 400 selected papers for abstraction are said to have come from an

original batch of 20,000!

The material is well abstracted and most of the very short commentaries are helpful. The presentation, however, could be easier on the eye and the material could be more attractively displayed. If you are an abstract fan or enjoy *Reader's Digest*, then you will become an enthusiastic regular reader of the Year Book. It is smaller than our own Medical Annual and has a much greater North American input.

I must admit that I enjoyed reading through this collection and learnt much that was new to me. I can recommend it as a good quick read in a library, but, at £28.25, I would not class it as a good buy.

JOHN FRY

STAMMERING: PRACTICAL HELP FOR ALL AGES

Ann Irwin

Penguin Books Ltd
Harmondsworth (1980)

137 pages. Price £1.35

This slim volume should be read by all in general practice and is certainly of considerable help to those afflicted with a stammer. The plain and sensitive description and understanding shown by the author, and her resistance to jargon and overpowering medical terminology, make this a most readable book. This is

speech therapy at its simplest and, one suspects, its best. The author is currently in charge of the Department of Speech Therapy at the Royal Victoria Infirmary, Newcastle and her book can be safely recommended to parents of stammering children and others who have to come to grips with a stammer or stammering relatives.

E. V. KUENSSBERG

VOLUNTARY ORGANIZATIONS: AN NCVO DIRECTORY 1980/81

Bedford Square Press for the
National Council of Voluntary
Organizations

London (1980)

191 pages. Price £3.95

When an old friend gets a new name, it is helpful that as many people as possible should be told, and it is therefore appropriate to notice here the eleventh edition of what used to be called *Voluntary Social Services*, published by the National Council of Social Services. The guide remains, in spite of good competition, one of the very best: comprehensive (over 500 organizations are named), together with their addresses and summaries of aims and activities. This is a booklet for the practice library, so that all the team have access to it.

S. L. BARLEY

REPORT

Television and the Consultation, Aberdeen, 23-25 September 1980

Introduction

THIS conference was a response to the growing use of television in general practice. Its aim was partly to take stock of the current situation, and partly to develop new ideas for televised teaching material. A particular interest was the use of television in teaching about the consultation. The 40 delegates included representatives from most university departments of general practice, some regional advisers and guests from other disciplines including clinical psychology, psychiatry, education, social work and jurisprudence.

The discussions centred around four general areas:

1. *Aims*. What do we want to teach about the consultation?
2. *Methods*. How can we best teach it?
3. *Materials*. How are existing materials used?
4. *Techniques*. What are the technical problems of using television in this context?

Proceedings

Speakers

A pre-conference evening session set the scene by reporting the results of a postal survey of the present use