

will be of interest to all members of the team. The family doctor will find it useful in updating his knowledge on recent advances in the understanding of normal and abnormal micturition, on the roles of other workers, including the specialized incontinence nurse, and especially as a source of information on equipment and aids.

A. E. ELLIOTT

**A DOCTOR FOR THE PEOPLE:
2000 YEARS OF GENERAL
PRACTICE IN BRITAIN**

John Cule

Update Books Ltd
London (1980)

160 pages. Price £13.50

"Where did I come from, daddy dear?" has always been an important question, but somehow medical histories always seem to avoid looking at the roots and genealogy of general practice. At last it seemed as if this well-presented (though expensive?) book had filled the gap. In spite of its brevity, the author sets out to show "how the personal medical care of the patient began and was later shaped by cultural political and scientific changes." As well as its serious purpose the book has some interesting descriptions, copious beautiful illustrations and several entries that will delight students of Sellar and Yeatman. I particularly enjoyed meeting Scribonius Largus (the DRO's *bête noire*), Ingenuus (he died young) and Soranus (*not* the author of the Golden Ass), not to mention the Leech Book of Bald, which tells all about "laece-saex", and the famous Welsh man Robert Recorde, who I imagine must have lived off the old A4.

However, in spite of learning much and enjoying the process, at the end I find myself with some minor quibbles and a major dissatisfaction. Taking the former first, I found that arranging the history by monarchs confused rather than helped—following themes would be easier—and I wasn't clear why particular doctors had been chosen for mention: if we must have Harvey, Hunter, Domagk and Best why can't we also have Snow and Pickles? The dissatisfied feelings centred on the book's failure to look at the "true role and purpose of the doctor" (book jacket). Somehow I want to look behind the statutes, the professional squabbles, the accounts of who spiced the King's wine, to ask who looked after the sick folk of the realm, and how? Since medicine until the last 50 years was so amazingly

ineffective, someone must have been doing a lot of caring, and we need more than a passing reference to friars, monks, witches, herbalists and women like the one who made foxglove tea for William Withering. It may be hard to reach that information, but lack of it leads me to leap to the defence of the poor unqualified herbalist, Mr Bigwood, facing a coroner's jury in 1875, or to doubt the author's strong assertion that the primitive pre-Roman practitioner "needing to combine the qualities of priest, lawyer and detective rather than physician" was really the end of an evolutionary branch. Daddy, don't I come a bit from there?

ROGER HIGGS

DRUGS AND THE HEART

L. H. Opie

The Lancet
London (1980)

112 pages. Price £3

Early in 1980, Professor Opie published a series of articles in *The Lancet* about the effect of drugs on the heart. These have now been reproduced by the publisher in this small book.

Each chapter examines one group of cardioactive drugs viz. beta-blocking agents, nitrates, calcium antagonists, antiarrhythmic agents, digitalis and sympathomimetic stimulants and vasodilating drugs. Basic pharmacology, therapeutic use and dosage, and potential adverse effects and drug interactions are discussed in turn. There are some useful line drawings which help in interpretation of the text, and I also found of value the tables in each chapter listing drugs within a particular group along with suggested dosage regimes. (The table which gave this information for the present confusing range of beta-blocking agents was particularly helpful.) On the other hand, the section on calcium antagonists is of little practical value to the general practitioner. The last chapter discusses drug treatment of specific diseases and contains many practical recommendations. There are extensive references at the conclusion of each section of the book.

There was no list of contents in the copy I received, and the caption had been omitted from Figure 3.

In the Introduction the Editor of *The Lancet* writes: "Modern practice demands a knowledge of how drugs behave at cellular as well as at clinical level." This is true, and Professor Opie's book will be of interest to those general practitioners who wish to

acquire an understanding of how drugs affect the heart which goes beyond mere details of dosage and clinical effect.

CEDRICK MARTYS

**HANDBOOK OF
POSTGRADUATE MEDICAL
EDUCATION FOR THE UNITED
KINGDOM**

I. J. T. Davies

Update Books Ltd
London (1980)

Sponsored by Smith, Kline & French
Laboratories

108 pages. Obtainable free of
charge from Smith, Kline & French

The problem with a book of reference, even one that can be obtained free of charge, is that its contents can be accurate only at the time of writing. I am afraid that this book falls short of this requirement and in the sections relating or referring to general practice the errors or ambiguities are numerous.

Examples are: the omission of the representation of the National Association of Clinical Tutors on the Joint Committee on Postgraduate Training for General Practice (p. 39); general practice training (for prescribed experience) may also be undertaken outside a vocational training scheme through a series of approved posts (p. 54); doctors may become principals in the NHS not only if they have the necessary prescribed or equivalent experience, but also if they are exempt (p. 54); it is not true that there is a legal requirement for all schemes and programmes to be approved by "the JCPTGP or local postgraduate medical education committees acting on behalf of the Councils for postgraduate medical education,"—only hospital or community medicine posts require 'legal' selection for prescribed experience by Regional Postgraduate Committees having regard to the criteria set down by the JCPTGP (p. 56); the general practice subcommittee is the appointing body for trainers in England and Wales, not the Regional Postgraduate Education Committee (p. 58); the trainer receives a trainer's grant, not the vocational training allowance, after engaging a trainee (pp. 59 & 86); only the terms and conditions under which trainees receive their remuneration or other allowances are given in the Statement of Fees and Allowances—the service and educational terms and conditions of service are matters between trainer and trainee subject to regional