

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

and national guidelines and NHS regulations (p. 59); the calculation for the cost of postgraduate education in England and Wales is inaccurate in that seniority payments recognize only time served and no other factor, and the training grant (called Vocational Training Allowance in Table 10.1), is first deducted from the total pool, prior to general distribution of all general practice net remuneration and is not an extra sum grafted onto this amount.

There are other errors that became so because of changes which have occurred since publication, namely the easier mechanism now introduced for general practitioners to claim expenses under section 63 (p. 20); the forthcoming alteration in the language rules for EEC medical graduates (p. 36); all doctors may now become trainees irrespective of previous (non-trainee) service in NHS general practice (p. 66); the RCGP and JCPTGP phone numbers are now 01-581 3232 (insert card).

I also found it rather odd that the MRCGP was not mentioned in the section on postgraduate examinations and diplomas (p. 79). Though the payment of a training grant may be a contentious matter, the facts that it does not really represent extra money (see above) and that trainers have to submit to inspection, re-inspection and a selection process unlike their consultant colleagues, are not mentioned in the text (p. 10). Not all would agree that for all trainees "there are always advantages if the year in general practice is the middle one" (in three-year schemes).

Those of us in postgraduate medical education would find a reference book extremely helpful and I for one look forward to the second edition suitably corrected.

S. E. JOSSE

PRESCRIBING PRACTICE AND DRUG USAGE

Roy Mapes (Ed.)

Croom Helm
London (1980)

218 pages. Price £12.95

In 1978, £723 million worth of pharmaceutical products were sold to the National Health Service, and 80 per cent of these were prescribed by general practitioners. This represents a five-fold increase in 10 years and the rate of increase is expanding year by year. When this is considered in the light of studies that show the high proportion of beds in acute medical wards occupied by patients suffering from iatrogenic disease and the increasing proportion of

medicines dispensed by general practitioners without a consultation at that time, there must be cause for concern. This book is a collection of essays on this phenomenon, which is aptly described by Australians as "the pill swill." The book claims to represent the first attempt by sociologists to comment on this field, but this surely does an injustice to many others, not least the Balint Group and Ann Cartwright; but even so it is an important area and one in which sociologists have a vital role to play.

As I read, I became aware of an increasing sense of irritation. This was partly due to the fact that my discipline was under fire and I became defensive but was also because, in spite of the wide-ranging and well-referenced nature of individual essays, it is very much an outsider's view and abounds in annoying generalizations. I have the feeling that many of the authors do not really understand general practice. There is, of course, no reason why, for example, a music critic should be able to play a note but he should be able to demonstrate a feel for music and to get his facts right. Drug prescribing is not what most of us see as "the most important component in the provision of medical care." It is not true to say that the doctor in Britain "has received no training to equip him to 'treat' a large proportion of his patients whose symptoms are essentially manifestations of a social malaise." It may have been true 20 years ago but is not so now. It is not true that doctors are "simply not taught how to cope with emotionally disturbed patients." I doubt too if many general practitioners would support the statement that there is a "need for the imposition of a new career structure" in general practice. The editor may feel that the "mode of organization of general practice is not one which will encourage competence," but this will not, I suggest, be supported by those general practitioners who have observed the changes of the last 25 years and know what this College is about. It is statements like this that caused my irritation. They are referenced but they ignore much contrary evidence and are unbalanced. In spite of them I think it is an important book and one that should be read and argued about by new entrants to general practice.

No criticism of mine will detract from the fact that an enormous problem exists. My irritation with the book does not detract from its attempt to make more people think about the problem. I think it would make excellent material for trainee courses. I suspect it would irritate trainees as well, but I hope it would provoke them to think.

MICHAEL DRURY

MATERNITY SERVICES IN THE DEVELOPING WORLD — WHAT THE COMMUNITY NEEDS

Professor R. Hugh Philpott (Ed.)

Proceedings of the Seventh Study Group of the Royal College of Obstetricians and Gynaecologists, September 1979

Royal College of Obstetricians and Gynaecologists (1980)

394 pages. Price £5 (plus postage)

This study group consisted of experts from 20 developing countries, all of whom wish to devise ways of making antenatal and postnatal care provided to populations which are not well served by doctors more effective. There are papers and discussions on a wide range of subjects, including maternal and perinatal epidemiology, provision of maternity services, care of the newborn and family planning. Many of the papers provide an excellent account of the training programmes which have been developed for midwives and traditional birth attendants. Other papers present and discuss new methods which are directly relevant to general practitioners who wish to develop more effective ways of teaching trainees to provide and evaluate antenatal and postnatal care.

There is an outstanding account by Professor Caldeyro-Barcia on the development of an integrated information system for evaluation of antenatal, childbirth, postnatal, and neonatal health care. He describes the selection of indicators used to measure the quality of care, as well as an outline of the microcomputer system used to collect and analyse this information before and after changes in education and provision of health services.

Also of relevance to general practitioners is the paper by Richard Evans which describes the use of an action-orientated record card for early detection and management of high-risk women in the antenatal clinic. This paper omits references but is based on the work of other experts whose research and evaluation of action-orientated record systems was published in *Tropical Doctor* in 1977. Our own antiquated antenatal co-operation cards would be much improved if they were redesigned to record the presence of social, psychological, medical and obstetric risk factors and to indicate the appropriate management by all members of the health team.

This book will be of great value to any doctor who intends to practice for a period in a developing country. It also contains some papers and references