

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

which will be useful to the general practitioner concerned with new methods for improving antenatal care.

B. ESSEX

PRISONERS OF CONSCIENCE IN THE USSR: THEIR TREATMENT AND CONDITIONS

*Amnesty International London
(1980)*

217 pages. Price £2

The review copy of this book lay on my desk for quite some time, studiously neglected while I succeeded in finding other things to do, such is the distasteful aura surrounding its theme. This grim recounting of man's inhumanity to man is not for those with weak stomachs. The treatment meted out to 'enemies of the state'—those whose beliefs or non-violent behaviour have incurred the inveterate hatred of their tormentors—is rendered more odious by the way psychiatry and educational theory have been used to break their spirit and jeopardise their health.

We doctors are bound to feel involved on three counts. First, as human beings we can but pity the hardship borne by these luckless individuals. Secondly, as doctors we must be concerned about systematic under-nutrition and scanty provision for even basic diagnosis and treatment. The third, and by far the most important issue for us, is that psychiatry and some of its practitioners in the USSR have been harnessed to an evil purpose. A reader's first reactions might well be noncomprehension or disbelief: how can doctors get involved in such things?

This updated Amnesty International report quotes examples of diagnoses reached by officially appointed psychiatrists justifying compulsory hospitalization of dissenters: "psychopathy with tendency to litigation"; "nervous exhaustion brought on by her search for justice"; "schizophrenia with religious delirium"; "delusional ideas of reforms and struggle against the existing social and political system in the USSR"; "mania for reconstructing society". Anyone incautious enough to submit an official complaint about the way these cases are handled is liable to have a similar diagnosis applied to himself and to be forcibly detained, giving a new, grim meaning to the expression 'suitable case for treatment.' (Yury Belov was told that "they would treat him until he changed his opinion.")

Even if some of these dissenters are mentally unbalanced (and it could be

argued that they must be, to persist with their activities in spite of the near certainty of what will happen to them), by what hideous perversion can this justify their incarceration and 'treatment' against their will?

Perhaps the most depressing statement in the book is a quotation not from a dissident but from important Soviet psychiatrists in 1973: "The seeming normality of such sick persons when they commit socially dangerous actions is used by anti-Soviet propaganda for slanderous contentions that these persons are not suffering from a mental disorder."

Who are the insane ones?

J. S. NORELL

A PRIMER OF PRIMARY CARE

*S. G. Marshall and
A. P. R. Eckersley*

*Lloyd-Luke (Medical Books) Ltd
London (1980)*

153 pages. Price £3.75

Not another textbook on general practice? This one is different in that it has been written specifically for trainees at the beginning of their trainee year. The Scottish authors—a trainer and his trainee—have chosen to concentrate on the organizational side of general practice, but I was still surprised to find so little on the clinical aspects of primary care. The first chapter consists of 13 pages on how to write prescriptions; other chapters cover, for instance, NHS forms, the Mental Health Act, the problems of partnerships and the MRCGP exam. There is a useful list of addresses of various relevant organizations, including many patient-help groups, and a good chapter explaining the various social security benefits.

Care has been taken to explain some of the differences in the way general practice is organized in Scotland, but, strangely, the variations that will affect trainees in Northern Ireland are not covered to the same extent. There is no description of the regulations concerning trainees' terms and conditions of service.

Some parts are distinctly amateur and, overall, there are several inaccuracies and rather more omissions. Readers will be disappointed at the low-key approach adopted: nowhere is there any reference to published research about general practice. Furthermore, I doubt that a medical student thumbing through the pages of this book in a library or bookshop would be inspired to contemplate a career in general prac-

tice. Surely the time has come for a more intellectual approach. I am unable to recommend this book; trainees deserve something better.

PETER SELLEY

EDUCATION FOR CHILDBIRTH AND PARENTHOOD

Elizabeth R. Perkins

*Croom Helm Ltd
London (1980)*

180 pages. Price £10.95

At a time when there is a rising tide of discontent about obstetric care, this fascinating book brings little comfort. However, it should be a spur to action. Based on a series of research studies which evaluated the education provided for expectant mothers, it reveals an unmet need not for didactic instruction, introduction and routine explanation about pregnancy, labour, breast feeding and parentcraft, but for education. It should destroy doctors' complacency that their pregnant patients are being adequately taught these things by others while they get on with the "more important" business of monitoring fetal development and the mother's physical status. The nuclear family, in which the mother is deprived of the support and advice of her mother and mother-in-law, and, even more, the single-parent family, create needs that should be met by health professionals. Ms Perkins shows that these are not met, neither in the classes run specifically for the purpose, nor by most of the pamphlets, books or booklets with which expectant mothers are showered. After reading this, one is not surprised by the complaints of those women who feel that they are reduced to passive recipients of physical care, when what they want is to be informed participants in what should be a major life-event. This book should be in every practice library and read by every member of the primary health care team (even though, like most of this publishing house's books, it is overpriced).

D. H. H. METCALFE

New editions

Dictionary of Medical Ethics, ed. Duncan, A. S., Dunstan, G. R. & Welbourn, R. B. Revised and enlarged edition. London: Darton, Longman and Todd. 459 pages. Price £12.50.

Running a Practice. Jones, R. V. H., Bolden, K. J., Gray, D. J. Pereira & Hall, M. S. (1981). 2nd edition. London: Croom Helm. 229 pages. Price £7.95.