

care level, services for psychiatric patients are more disorganized in the UK than in the USA, where team approaches are more developed. The various professional groups are still jockeying for position and it seems likely that the family doctor will have to relate to a more complex web of other professionals in the future.

This book could be read by family doctors in two ways. First of all, as providing an elegant model for an overview of the place of general practitioners in the problems and process of mental illness. Secondly, it provides a gold mine of information from a wide variety of sources in a field which badly needs the kind of integrating approach which the authors have attempted. For the more general reader the footnotes and references can be skipped, and the book can be read with profit. For those with an interest in the management of, and particularly research into, mental illness in the community, this book is highly recommended. For a work of less than 200 pages, it is a considerable achievement at a reasonable price.

D. R. HANNAY

GENERAL PRACTICE REVISITED: A SECOND STUDY OF PATIENTS AND THEIR DOCTORS

Ann Cartwright and Robert Anderson

Tavistock Publications Ltd
London (1981)

228 pages. Price £11.50

The publication in 1967 of Ann Cartwright's *Patients and Their Doctors* was a milestone in general practice literature. The survey on which it was based was conducted in 1964, and examined the organization and provision of care. More importantly, the survey also explored the attitudes of both doctors and patients towards health care. It showed a high level of patient satisfaction. General practitioners, however, appeared uncertain about their role.

The exercise was repeated in 1977 and *General Practice Revisited* is the outcome. The 13 years since the first survey were eventful for general practice: we had the 1966 Charter, increases in health centre and partnership practices, the growth of deputizing services and the establishment of vocational training, amongst other developments. How has general practice changed in the eyes of patients and their doctors?

One notable change is in the response of doctors to questionnaires. Whereas the response rate of patients remained virtually the same at just over 80 per cent, that of doctors fell from 76 per cent in 1964 to 67 per cent in 1977. The failure of a third of doctors to respond to the second survey raises questions about the representativeness of the sample.

The main conclusion is that "experiences and views have changed remarkably little". About one third of all consultations continue to be regarded by doctors as "for trivial and inappropriate or unnecessary reasons". Vocational training appears not to have made any difference to this view, nor does the extent to which ex-trainees claim to enjoy general practice. In contrast with trainers, 74 per cent of whom claim to enjoy their job, only 50 per cent of other doctors say that they do so. Trainers appear to get more out of vocational training than trainees, but such judgements may be premature.

Major changes in the organization of general practice, including the migration to health centres, the five-fold increase in appointment systems, the doubling of secretarial and reception staff and the seven-fold increase in nurses working in practices, have had little effect on the basic features of the doctor/patient relationship. But there has been a four-fold increase in the proportion of patients critical of doctors in relation to home visiting, and both doctors and patients are less likely than in 1964 to regard it as appropriate to consult general practitioners about family problems.

Patients in 1977 were generally less passive—more critical and questioning—but the majority (72 per cent) found receptionists "helpful". There was a fall in the proportion of those expecting a prescription at a consultation (from 52 per cent to 41 per cent), but the proportion of consultations in which a prescription was given remained unchanged at about two thirds. Economy in prescribing clearly rests with doctors.

Cartwright and Anderson put forward three suggestions for immediate action: that doctors should ask patients whether they want a prescription or not; that receptionists should not ask patients seeking an appointment what is wrong with them; and that self-certification for sick absence should be introduced. They also urge more emphasis on general practice in medical education.

This book is an important sequel to *Patients and Their Doctors* not only in that it updates the findings of the 1964 study, but also because it reflects the changes in general practice since then.

All doctors, and not just general practitioners, will learn much from it. No practice library should be without it.

GODFREY FOWLER

AN INTRODUCTION TO FAMILY MEDICINE

I. R. McWhinney

OUP
Oxford (1981)

219 pages. £7.95 (paperback)

Nearly 20 years ago, as a general practitioner in Stratford-on-Avon, Ian McWhinney's writings marked him as one of the founding fathers of modern general practice. He analysed its role and its potential at a time when general practice was at a low ebb, but his originality came a little before we were ready for it and he had to go to Canada to pursue his ideas in the new Department of Family Medicine in London, Ontario.

His latest book is not a trail-blazer in any sense—it expresses a concensus of the views of many people. If the experienced reader finds it neither contentious nor stimulating, this is acceptable in a work designed as an introduction aimed at senior students, junior residents and their teachers.

Rarely does the Canadian context obtrude and in many ways the contents apply more to British general practice than to typical North American family medicine. Most of the references are American, though they can be paralleled here, but there are times when British work, especially that of John Fry, has to be called in evidence.

The chapter headings are very familiar: illness in the community, the doctor-patient relationship, problem-solving, the family, records, home visits, practice management, continuing education and research. No-one with a reasonable library needs to buy this book for what it says, but anyone without a few modern works on general practice could do worse than use this one as a source for ideas about principles and methods.

Two of the areas covered are particularly welcome. There are discussions of the shifting values attached to specialism and generalism in medicine and of the contrasting perspectives of reductionism and holism. What McWhinney says is not new, but he says it well and this lends weight to other chapters.

The section on preventive medicine is unusually thorough. Not content with expounding the principles, it goes into some detail about more than 40 conditions, with recommendations about the value of screening and extensive health protection schedules for all age-groups.

This is no fun to read, but it should serve a useful function as a source of information.

The author handles his references well—they fill seven pages, but he fits them easily into the text, and his occasional non-medical quotations are delightful. This makes it all the more surprising that he should have lifted so many ideas whole from *The Future General Practitioner* without once acknowledging the source.

This is not a book for medical students in this country—it goes into more detail than they would ever require, but the chapters could act as a useful basis for discussions between a trainer and a trainee in their year together. The price is not exorbitant, the layout is good and the index is fair; it is a worthy if rather bland addition to the literature.

CONRAD M. HARRIS

TELEPHONE MEDICINE— A PRACTICAL GUIDE TO PEDIATRIC TELEPHONE ADVICE

Jeffrey L. Brown

*The C. V. Mosby Company
St Louis, Toronto and London
154 pages. Price £9.25*

A number of doctors set aside a specific time each day at which they can be contacted by patients who want advice but who do not feel that a face-to-face consultation is necessary. In the USA, the practice of consulting over the telephone is more widespread than in Britain, principally because in the States house calls are rarely made and the patient wants to determine whether it is really necessary to get out of bed and go to the doctor (or emergency room of the hospital). Furthermore, face-to-face consultations cost the patient money and many will hope to avoid unnecessary medical expenses. It is therefore not surprising that someone should have identified the need to produce a text-book to help those who answer the telephone—not only doctors, but also nurses and receptionists.

I have consistently held the view that it is not always possible to make a diagnosis over the telephone, and certainly not if the social and psychological components are to be included.

What this book does is to list some of the common problems of telephone contacts and to identify some questions that should be asked to help establish a diagnosis and the need for a proper consultation. I showed it to some of my practice staff and they all commented

that the book needs to be translated into British terminology and practice procedures if it is to be of any use in this country. This is not a book which we will be using again in this practice.

STUART CARNE

PROCEDURES IN PRACTICE

*Articles from the
British Medical Journal
Stephen Lock (Ed.)*

*BMA
London (1981)
74 pages. Price £4.00*

As this book describes common procedures in hospitals, readership in unlikely to be drawn from general practice. Yet some chapters may be helpful to those of us who must occasionally exercise rusty skills, and who would find the information difficult to obtain elsewhere.

Few British general practitioners are likely to aspire to kidney biopsy, percutaneous central venous cannulation, suprapubic catheterization, prostatic biopsy, pericardial aspiration or liver biopsy. Tapping of ascites and pleural effusion, lumbar puncture, bone marrow aspiration and intravenous urography may be within the remit of some in general practice hospitals; laryngoscopy, aspiration and injection of joints, sigmoidoscopy, venepuncture of small children, skin biopsy and hormone implantation may be considered elective general practice procedures. Ear syringing, setting up a drip, urethral catheterization and proctoscopy ought to be within the competence of us all.

Those chapters which might appeal more specifically to general practitioners are a little disappointing. Few would agree that hoarseness over two weeks in duration requires laryngoscopy, and the statement that laryngoscopy "is inadvisable in acute epiglottitis" is a dangerous invitation to prod with a spatula. The chapter on setting up a drip gives away none of the valuable secret tricks which can so help the ham-handed. Nor are we told anywhere that heel prick is easier with a little vaseline. Who will venture to learn the art of sigmoidoscopy when faced with the picture of a totally naked young woman in head down lithotomy position? The suggestion that the inexperienced should have their patients anaesthetized is ridiculous and possibly dangerous, and disposable sigmoidoscopes are not for doctors who have to pay for them.

There is clearly a need for a book such as this. For hospital doctors I suspect it would have been better written by junior

staff. As for general practitioners, perhaps we should compile our own 'Procedures in General Practice'.

J. R. D. BROWN

A COLOUR ATLAS OF CLINICAL GYNAECOLOGY

V. R. Tindall

*Wolfe Medical Publications Ltd
London (1981)*

131 pages. £15.00

"A diagnosis cannot be made without knowledge or experience. It is hoped that this atlas will help undergraduate and postgraduate students to gain this knowledge more quickly." This hope, expressed by the author in his introduction, is likely to be realized if the atlas reaches the right readership, namely those with theoretical knowledge but limited experience of pelvic examination.

The atlas is beautifully bound and well set out. It is divided into sections on examination, the pathologies of each of the anatomical entities from the vulva to the adnexae, abnormalities in early pregnancy and miscellaneous conditions, including chromosome abnormalities. Finally, there is a very interesting chapter on colposcopy.

Each section is attractively illustrated, the commentary is brief and factual and the author takes the trouble to draw our attention to any misleading features in the photographs. The latter are all in colour, which for the most part is authentic. I only recall one instance when I was invited to note the typical green colour of a trichomonas discharge where nothing in the least greenish was to be seen.

Professor Tindall has chosen to mix his examples of malignancy in amongst other pathologies rather than group them together as is usually done. This helps the reader to become aware of how easy it is for the diagnosis to be missed, especially carcinoma of the cervix.

This is an atlas, a picture book of pelvic pathology. It is not, nor was it intended to be, a gynaecological textbook. I find that my colleagues are fairly evenly divided into two distinct camps as far as their attitude to atlases of this sort are concerned. If you are in favour of atlases then this will make a useful addition to your practice library, principally for the use of students and trainees, but I suspect that puzzled partners will also scan it for clues from time to time when faced with diagnostic problems.

P. G. BROWN