

# GENERAL PRACTICE LITERATURE

## NEW BOOKS

### THE PHYSICIAN'S PRACTICE

Eisenberg, J. and Williams, S. V. (eds)

John Wiley  
New York (1981)

274 pages. Price £10.00

This is a well-written and thoroughly practical textbook of practice organization for doctors at all levels—general practitioners, family practitioners and every kind of specialist and specialoid—in the United States. Little of it is applicable in Britain, though there are some interesting ideas well worth considering in any large practice. Its chief value in the UK is as an introduction to the way American doctors act and therefore think. For this it is very useful, either for doctors planning to visit the States, or for those who want to understand the assumptions of American medical visitors. Home/house and night visits/calls are not listed in the index or discussed at any point I could discover in the text, and my question on how American doctors can deal with left ventricular failure without getting out of bed and visiting the patient at home remains unanswered. The contrast with our own classic, Pritchard's *Manual of Primary Health Care*, is remarkable; we have a richness of perspective altogether absent from American practice, but I have never felt more conscious of the poverty of our resources.

JULIAN TUDOR HART  
General practitioner  
Glyncorrwg

### EYES AT WORK

Anthony Buckley

*The Medical Commission on  
Accident Prevention*  
London (1981)

44 pages. Price £1.50 including postage

Health and safety at work is a field much neglected by the medical profession and, even in organizations which employ medical officers, the majority

are part-time general practitioners. *Eyes at Work* is a useful little booklet, described by Lord Porritt in his preface as of great value to all those concerned with safety at work, from top management to shopfloor workers.

Although written for the layman, it is important for all general practitioners interested in occupational health to know about a publication like this so that they may introduce it to those concerned with safety at work. It would not be a bad idea, either, for doctors involved in health and safety work to read the booklet themselves, because it does contain many useful pieces of information that are not included in the textbooks. Besides the eye, it talks about light, working conditions, different types of radiation and their effect on the eyes and protection of eyes; it also explodes a few myths, for example about welding while wearing contact lenses and the harmful effects of VDUs. There is also some very useful information about the law and eyes at work.

This is a useful booklet which should be part of every Safety Committee member's library.

STEPHEN J. WRIGHT  
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### HEALTH CARE AND LIFE STYLE

D. N. Darby, S. Glaser and  
I. F. Wilkinson

*University of New South Wales  
Kensington (1981)*

138 pages. Price A\$10.95

This is an important book. It reports a study carried out in Australia on common health and disease problems and how the public deals with them.

The authors were based at Sydney and advised by Ian Webster, professor of community medicine. Over 1,000 randomly selected adults recorded their health and non-health and their actions over two time periods in 1979/80. This exercise was somewhat similar to those carried out by Ann Cartwright and others in the UK and elsewhere, and the findings are broadly similar and complementary: the health problems common in Australia are similar to our own—respiratory infections, emotional disorders and rheumatics.

What did the patients do? In 40 per cent the symptoms were ignored; in 20 per cent home remedies were used; in 20 per cent medicines were bought at the local chemist; in only 20 per cent of instances was professional medical advice sought. These actions and non-actions raise some fundamental questions on planning future health services.

JOHN FRY  
General practitioner  
Beckenham

### MEDIEVAL WOMAN'S GUIDE TO HEALTH. THE FIRST ENGLISH GYNAECOLOGICAL HANDBOOK

Beryl Rowland

Croom Helm  
London (1981)

192 pages. Price £10.95

It is only in the more recent past that the medical profession has been so firmly opposed to female practitioners. In medieval times, as Professor Rowland tells us in her illuminating introduction, this was not so. The manuscript here printed with a facing translation was produced by a professional scribe in the early fifteenth century from a so-far undiscovered earlier text. Written so that women could help their own sex, the general procedure is to state the complaint and describe symptoms, cause and cure. In gynaecological diagnosis great importance is attached to the disposition of the humours. The uterus is here accorded a separate existence—the treatment for prolapse being to apply evil-smelling substances below, so that the uterus will escape upwards, together with fragrant-smelling remedies to the nose to encourage this curative ascent. There is realism, too: "If these are of no use, only God can cure."

The herbal remedies were probably expensive, implying a well-cultivated manor or nunnery garden, and would certainly take a long time to prepare, with much boiling and straining through fine linen cloth, as for instance with doves' droppings boiled in wine for a plaster, "or one may drink the wine". Cheaper recipes are sometimes given "if the woman is poor". A glossary of plant

names that included the Latin would have been helpful.

In the midwifery section the midwife is advised for all but normal vertex presentations to anoint her hand with oils and perform an internal version.

*Medieval Woman's Guide to Health* is well worth reading, and the introductory review is stimulating and helpful. All in all, a delightful book.

IRVINE LOUDON  
*Medical historian*  
*Wantage*

## UNDER THE DOCTOR

S. Bourne

*Avebury Publishing Company*  
*Amersham, Bucks (1981)*

211 pages. Price £12.00 (hardback),  
£5.95 (paperback)

This is an important book for doctors. By focusing on the field of physiotherapy it throws into relief the ways in which doctors behave—initially in the hospital setting, but by implication also in the primary health care team.

I had always considered that physiotherapy was also a kind of psychotherapy, but was never quite clear why this was so until this book appeared. Clearly, touching the patient is the key. Touching has traditionally been taboo to psychoanalysts, but now it is clear that touching patients is proper treatment by many professionals, including general practitioners. Freud knew it, Ferenczi knew it, Balint knew it, and now Bourne confirms it.

The book's format is also important. Part I distils the essence, Part II illustrates the method, and the appendix lists the case material (Part III does not exist, in spite of a reference on page 44). This is a proper sequence—the kernel is up front, resting on the evidence behind.

The substance is short, but packed solid. In a few short chapters the nitty-gritty of medical practice is discussed in terms of: team-work; the extreme difficulty and importance of being able to give bad news to patients; the tensions of being in the remedial treatment role; the overtones of the gender role implicit in the majority of physiotherapist/doctor relationships; the difficulties of dealing with mourning, often unresolved; the plight of the captive wife; and the concept of the good doctor being able to stop the patient uttering unnecessary verbiage. Further, it touches on teaching and defences and the proper distance between patient and professional. It warns of the dangers of modern medica-

ments. In short, it is about doctoring and physiotherapy.

MICHAEL COURTENAY  
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*London*

## SOCIAL WORK AND GENERAL MEDICAL PRACTICE. COLLABORATION OR CONFLICT?

June Huntingdon

*Allen and Unwin*  
*London (1981)*

196 pages. Price £12.50 hardback,  
£5.95 paperback

There is so much tension between general practice and social work that minds on both sides may close and attitudes may harden. It would be sad if they were now too closed to want to know why, but this is just what June Huntingdon analyses in her short but balanced and perceptive book. Her background and experience, here and in Australia, have fitted her well for the task. She finds explanations in both the structure and the culture of the two disciplines.

'Structure' covers the history, size, distribution, work-settings and clientele of each profession, and the age, sex, social class, educational attainments, marital status and income of typical practitioners. A potential for conflict and misunderstanding exists in every aspect of structure, and all are brought to life by differences in values and beliefs that are fundamental.

The most important chapters are those which explore the ways in which members of the two occupations think and feel about their work and the unspoken assumptions that they make. Behind many of the conflicts lies a difference Huntingdon calls 'Action v. Holding'. Doctors believe deeply in the importance of decisive and immediate action; social workers believe just as deeply in the importance of a reflective exploration of the many possibilities inherent in any complex situation. Huntingdon traces the consequences of this difference into several areas, such as views about working relationships, the nature of responsibility and collaboration in disputed territory. Collaboration, for example, is undermined where general practitioners who resent having to cope with social problems because they have low status in the rest of the medical profession, devalue both them and the social workers whose *raison d'être* they are. On the other hand, where general practitioners do like the social aspect of their

work, they will find more territory to dispute with social workers. Either way, matters will be made more difficult by a social work approach that is not based on medical ways of thinking. Conflict therefore arises from the peculiar pattern of differences and similarities in the two occupations; the possibility that it can have positive aspects is not discussed—that it may be of benefit to the client/patient, for example.

There is a short section on the circumstances in which collaboration is most likely to occur, but it has to be speculative. The work as a whole will do most to reduce conflict by offering general practitioners insight into its causes; insight does not always bring about cure; but it is usually a necessary first step. This is surely a book that all general practitioners should read and think about.

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## ACUTE AND CHRONIC RENAL FAILURE, Michael Boulton-Jones, 108 pages; RENAL RADIOLOGY AND IMAGING,

O. P. FitzGerald-Finch, 91 pages; RENAL GLOMERULAR

DISEASES, Paul Sharpstone and J. A. P. Trafford, 83 pages; URINARY TRACT

INFECTIONS, CALCULI AND TUBULAR DISORDERS, John

Walls, 90 pages; RENAL DISEASE: AN ILLUSTRATED

GUIDE, D. Gwyn Williams, 89

pages

*MTP Press*  
*Lancaster (1981)*

Price £5.95 each

Each of these small volumes is extremely well produced, and has been written by a specialist in renal medicine. They give a valuable review of the pathophysiology, clinical features, investigation and management of a wide range of urinary tract problems, from acute infections to chronic renal failure, including dialysis and transplantation, but without attempting to be comprehensive textbooks. Together they provide a good introduction to nephrology, and contain ample suggestions for further reading for those who wish to study the subject in greater depth.

The illustrated guide describes disor-