

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.

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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-