

European study of referrals from primary care was also unable to provide analysis in terms of list size (Fleming DM, Birmingham Research Unit, personal communication). In British general practice, it is difficult to obtain accurate list-based data for practitioners who do not practice with individual lists.

I would suggest that referral rates based on number of consultations provide little useful data for comparison unless they are combined with a variety of supplementary information. However, given the unique quality of each doctor-patient interaction, I doubt that even very sophisticated standardization calculations would necessarily provide any more meaningful insight into differences.

ANDREW M WOOD

35 Selby Lane
Keyworth
Notts NG12 5AQ

Introduction to psychosexual medicine

Sir,
I was astounded by the dismissive review of *Introduction to psychosexual medicine* (January *Journal*, book reviews, p.45). Your reviewer, states that the book is 'Freudian in content... and cannot be regarded as a good reference book for non-Freudians'. To my mind this smacks of a 'reds under the bed' orientation.

The book has been widely welcomed by prominent 'non-Freudians' in the field, including John Guillebaud of the Margaret Pyke Centre. Dr Guillebaud went as far as to recommend that it be 'found on the shelves of all readers of the *British Journal of Family Planning* and indeed most practising doctors'. He also predicted that 'this book will become a classic'. As a general practitioner with an interest in psychosexual medicine, I have found *Introduction to psychosexual medicine* to be the best reference book to date and shall continue to recommend it.

I fear that the reviewer confuses psychosexual counselling and psychosexual medicine. The book concentrates on psychosexual medicine and may therefore be partly outside his scope. Those of us who have the advantage and responsibility of examining patients physically, may indeed have a patient remark 'I would not have your job for anything' as one initiates a vaginal examination. It is crucial that the doctor or nurse receiving such a communication does not ignore what may be a plea for help with a sexual problem. The real skill lies in gently elucidating if one is dealing with such a problem which may often be revealed during a psycho-

somatically oriented genital examination; or with an 'innocent remark'.

I hope your review has not encouraged a dismissive attitude; it is all too easy not to hear patients' real communications.

JUDY A GILLEY

Department of Clinical Epidemiology and General Practice
Royal Free Hospital School of Medicine
Rowland Hill Street
London NW3 2PF

Sir,
I was disappointed to read the review of *Introduction to psychosexual medicine*. Dr Skrine's book was written by doctors primarily for doctors. Any doctor with an understanding of the very specialized nature of this style of psychosexual work would find it difficult to understand how someone who is not a doctor working in the field can assess this publication.

This review barely relates to the book it purports to describe. How can there be no reference to the fundamental matters that it covers? There is no mention of the doctor-patient relationship, seminar training or of the use of the genital examination. On the other hand the word Freudian is used twice. I have looked through the book and the good doctor's name is mentioned only once.

Of course I am prejudiced on the subject, being an associate of the Institute of Psychosexual Medicine. Institute members constitute by far the largest proportion of doctors working in this field and the Institute has the greatest number of doctors in training of any body in the country. Perhaps it is strange that it has taken so many years for the Institute to produce a book providing an overview of its work. One reason is that no book can equip one with skills to tackle these problems. The Institute is naturally cautious and hopes that no one will go to a book looking for magic answers. Dr Skrine's publication contains this warning. It is unfortunate that your reviewer looked to it as another manual with instructions on how to do it.

A M STAINER-SMITH

Okehampton Medical Centre
Okehampton
Devon EX20 1AY

Academic general practice

Sir,
In your editorial (January *Journal*, p.1) you point out that many papers submitted by service general practitioners have to be rejected because they are 'academically flawed'. Fortunately there

are other journals where they may appear and the vitality and stamina of the enthusiasts is fortified.

Professor Conrad Harris (August *Journal*, p.313) has pointed out that many published papers are 'deeply uninteresting' for most general practitioners. There seems a danger that through its principal publication the College is discouraging the keenest doctors from research, still our weakest area. In the meantime academic general practice is presenting itself as remote from the daily activities and problems of the rest of the profession.

A paper may be flawed practically as well as academically and I believe the first fault is as bad as the second. I appreciate the efforts of College members to establish and present the academic credentials of general practice. Nevertheless service general practitioners need the encouragement of seeing their observations in print and the College has a duty to facilitate this. I suggest the *Journal* experiments with an unreviewed, short reports section, leaving correspondents to criticize and amplify the observations. Academics take this for granted: non-academics should have the same opportunity.

JOHN D HOLDEN

The Health Centre
Station Road
Haydock
St Helens WA11 0JN

General practice in the 1840s

Sir,
The McConaghey memorial lecture (June *Journal*, p.228) was interesting and stimulating. It gave us a brief picture of what general practice was like in the 1840s and explained how as early as 1844, general practitioners were calling for their own college.

The following letter appeared in the *Lancet* in 1840 and emphasizes the struggle of general practitioners during this period especially regarding their very low income.¹

'Advertisement of clergymen for some medical slaves in Surrey

Sir,
I send you a copy of rules of a "medical club" recently established in the lower part of the county of Surrey. It appears to me to be the very maximum of insult to the profession to offer a club upon such degrading principles, conducted by clergymen. It is to be presumed that medical men, like clergymen, have received a liberal education, and, like clergymen, ought to be treated as