The British Journal of General Practice

Viewpoint

Ten Questions about Quality

As the century closes, Britain is reforming its institutions, including all the ancient professions of the Church, Law, and Medicine. The Bristol case, which has become such a *cause célèbre*, had one commentator[1] stating: 'All changed: changed utterly.' However, for the 185,000 doctors on the Medical Register the questions are '**what does it all mean?**', and '**how will it affect us?**'.

The medical profession, in this avalanche of change, is not passive. The RCGP, to its credit, was the first of the 18 Medical Royal Colleges and Faculties to introduce, through Fellowship by Assessment[2] in 1989, a performance-based system for assessing doctors. Next, Counsel's opinion was taken by both the Royal College of Surgeons of England (RCS(Eng)) and the RCGP. Both opinions were that Colleges have the right to ensure that those claiming membership are active members. New tensions thus arose between members in good standing, whose reputations all Colleges need to protect, and those who had passed an examination in the past. **What, now, is the meaning of membership?** In addition, in 1998, the RCS(Eng) decided that any doctor leaving the College ceased to be able to use the letters FRCS(Eng). Other Colleges are now discussing this.

The MRCGP seems secure, but in the wider profession, there are questions. **Why is it the only Royal College membership not required of all trainers in the discipline?** The other Royal Colleges have made memberships, such as the MRCP, markers of suitability to enter higher training. **When will the RCGP introduce accreditation of higher professional training, or its equivalent, in general practice? When will general practice tackle revalidation, perhaps through its College's new policy of accredited professional development?**[3] Members loyally supporting their College through subscriptions for years now sense new possibilities.[4] **Will the MRCGP and FRCGP soon be recognized by the NHS as markers of quality?**

In December 1997, ***the Government*** struck decisively with its radical new concept called 'clinical governance'. Then, in July 1998, in *A First Class Service*,[5] it decided that chief executives will be responsible for quality. New statutory bodies — the National Institute for Clinical Excellence and a new Commission for Health Improvement are being set up, the latter with powers to inspect. These are the biggest ever changes to self-regulation and will be enforced by law. **Has self-regulation of the profession ceased? Or are Government and the profession now going to share responsibility?**

In 1998, ***the GMC***, the Governing Body of the medical profession, tackled the central problem: **who is to monitor (revalidate) the performance of established doctors after they have qualified?** At a historic summit meeting of the medical profession on 27 August 1998, the medical profession agreed in principle to do this, and on 4 November 1998, the GMC decided that: 'Specialists and general practitioners must be able to demonstrate, on a regular basis, that they are keeping up to date and remain fit to practise in their chosen field.' And ***the public*** expects this of us — Patricia Wilkie, the chair of the RCGP Patients' Liaison Group, reminded Council recently that patients (and the media) do now want to know what grand acronyms after a doctor's surname actually mean. Do they mean anything?

In conclusion, the medical profession faces radical review for the fourth time in 150 years. With the 1858 Medical Act, the 1911 Insurance Act, and the 1946 NHS Act, academic general practice had no voice. This time, academic GPs are involved and the RCGP nominee is conducting the medical orchestra. Considered reflection is now needed by every doctor. In the RCGP, it is a time for consultation in the Faculties and Council. College officers will value comment. I welcome advice from members.

Denis Pereira Gray

Vice-Chairman of the Academy of Medical Royal Colleges

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3. Royal College of General Practitioners. *Accredited Professional Development* [Council Paper.] London: RCGP, approved November 1998.
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The Back Pages...

'I finished it with feelings of awe not very different from those induced by medieval cathedrals, Mozart, and young musicians of the year ... '

James McCormick, reviewing *What Remains To Be Discovered*, by John Maddox, page 164*

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news

Genetics in Primary Care: Taking it Forward Study Day, RCGP, 25 September 1998

There was a healthy preponderance of general practitioners at the well-attended meeting to discuss Occasional Paper 77.[1] Although there were professors of general practice and specialist clinical geneticists, there was no suggestion that GPs were being 'talked down to' and contributions from the floor were lively and well-informed.

In his welcome, the President, Professor Denis Pereira Gray, compared the importance to general practice of genetics with the fundamental changes resulting from Balint's inspiration in the 1950s. Clifford Kay introduced the Occasional Paper, which addresses the pragmatic issues: 'when will real genetic advances affect GPs and how much genetic and molecular detail is necessary for primary care teams?' Then Hilary Harris showed how a GP had already been able to help a remarkable number of patients with genetic problems in her typical urban practice.

Carrier screening models for cystic fibrosis in primary care were described by Hilary Harris, and by Michael and Bernadette Modell for haemoglobin disorders. John Bell noted the tremendous new understanding of disease nosology, diagnosis, and prognosis gained from molecular research, stressing three areas as being clinically promising: genetically programmed drug therapy, the prevention of common disease by identifying genetic predisposition, and ultimately gene therapy.

However, Graham Watt was cautious because general practitioners already have so many and varied responsibilities thrust upon them that they are wary of new ones; the GP's role of 'gatekeeper' was therefore problematic if the main purpose was to protect hospital services from overload.

In the discussions many outside pressures were identified which are forcing genetic awareness on primary care, notably patients' responses to media hyperbole, problems with genetic pregnancy screening, and the threat of litigation. A rational allocation of workload and resources between primary care and specialists, and between doctors and co-workers, will provide the effective integrated service without which patients and their families would suffer. In their presentations, Eila Watson, Ann Louise Kinmouth, Deborah Sharp, Greg Rubin, and Peter Farndon described assessments of methods for integrating primary, secondary, and tertiary care services where the emphasis was very much on the 'bottom-up' approach, rather than on unsolicited directions from above.

The management of patients with a family

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Health Priorities for People with Learning Disabilities RCGP, 25 November 1998

This was an enjoyable and invigorating occasion where people with learning disabilities came together with carers, professionals from many disciplines, managers, and commissioners. The event was co-chaired by John Toby and various members of the Threads Workshop, in Sefton. (Threads Workshop is a centre for people with learning disabilities, in the textile area of Liverpool.)

The main mover behind the whole event, which was ably managed by Jennifer Goulding, was Margaret Flynn, the RCGP Prince of Wales Fellow on Learning Disabilities. Her vision and insight led to a veritable alchemy, which really paid off.

The day started off with our esteemed former chairman being literally put in his place, as his position was altered on the rostrum and he was introduced to the audience, by the people from Threads!

The first session involved Anya Souza, a stained glass artist from Hampstead, who explained why she wanted to be independent and allowed to speak for herself. Anya has Down's syndrome. She described how she had taken part in the publication *The Healthy Way*,[1] a Department of Health Publication targeted at people with learning disabilities, which aims to instill action for positive health. In addition to getting over her point, quite forcefully, Anya was also there to sell some of her products, at quite a reasonable cost!

Margaret Flynn spoke next, giving the insight of a carer, expressing the joys, as well as the problems, associated with caring for someone with a learning disability. She raised the vexed issue of 'choice', which is very important for the disabled, as it is for the rest of us, but which can also be used as an excuse for inaction, when action is needed.

Sue Carmichael, Nursing Officer for people with learning disabilities at the Department of Health, talked of the importance of partnership between all involved: the disabled, the carers, and the professionals. Later we heard from Kirsty Keywood and Sara Fovargue, two researchers from the Institute of Medicine, Law and Bioethics, at the University of Liverpool, about a project they had undertaken on aspects of health care decision-making by and on behalf of adults with learning disabilities.

Next, the Threads Workshop presented a session on positive health and its importance, particularly for people with learning disabilities such as themselves. This enjoyable interlude made the point clearly: that we should enable people with learning disabilities to learn about their bodies and health so that they can take a positive role

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2. Fardell J, *Disability and Rehabilitation Open Learning Project*. Disability and Rehabilitation Open Learning Project 1997.

history of breast cancer is a paradigm of the multi-disciplinary approach. Harry Campbell noted that in several centres patients are allocated, according to their family history, into high, medium, and low risk and dealt with by teams appropriate for the level of risk. The high and intermediate risk groups are seen by specialist teams and the low risk group are currently reassured by primary care teams in their own practice. This demonstrated how identifying and managing the very high risk 'Mendelian minority' of patients with 'common diseases' needed a team approach.

All the participants agreed that primary health care teams already had responsibility for the four essential stages in providing genetic choices for their patients:

1. recognizing that a patient or family may have a genetic problem,
2. taking a basic family history,
3. deciding whether to deal with appropriate cases or refer to specialists, and
4. providing co-ordinated care for patients and families before and after their consultations with specialist services.

It is essential to ensure that primary care teams have readily available up-to-date guidelines (increasingly electronic), genetic education, and training, which will take time.

Rodney Harris

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rather than have health interventions inflicted upon them, or health needs overlooked.

In the afternoon there was a choice of five workshop sessions: Consent to Medical Treatment; Advocating for Health; Working with People with a Dual Diagnosis; Delivering Primary Health Care to People with Learning Disabilities; and Sight and Hearing Testing: Making It Possible. We had tasters of these sessions in the morning and each was relevant and interesting.

I have not, here, been able to give credit to all of those involved, but I hope that I have given a taste of how varied and enjoyable the day was. A very important and integral part of the conference was the central part played by people with learning disabilities themselves. They were excellent co-chairs, ably assisted by John Toby, and they also put over some very important messages in their presentations. Michael Reid, one of the co-chairs for the afternoon session, finished the day with his view of the world in 2010: 'In the future, I would like doctors to listen, and hear what I have to say'. This is a sentiment echoed by many disabled people,[2] and although GPs are better than most doctors in this respect, events such as this, which are multidisciplinary and involve the 'users', are very enjoyable and productive ways of improving our skills and understanding.

Charles Sears

in brief...

The RCGP and the New Year Honours List

Professor Denis Pereira Gray OBE FRCGP, President of the Royal College of General Practitioners, has been awarded a knighthood 'for services to quality and standards in general practice'.

The following College members have been made Members of the British Empire (MBE):

James Alcock MRCGP, Chairman, Fife Local Medical Committee, for services to general practice

Alan Keith Budd MRCGP, lately GMP, Berkshire, for services to healthcare

Patricia Mary Donald FRCGP GMP, Edinburgh, for services to women's health

Andrew Cameron Knight Lockie FRCGP Lately GMP, Stratford-upon-Avon, Warwickshire, for services to healthcare

Prudence Jennifer Mitchell MRCGP GMP, Dorset, for services to health care, especially for elderly people.

Other awards
Mollie McBride MBE FRCGP has been made Honorary Secretary of the Medical Women's Federation.

Professor Ian McWhinney FRCP FRCGP has been awarded the Order of Canada. The full citation reads:

'Known as the father of family medicine, he has been instrumental in its evolution as a vital force in Canada's health care system. He was ahead of his time in advocating patient-centred care by encouraging treatment of the whole person, and emphasized the difference between disease and illness.

'A long-time faculty member of the University of Western Ontario, he is highly regarded by his peers worldwide as an academic and a clinician, who now guides other practitioners in the area of palliative care.'

Six Doctors in Literature

Number 2: Dr L---n from *Humphry Clinker*, by Tobias Smollett

Doctors are continually cropping up in the literature of the eighteenth and nineteenth century. They provide the novelist with an opportunity to comment on our profession in a manner still relevant today.

Smollett was one of the eighteenth century's most colourful characters. He was a surgeon who eventually had an unsuccessful practice in London. When writing proved a more remunerative occupation he had no scruples with regard to venting his spleen on his former colleagues, especially the rich and fashionable physicians whose ranks he had failed to join. Particularly in the firing line were those who plied their trade in the spa towns, such as Bath. Here, the sick and the credulous would gather to be separated from their money by the skilled and the charlatan alike.

Humphry Clinker, published in 1771, relates the journey of an arthritic Welsh gentleman around these centres of medical 'excellence'. In Bath, he encounters 'the famous Dr. L---n' at the pump room, who has 'come to ply at the well for patients'. He is an 'evidence-based medicine' junkie of his day. Clearly modelled on a real physician, Smollett doesn't give his full name to try and keep out of the libel courts — he spent much of his time and money there, despite his best efforts.

After hearing a complaint about the stench coming off the baths, Dr. L---n intervenes:

> *'He assumed a most ridiculous solemnity of aspect, and entered into a learned investigation of the nature of stink. He observed that stink, or stench, meant no more than a strong impression on the olfactory nerves; and might be applied to substances of the most opposite qualities ... in the Dutch language,* stinken *signifies the most agreeable perfume, as well as the most fetid odour ... that he himself ... when he happened to be in low spirits or fatigued with business, found immediate relief and uncommon satisfaction from hanging over the stale contents of a close-stool (commode) while his servant stirred it about under his nose...'*

Dr. L---n emphasises the scientific face of medicine, with all its enlightenment arrogance. I can see him up there, banging on about confidence intervals and numbers needed to treat. He is not quite up to speed on consultation skills, though:

> *'By this time the company began to hold their noses; but the doctor, without taking the least notice of this signal, proceeded to shew* (sic)*, that many fetid substances were not only agreeable but salutary ... he used many learned arguments to persuade his audience out of their senses; and from stench made a translation to filth, which he affirmed was also a mistaken idea ... he had no more objections to drinking the dirtiest ditch water, than he had to a glass of water from the Hot Well.'*

Dr. L---n saves his most disgusting assertion of rationality until the last. Turning to the originator of the remark on the stink of the baths he says:

> *'"Sir ... you seem to be of a dropsical habit, and probably will soon have a confirmed ascites: if I should be present when you are tapped, I will give you a convincing proof of what I assert, by drinking without hesitation the water that comes out of your abdomen."'*

Not surprisingly this marvellous ambassador for the profession goes on to have his nose pulled after detailing how he confirmed his cure of a prostitute by 'communication' with her three times.

We should remember Dr. L---n whenever we start to get carried away with our rationality. No doubt we could all make ourselves look this ridiculous if we (literally) swallow every piece of research that comes our way.

Wayne Lewis

Quotes from: *Tobias Smollett* (edited by Angus Ross), and *The Expedition of Humphrey Clinker*, (edited by Angus Ross) London: Penguin, 1967.

The Archives of the Royal College of General Practitioners

Archives, despite their 'Cinderella' reputation, are an essential element of any organization. They are the repository of the collective memory and provide the context for current activities.

The College has been aware of the importance of its archives for many years. As early as December 1955, the Council considered a suggestion by Annis Gillie (a future President) and Robin Pinsent (Chairman of the Research Committee and later Research Adviser) that there should be a College Archivist. John Horder was appointed to this role in June 1956, two years before becoming Honorary Librarian. He and his successors have preserved many valuable records in the Archives. Over the last four years the Museum and Archives Committee, under the chairmanship of Alastair Donald, has overseen a review of custodial policies and the appointment of a professional archivist.

One of my most important tasks, since I took up the post in November 1996, has been to bring the archives together into proper strongroom storage. Existing catalogues have been revised and detailed listing begun with the help of new project funding. Details of the early archives (up to about 1970) are now searchable on a computer database, containing about 1000 records. A hard copy version is also available.

The Archives reveal a fascinating account of the history of the College. They include the correspondence of founder members such as John Hunt and Fraser Rose, and their efforts to persuade the other Royal Colleges to drop their opposition to the formation of a College for General Practitioners, the records of the eight meetings of the Steering Committee in 1952, which laid the foundations for the College, and the growth of its membership, in Britain and overseas.

There is a wealth of material on the work of the College in education and training as well as initiatives to improve standards in practice organization and quality of care.

Records from Robin Pinsent form the backbone of documentation on early research projects, including investigations into the incidence of childhood asthma in the 1950s and the National Morbidity Surveys. The work of the Birmingham Research Unit in the 1960s is recorded in Donald Crombie's papers.

There are records from most of the faculties and other research units to be included in the catalogue.

Information is also to be found on more mundane matters, such as the upkeep of the premises and the contents of the wine cellar (in RCGP Club papers). It is often these details that attract the most interest: the purchase of 14 Princes Gate in 1962 for £170,000, the cards recording votes for the College motto, and the origins of names of College rooms.

Procedures are now in place to ensure that archival material from more recent years is not lost. Certain 'vital' records have been identified and minutes of the main College committees and Council are now printed onto archival quality paper for permanent preservation.

Other records are being systematically reviewed with the departments concerned. About half the records over six years old are no longer required. The rest are allocated 'retention periods' after which they are either destroyed or transferred to the Archives. This fulfills two pressing needs: effective control and retrieval of information, and release of storage space. The storage problem should diminish with the emergence of electronic information keeping, but these systems raise questions of security and preservation, which will need to be addressed in future archive management plans.

The core of the College Archives is its institutional records but there are several other collections of considerable research interest. We have recently purchased a volume of documents of the National Association of General Practitioners, a short-lived body which tried, unsuccesfully, to establish a College in the mid-nineteenth century. We also have personal papers from eminent members of the College, such as John Hunt, Patrick Byrne, and John Fry, and there is a growing audio-visual collection, including photographs and videos, of College members and events.

We do not actively collect 'private' papers, but we do have a small collection on topics of general interest, such as the introduction of the NHS, and autograph letters.

The Archives are available by appointment with the Archivist, and it is hoped to provide improved facilities for research in the new Library premises, due to open in the first half of 1999.

Penny Baker

Culpeper microscope, and apothecaries' jars, both from the RCGP Museum Collection.

For further information, or if you have records you think may be of interest to the archives, please contact the Archivist at the College (ext 275) or via email - **pbaker@rcgp.org.uk**

essay

‘above one-tenth part of all children die in teething (some of them from gangrene) ... ‘

Are Grandmothers Wrong About Teething?

Teething is a very controversial issue among dentists, physicians, and parents. Is teething the cause of systemic disturbances, or does it lead to nothing more than teeth? Published reports on teething and its purported complications have tended to be contradictory, subjective, and often unscientific. In this article, we present a general review of evidence for and against the contention that the growth of teeth causes morbidity among babies.

History

Teething has been a subject of interest for centuries. Hippocrates thought that, during the period of teething, children suffer from itching of the gums, fever, convulsions, and diarrhoea, particularly when they cut their eye teeth. In the first volume of *The New England Journal of Medicine*, published in 1812, Jackson wrote: ‘It is familiar to all, that a very material change in the health is usually produced during the growth of the first set of teeth; and being familiar, it does not excite wonder. It is, however, not a little remarkable that the growth of these bodies should be productive of such serious effects on the whole system; effects which, in many cases, are so totally disproportioned both to the size and importance of the parts.’

At that time, when the existence of viruses and bacteria was unknown, he continues: ‘The diseases here referred to occur during the winter and spring, mostly in the part above the diaphragm, and during the summer and autumn in those below.’ Guthrie, in an historical account of teething, quoted Arbuthnot, who wrote in 1732 that: ‘Above one-tenth part of all children die in teething (some of them from gangrene).’ The Registrar General’s report of 1832 attributed 5016 deaths in England and Wales to teething, and the 1842 report ascribed 12% of all deaths of children below the age of four years to the condition.

The case for a causal association between teething and systemic disturbances

There is considerable speculation as to the association of systemic symptoms with teething. Some authors have proposed a distinct correlation between teething and the occurrence of systemic disturbances. Fifty-nine out of 64 pediatricians in Philadelphia who replied to a questionnaire thought that teething was the cause of symptoms. The others blamed teething for irritability, increased salivation, fever, increased mucus secretion, changes in bowel habits, anorexia, pain on chewing, wakefulness, increased mouthing and biting, rashes, ear-pulling, thickening of the gums, colic, otitis media, gingival haemorrhage, blinking of the eyes, and maternal stress.

Throughout the world and across many cultures the non-medical community believes in ‘teething myths’. It is popularly held that teething causes severe medical problems. In the United States it is commonly believed among lay persons that teething causes diarrhoea. In a study of knowledge and beliefs about teething in two rural Yoruba communities in Nigeria, 58% of the 622 responders believed that teething may be accompanied by fever, diarrhoea, conjunctivitis, and other medical problems. Parents reported teething-associated health disturbances in 194 out of 224 infants. In a small prospective study of 46 infants, Israeli mothers reported the presence of a low grade fever (>37.5ºC) more frequently in the three days preceding the eruption of a child’s first tooth than during the previous two weeks. Thirty-five percent of surveyed Florida paediatricians believed that there is a true association between tooth eruption and diarrhoea. The most common explanations for this association were changes in eating habits, increased salivation, and stress. Evidence has accumulated in support of a possible association between teething and inflammation, or even infection. The process of tooth eruption was accelerated in the presence of fever among patients with measles. Another study showed that teeth erupted earlier in children with febrile measles.

In 1986, a humorous manuscript described the newly discovered human teething virus which was alluded to as the hitherto elusive agent responsible for teething-associated fever. The study included 500 infants who were followed prospectively from birth to the age of two and a half years. Mothers were instructed to bring their babies to the clinic at the first sign of teething. Saliva was obtained on the fourth and sixth teething days. A virus-like agent was identified in the saliva in over 99% of the febrile, teething children.

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The case against a causal association between teething and systemic disturbances

A study was conducted of 126 normal infants in an institution. The appearance of the gums, temperature, infections, fits and other symptoms were carefully recorded daily for each child. The authors reached the unqualified conclusion that dentition was not associated with any symptom whatsoever. However, it was associated with daytime restlessness and some increase in salivation, thumb-sucking, and gum-rubbing. Other authors have stated that teething, as a physiological process, has no causal association with fever or other systemic disturbances.

An editorial in the *British Medical Journal* concluded that there is no reason to ascribe fever, diarrhoea, rashes, fits or bronchitis to teething, and stated further that paediatricians who do so may cause delays in the diagnosis and treatment of pyrogenic meningitis, bronchopneumonia, gastro-enteritis, urinary tract infections, and other potentially serious disorders. Illingworth's declaration that: 'Teething produces nothing but a tooth' well summarizes the case.

Eruption of a tooth is probably not a single identifiable event, but rather a process that takes place over the course of many days. The emergence of the tooth from the bone involves swelling of the gum and hardening of the surface, followed by the first vague eruption of the tooth through the gingival mucosa, and finally the complete emergence of the tooth. If this is the case, how then can a parent decide exactly when his or her child is teething? Parents may mistakenly assume that, any day throughout this teething process in which the child is miserable or has an incidental infection, is when the child is teething.

Practical tips

We still do not understand the teething process, although many treatment strategies have been tried over the years. For example, a traditional treatment in Sudan involves lancing the alveolar process over the non-erupted canines with a heated needle, a procedure known as 'haifat'.

Others used early topical medicaments such as hare's brain and hen grease, which is infectious perhaps, but less harmful then the 'real medicine' of teething powders containing calomel, which have led to mercury poisoning. It has been concluded that the decline in incidence of Young's syndrome (chronic sinusitis, bronchitis, and obstructive azoospermia) in children born after 1955 is similar to the decreased incidence of pink disease, suggesting that both conditions may have had a similar etiology, i.e., mercury intoxication from teething powders.

A double-blind trial of the effectiveness of a topical preparation containing lidocaine, benzyl alcohol, tincture of myrrh, menthol, honey, sorbic acid, and 90% alcohol was conducted. The results of this study indicated that the lidocaine mixture had no untoward side effects and was much more effective than the other substances.

Various treatments, local and systemic, have been advocated for relief of the discomfort of pain associated with teething. Treatments prescribed are aspirin, paracetamol, opium, antihistamines, chloral hydrate, phenobarbitone, nasal aspiration, rubbing the gums, applying whisky or ice to the gums, biting or teething rings, celery, carrot, and reassurance.

Treatment of teething phobias can be approached intelligently instead of with the irrational use of Jack Daniels and ice (whisky for the parent and ice for the baby). A calm discussion with parents is always useful.

Following this general review we can conclude that, in spite of the lack of information, general practitioners and pediatricians have to be aware of their colleagues' and parents' views and the various treatments they prescribe. Three concepts regarding teething have been delineated:

- It is a pathological process in which the eruption of teeth has a cause-and-effect relationship with clinical symptoms
- It is a physiological process in which symptoms are coincidental to teething and not correlated with it
- It is a normal physiological process which is associated with mild discomfort.

Roni Peleg and Pesach Shvartzman

digest

The Cambridge Quintet
— a work of scientific speculation
John L Casti.
Abacus, 1998.
PB, £8.00, 181pp, 0 349 10853 6

CP Snow invites some of the great brains of the century for dinner in his rooms at Cambridge University, to discuss the human mind, language, computers. And so Alan Turing — the father of computers; Ludwig Wittgenstein — the philosopher; Erwin Schrodinger — the theoretical physicist and J B S Haldane — the biologist, are all brought together to thrash out some of the thorniest and most profound questions with which humans have grappled.

It's a great idea, no doubt about it. Unfortunately, Casti does not really have the novelistic equipment to bring it off. I thought I would really enjoy this book, but in the end it was a bit of a chore.

I can imagine two ways in which this book might have succeeded. It could succeed as a high-spirited, intellectual adventure of ideas. There have been precedents: the 19th century writer Thomas Love Peacock wrote several very funny, very clever entertainments such as *Nightmare Abbey* and *Crotchet Castle* — not novels, nor essays, nor plays, but having a bit of all of them. They create a delightful 'never-never land' of good cheer and good talk, and have never lacked for readers. More recently, Bernard Shaw launched the 'drama of ideas', with plays rich in debate and intellectual fireworks. Works such as *Man and Superman* and *The Doctor's Dilemma* still come up as fresh as paint, and we leave the theatre buzzing with conversation.

On the other hand, Casti might have succeeded in the task of presenting ideas in a vivid and comprehensible fashion (as he attempts — with reasonable success — in his non-fiction books). In this case, the 'novelistic' element would merely serve as a framework on which to hang the intellectual content; to sweeten the pill of exposition, as it were.

This is a big task. To present four simultaneous sets of ideas, clearly and understandably, yet set off against one another, is very hard. In fact I can't think of anyone who has succeeded. Even Jacob Bronowski — whom I rank as a genius — failed in this (the little playlet at the end of his magnificent *Science and Human Values* is by far the weakest part of the volume). Certainly Casti does not manage it. The ideas here are hard to follow, the chit-chat and interruptions get in the way. Nothing seems properly expounded, arguments seem inconclusive, there is little sense of genuine intellectual activity going-on.

So, I would not recommend *The Cambridge Quintet* either as a 'good read' or as an intellectual adventure. Especially as we are in the midst of a golden age of science writing, with bookshops stuffed with first rate 'popular' science books by Matt Ridley, Steven Pinker, Daniel C Dennett, Richard Dawkins, Frans de Waal, Antonio R Damasio, Jared Diamond — the list is immense, even when restricted to the biologists I have mentioned. My advice is to read them rather than this.

Bruce Charlton

What Remains To Be Discovered
John Maddox
Macmillan, 1998
HB, £20.00, 384pp, 0 33365008 5 X

John Maddox was for many years the editor of *Nature.* Richard Dawkins writes of him: 'Having stood as godfather to so much of recent science, no single individual is better placed to map out what remains to be discovered. John Maddox may be the last great scientific polymath'. Maddox understands those things which to me, and I suspect to many others, are mysteries. The beauty of this book is that in order to conjecture about what remains to be discovered, he reviews our present state of knowledge.

It is divided into three sections, the first of which is entitled 'Matter, in which the origins of the universe and of matter are explored, as well as the prospects for a theory of everything'. My problem is that I cannot cope with the immensity of the universe, quantum mechanics, or the size and complexity of the atom, although Maddox is much easier to read than Stephen Hawkins. He writes well and I have learned a lot, but my prevailing emotions are a mixture of admiration for what others have done and feelings of inadequacy.

The second section is entitled 'Life, in which the origin of life is considered as well as biological machinery, the riddle of the selfish gene, and the next human genome projects'. In some ways this section is more accessible to the ignorant and is fascinating on the consequences of mapping the human genome. The last section is entitled 'Our world, in which the nature of our brain is explained, as well as our greatest invention, mathematics, and how we will avoid the catastrophes of the future'. The book ends with a brief conclusion which looks to the future.

It would be wrong to suggest that it is easy reading or suitable for holiday diversion but I am delighted to have had the privilege of reviewing it. I finished it with feelings of awe, not very different from those induced by medieval cathedrals, Mozart, and young musicians of the year. It is strange that human beings, who are capable of the most extraordinary achievement, have not yet learned to live together. This book has induced feelings of inadequacy which seem entirely justified and I am grateful. Finally, it is beautifully produced and typeset and is a joy to handle. I commend it.

James McCormick

The Birth of the Cell
Henry Harris
Yale University Press
New Haven and London. 1999
HB, £20.00, 288pp, 0 30007384 4

Sir Henry Harris is a former Regius Professor of Medicine at Oxford and past head of the Sir William Dunn School of Pathology.

The title of his book is something of a misnomer: it implies that the subject is cell replication. Although this topic forms a small part of the text, the book is essentially the account of the discovery of the cell and its contents, — an account that stretches over three centuries. The work of Darwin and Mendel was based upon meticulous observation followed by their own inspired deduction of theories that have stood the test of time. The revelation of the cell as the universal unit of structure of all living tissue was prolonged because of its dependence on the development of the microscope. Many early observations were of objects that were subsequently shown to be optical aberrations. Nationalist jealousies and mutual disparagement, particularly between the French and the Germans, also impeded progress.

There were substantial difficulties in preparing tissues for microscopic examination so that plants, which were easier, were studied before animal tissues. Collections of cells were shown to be composed of discrete entities rather than networks, with each cell having a complete boundary wall. Thus, there were two walls between adjacent cells.

The replication of cells was a mystery that took a long time to explain. Only in the latter part of the nineteenth century was it acknowledged that new cells were formed by binary fission of parent cells. Some time later the nucleus was delineated and chromosomes were seen. Their longitudinal division was established as part of cell duplication.

This is a story predominantly of mainland Europe, though, as the twentieth century progressed, the United States became involved. The British input was minimal.

Going back to the original publications in Latin, French, German, and Italian, Harris has completed a mammoth task, probably made possible by his early study of languages before turning to medicine. His writing style is clear and elegant.

It is unlikely that this is a book that a physician will feel the urge to consult during clinical work. However, as an example of meticulous and comprehensive historical research it could not be bettered.

Clifford Kay

Paul Schatzberger

paul.schatzberger@dial.pipex.com

Subject: Dr Kate Richards visits an elderly lady with left ventricular failure
Place: a residential home in Crookes, Sheffield
Date: Thursday 3 December, 1987
Technical: Leica M2, 35mm f2 Summicron, TMAX 400 uprated to ISO 1600, 1/15th sec at f2

An exhibition of black and white photographs by Paul Schatzberger, including those published in the BJGP*, can be seen at the RCGP Spring Meeting, in Cambridge, April 1999. His images are combined with* haiku *poetry by Gillie Bolton. For readers with space on their waiting room walls, archive quality, hand made, signed exhibition prints are available at a competitive price. Dr Schatzberger can be e-mailed at the above address or contacted via the Journal office.*

Neville Goodman

What would you think of a column about the nasty half-dried drops of soap on the nozzle of surgical scrub bottles, that at the press of an elbow direct a squirt of soapy disinfecting liquid straight into the surgeon's eye? Every doctor has scrubbed up at some time in their career. Those of us who've stayed more or less in a surgical specialty do so many times most days of our working lives. Even if a full scrub is not needed, there are few specialties that don't need a number of handwashes every day. So why not a column on the scrub-up squirt?

Well, it's been written before, I think by Peter McDonald in *Hospital Doctor*, though I can't be certain. I can't be certain because I didn't keep the original; I just remember it because it was funny and oh so true. Because of that article I now take care to remove any crudescence from the nozzle before applying my elbow. With no record of exactly what was written in the article I could have written one, claimed it as my own, and nobody would have known. In fact, the article would have been my own — except for the basic idea: no different from a teacher asking each pupil in the class to provide an essay with the title, 'What I did on my holidays.'

It happens all the time. How many articles have you read about mobile phones in railway carriages? Did any of them have references? Who was the first newspaper columnist to deplore the printed potted family histories that now arrive inside Christmas cards? Isn't it amazing the number of articles in which male columnists comment that ageing means hair stops growing on top of the head and instead sprouts from the ears? It's really only in science — let's broaden that to academia — that writers get seriously upset when someone pinches their ideas.

Elsewhere they mostly feel flattered. Anyway, the *Lancet* has now published a tirade about mobile phones, so 'Davies D. The X minutes past Y from so-and-so. *Lancet* 1998; **352:** 1948' needs to be cited when the idea next occurs to you.

Not only that, but somewhere someone has already written a column about how somewhere there is a column already written on everything that has been written. I just don't want to know about it.

Bruce Charlton

Shepherd-watch

Cresting the hills and looking down on the tent-studded town; the smell of crushed grass and warm beer, the heaps of home-cooked produce; the sheep, the shepherds … The North Country fairs of Bellingham and Alwinton are an important part of my private calendar and a crucial part of my personal mythology. Bellingham, at the heart of the Charlton 'surname' country, and Alwinton, in a Cheviot valley of stunning beauty — these links are the stuff of legend.

Sheep-judging happens first thing. Esoteric, arcane, formal, ritualized: I have absolutely no idea what is going on. My own assessment of the quality of the beasts bears no resemblance to the final result. The awarding of prizes is as low key a business as could be imagined. The judge makes a series of half-nods, or minuscule stick-shakings, to indicate the winners in order: one, two, three. The chosen shepherds are given little coloured bits of wool to tie into the fleece of their triumphant charges, rosettes are discretely handed around, and a cash prize (of up to £5). A tiny silvered cup is awarded to the overall champion.

Anyone who knows me will be aware that I have a mystical worship of shepherds. I'm pretty sure they know something very important that the rest of us don't. They are the living embodiment of the virtues of contemplative solitude. I don't suppose shepherds start out being poets; but that is how they end up. And something of this poetry, this philosophy, seems to imbue the whole event of a rural fair.

Talking of philosphers, I once met a curious chap when I was a medical student, a man who came from Annitsford, near Newcastle. Wanting to impress him I asked whether I was correct in thinking that Owen Brannigan came from Annitsford. Brannigan was a great singer of the post-war era: principal bass at Covent Garden Opera House, the supreme police sergeant in 'Pirates of Penzance', as well as a noted performer of Geordie songs.

Did he know Brannigan? 'Yes', the man replied briefly. There was a pause, then I tried to provoke further comment by adding that I thought Owen Brannigan was terrific. Still no response. I insisted: 'Wasn't Brannigan a wonderful singer?' 'Aye…', he agreed reluctantly, 'mind — there were plenty better.'

He meant that there were plenty better in Annitsford.

This unblinking independence of spirit and refusal to be impressed with cosmopolitan judgments is also typical of the North Country Fair. The NCF judges the rest of the world by local standards — which is as it should be.

I am an outsider, an observer, drawn by my dreams and aspirations. Bellingham and Alwinton Shows are not for me nor the likes of me. They just are there, they happen, indifferent to my world. And Northumberland is a big place — I know only the tip of an iceberg. There is more on this Earth than dreamed of by my philosophy. Thank heaven.

our contributors

Penny Baker has been archivist at the RCGP since November 1996. She has previously worked at the Wellcome Institute for the History of Medicine and at the Fawcett Library, the national research centre for women's studies

Bruce Charlton can be contacted on **bruce.charlton@ncl.ac.uk**

Neville Goodman is an anaesthetist in Bristol. He eschews private practice.

Professor Sir **Denis Pereira Gray** is President of the RCGP and vice chairman of the Academy of Medical Royal Colleges. He can be contacted at the rather elegant e-mail address **president@rcgp.org.uk**

Clifford Kay is the father of the RCGP oral contraception study, which spawned yet another seminal paper in the *BMJ* last month. He has become enthused with genes in his retirement

James McCormick is a venerable member of the Abominable No-Men Society. He was, until recently, professor of general practice at Trinity College in Dublin. He is still very active, still de-bunking myths.

Roni Peleg is Resident and Instructor in Family Medicine, Department of Family Medicine, Division of Community Health, Faculty of Health Sciences, Ben-Gurion University of the Negev, Israel

Paul Schatzberger is a GP in Sheffield, and will sell you the photographs to prove it

Charles Sears is a principal and trainer in Salisbury. He represents the RCGP on Back Pain and Disability, and is a member of the Medical Education Committee of the Disability Partnership. He also serves as a member of the Rehabilitation Medicine Committee of Royal College of Physicians, London

Pesach Shvartzman is professor of family medicine at the Ben-Gurion University of the Negev, Israel