

tuberculous Disease of the Respiratory Tract ” thus laying undue emphasis on the importance of tuberculosis in present day practice. The infant mortality rate for 100,000 births in 1961 was 324 from bronchitis or pneumonia and from tuberculosis (all forms) 1.3. This is an example of how this otherwise excellent work is unbalanced. The illustrations are good, the paper and typography excellent and the book is easy to handle in spite of its weight.

The Paediatric Prescriber. PINCUS CATZEL, M.B., B.CH., M.R.C.P., D.C.H., R.C.P. & S. Oxford. Blackwell Scientific Publications. 1963. Pp. vii + 261. Price 20s.

The first edition of this small book was warmly welcomed. The second edition is even better. It is better printed on whiter paper, which makes it easier to read. The scheme of dosage now adopted makes it as suitable for use with adults as with children, and much simpler and safer. There is a most valuable chapter at the beginning on antenatal and neonatal prescribing, while evidence of careful revision is given in the final section where transfusion is described for iron poisoning and the use of 2-PAM for insecticide poisoning. In between there are many improvements, large and small, and altogether it can be recommended unreservedly for practitioner and consultant alike. It is packed full of just the information required in any rational prescribing, all beautifully laid out and easily accessible.

Mental Subnormality. W. ALAN HEATON-WARD, M.B., CH.B., D.P.M. Second edition. Bristol. John Wright and Sons Ltd. 1963. Pp. v + 87. Price 7s. 6d.

The Mental Health Act of 1959 repealed the Mental Deficiency Acts. It abolished the previous descriptive terms for amentia, and introduced the terms “subnormality” and “severe subnormality”. This small handbook describes concisely and clearly the present extent of our knowledge of the causes, diagnosis, treatment and prognosis of these conditions. There is a description of types of intelligence and personality tests, and a useful summary of the relevant sections of the Mental Health Act that deal with the care of the mentally subnormal.

The family doctor who is concerned about a child's mental development, or who is consulted by parents about the treatment of a subnormal child, or the emotional problems engendered by one, or the risks of further pregnancies, will find useful help in these pages.

The Principles of Rehabilitation. W. RUSSELL GRANT, M.A., M.R.C.S., L.R.C.P., D.PHYS.MED. Edin. and Lond. E. & S. Livingstone Ltd. 1963. Pp. xi + 76. Price 12s. 6d.

The material contained here was originally published as a series of articles in *The Practitioner* by the director of the department of physical

medicine at the Royal Hampshire County Hospital, Winchester. The emphasis throughout is practical and directed at the restoration of the patient's independence in the personal, domestic, and financial spheres.

Dr Grant concerns himself not so much with the various disorders that produce handicaps, as with the appliances, gadgets, and adaptations to home furnishing which make independence possible for the handicapped person, and with the principles underlying their use. The sources, both statutory and voluntary from which help can be obtained are described and—a very useful point—the cost of most major items is given.

A particularly interesting article describes how the various aids to rehabilitation are integrated in the "Daily Living Department" and the "Handicapped Housewife's Hostel" which are under Dr Grant's control in Winchester.

The booklet is well illustrated both with photographs and diagrams and can be thoroughly recommended.

The General Practitioner. KENNETH F. CLUTE, B.A., M.D., F.R.C.P.(C).
University of Toronto Press and Oxford University Press. Lond.
1963. Pp. v + 566. Price 96s.

This book presents the results of a four-year study of general practice, based on 86 practices throughout Ontario and Nova Scotia. The study was carried out at the instigation of the College of General Practice of Canada, with the object of gaining knowledge on which to base its future work in the education of the general practitioner.

The work is addressed to both medical and non-medical reader, and there is little doubt that it will cause a reaction amongst the Canadian profession. Unavoidably in such an investigation, the bad parts of general practice, parts which are present in all fields of medicine, tend to attract attention rather than the good parts. A study such as this is part of the North American's habit of self-criticism. He resents disparagements from foreigners, but has the courage to look into the darker corners of his own closet—and what he finds there is probably no better or worse than we would find in ours, if we had the same courage.

The practitioner is studied personally, as an undergraduate, as a physician, as a member of the community, and as a technician. His work is assessed as to quality, the criteria being history taking, physical examination, laboratory work, treatment, obstetrical care, preventive measures, and record keeping. To the British reader, the report reflects the differences in practice between our two countries. The general practitioner in Canada *is* a general physician, carrying out what to us would be many more hospital procedures than does his British counterpart. He does relatively little of the sociopsychiatric work of the British family doctor.

Here is the rub; the yardsticks used, while they may measure the quality of technique, do not necessarily reflect the quality of medical care afforded. The author admits that he found it impossible to measure psychiatric treatment, and not surprisingly, he found no method of measuring the