

*not only the bottle or the box of pills that mattered, but the way the doctor gave them to his patient — in fact, the whole atmosphere in which the drug was given and taken.*¹

Balint 'taught a whole generation of doctors that it was very important to listen to what patients were saying, and to listen without interpreting what they were saying ...'³

Another Jewish doctor, John Fry (1922–1994), pioneered the description of common diseases in his own practice, charting their progression and outcome, and published over 50 books, the most successful being *The Catarrhal Child*⁴ and *Common Diseases: Their Nature, Incidence and Care*.⁵

THE OLD SCHOOL TIE

Dr SM Kausar, an Asian doctor and a GP in Glasgow, came to Britain to train as a cardiologist, but could never obtain the requisite position to do so, as other candidates, who had attended the same schools and universities as the interviewees were given preference. Jews also suffered from this form of discrimination. Until the advent of the NHS in 1948, the appointment boards of hospitals 'were', according to one consultant, 'relatively private affairs with an interviewing committee more or less limited to the individual hospital ... the new Advisory Appointments Committees were essentially effective from the start in view of the much wider field the members were drawn from and the resultant more democratic process',² but old diehards still formed part of these committees for a time.

THE PRESENT DAY

Clearly, in the late 1940s and throughout the 1950s, it was almost impossible for Jews to secure senior surgical posts in any field in the Central London teaching hospitals, and in Manchester and Leeds. Pre-war prejudices were slow to thaw, the restructuring of the appointment boards by the NHS took time to implement, and the profession was overcrowded with able registrars jostling for promotion; all these factors delayed the selection of Jews to fill the top positions. During the 1960s and 1970s, however, the pace of change

quickened and more Jews, including many from Eastern European immigrant backgrounds, were appointed. It was in the last decades of the twentieth century, when Jews were well established in one London teaching hospital, that the two stories became intertwined and that some Asian doctors complained that Jewish candidates were being given preference in the appointment to vacant positions. Today, Jewish and South Asian doctors can be proud of the contributions they have made to the improvement in the nation's health.

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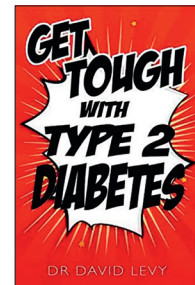
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Get Tough with Type 2 Diabetes David Levy

Hammersmith Health Books, 2018, PB, 256pp, £12.99, 978-1781611081



This book is an easy read — which converts complex scientific concepts such as pre-diabetes, metabolic syndrome, substrate handling, and insulin action into language that the lay person and clinician can understand with ease. The historical context of type 2 diabetes treatment is important and this is well expounded.

We must not forget the responsibility that must be borne by the food industry over many decades and this is exposed, in relation to the obesogenic nature of many foods and what needs to be done in the future. Space is given to the evidence base for diabetes prevention, such as the Diabetes Prevention Programme, the Look AHEAD study, and the work of the Newcastle group with guidance as to what people can do to manage their type 2 diabetes more successfully once diagnosed. Section summaries at the start of each chapter are really helpful. Burning up calories was never easy and I finally understood METS thanks to this book!

The cardiovascular benefits of good blood pressure control and keeping blood lipids on target are explained with emphasis on clarity of clinical trial design and sometimes being very patient in research — such as in the case of the Steno-2 trial in Denmark, which lasted 8 years. Finally, the topics of diabetes in older people, frailty, mental illness, and diabetes distress are sensitively addressed. For anyone interested in type 2 diabetes, this is essential reading.

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