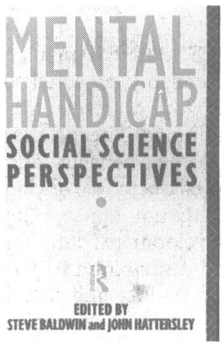
patients were treated more appropriately.

My own brief experience as a junior doctor provided no great revelations, but has helped to clarify some issues which had been puzzling me. The amount of time many consultants are devoting to committees and to management seems to me to be reducing our value to the health service by reducing the time we have for treating patients. The extra work is being done by junior doctors. We may be unaware of how much load we are putting on to them because we have lost touch with the realities of the service. If consultants worked side by side with their juniors I would anticipate the following effects. Firstly, the work load carried by individual hospital doctors would fall (simply more shoulders to carry the load). Secondly, the hours worked by junior doctors would be reduced drastically and immediately (not just the futuristic platitudes recently released by the NHS Management Executive) because consultants could not and would not work the hours they daily expect of their junior staff. Finally, and most importantly, the service to patients might be improved, if only by providing more doctors to treat acutely sick patients.

This hypothesis is testable. One month of audit measuring the number of admissions and their outcome could be followed by a month where the service was consultant led. Each patient for admission would be seen by the consultant on duty. A management plan with justification for the course taken would be prepared by the consultant. I would predict the following outcomes: the number of patients admitted would fall; the bed stay and occupancy would fall; the number and expense of tests would be reduced; and the patients might be happier with a structured approach to their admission which is not reversed at the first ward round. Now, who's first?—CHRISTOPHER BULSTRODE, *reader in orthopaedic surgery, University of Oxford*

MEDICINE AND BOOKS

"Stale, not ripe"



Mental Handicap: Social Science Perspectives.
Ed S Baldwin, J Hattersley.
(Pp 182; £30.)
London: Routledge, 1991.
ISBN 0-415-00596-5.

I am still innocent enough to expect a new book bearing the subtitle "Social Science Perspectives" to contain an up to date discussion of theoretical and methodological issues pertinent to the relevant topic and perhaps to say something original. This book falls disappointingly short: it lacks any substantial empirical grounding and has the curiously dated look of a manuscript that fell down the back of a desk at the publishers (a mere 13 items dated 1987 or later are cited in a lengthy bibliography). Only one paper—by Andy Alaszewski and Bie Nio Ong—discusses social theory directly, and then only to offer a routine exposition of such old staples as the sociological "labelling" perspective, the Goffmanian critique of institutions, and Young and Willmott on the changing nature of community support. Its only contemporary interest comes from a brief account of the feminist critique of "community care." Sadly, however, the insight that this term is largely a euphemism for unpaid care by women and amounts to an extra burden on an already disadvantaged group is hardly news in 1991.

Although there is no introduction to set out the objectives of the book, it seems to be aimed at practitioners. Tim Robinson's piece on the dangers of an uncritical application of new concepts and approaches and Steve Baldwin's discussion of the relative virtues of the concepts of "community" and "neighbourhood" (already published as a journal article) should interest this group. Too many of the other papers, however, are of dubious quality and relevance, and the use of "mental handicap" in the title is itself likely to upset the practitioner readership. The problems are well illustrated by Michael Bayley's eulogistic account of care in religious or "alternative" communities, which draws freely on quotations from followers but lacks any reference to empirical research such as Neil McKeganey's participant observation study in a Steiner community.

Many of the contributors to this volume have in the past made important contributions to the study of mental handicap; the most charitable thing one can say is that they did not give their best here.—DAVID HUGHES, *lecturer, school of social studies, University of Nottingham*

Human interest

Some Lives! A GP's East End.
D Widgery.
(Pp 241; £15.95.)
London: Sinclair-Stevenson, 1991.
ISBN 1-85619-073-0.

The Art of General Practice.
D Morrell.
(Pp 157; £8.95.)
Oxford: Oxford University Press, 1991.
ISBN 019 261990 X.

Some Lives! is a very doctorish book, written by a hard working east London GP who catches and records the nuances of dialogue, the drama behind unassuming presentations, and the shabby texture of everyday life in the surgery, on house calls, in the street, or at the poll tax protest. David Widgery has a sharp ear, an honest and accurate eye, and a fine writing style that makes the book irresistible. This doctor loves his work and the people he works with.

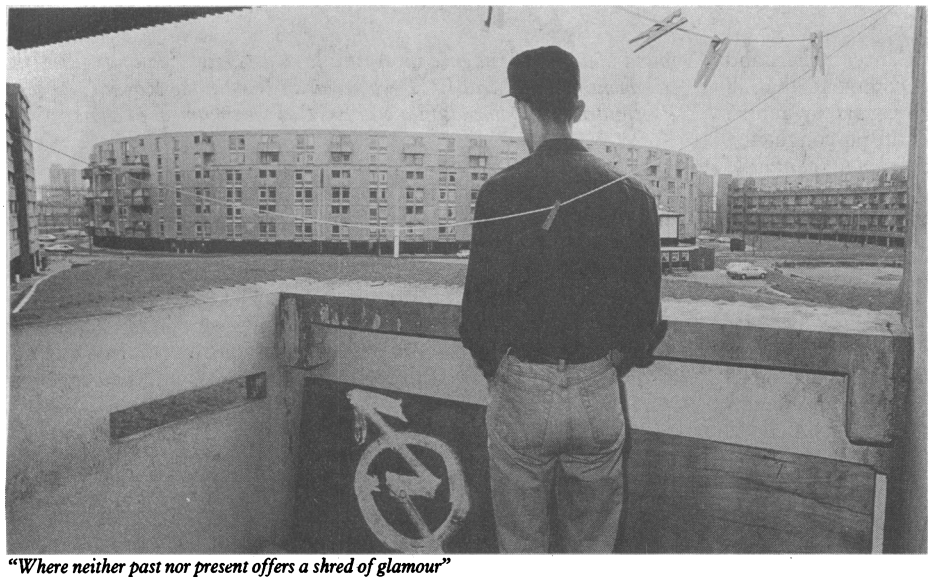
Reading that he once watched an older colleague drop off to sleep on the examination couch, only to attend his premature funeral three years later, made me wonder about the fate of this doctor and those whom he serves. *Some Lives!* is understandably short on solutions for hard pressed doctors in a beleaguered population and ends with a disappointing cliché, a complaint about the loss of soul of the community.

Perhaps the book itself is the solution to the author's problem. By romanticising an impoverished but diverse community he is able to maintain his affection and enthusiasm for it and so continue to work hard and effectively with people who greatly need his help. This is as good a coping strategy as any, tailored as it is for pugnacious personalities in dramatic environments. Whether it would work for less courageous or self confident doctors in the heartsink estates on the edges of other cities, where neither past nor present offers a shred of glamour, is another matter.

If *Some Lives!* is a Viennese pastry of a book, *The Art of General Practice* is a frugal dish—filling, nutritious enough, but not so appetising. An update of a book first published in 1965, it shows its age. Aimed at undergraduates and the newly qualified, it contains much useful discussion of problem solving and pattern recognition, the pitfalls of prognosis, and the significance of context. Warnings against pontification and apostolic zeal in health education are particularly gratifying.

Case vignettes are used as illustrations, family trees and problem oriented records are shown, and research findings on patterns of symptoms and diagnoses are presented, but the whole effect is muted by understatement and a rather traditional style. Students are said to find that the "first week or two in general practice is confusing"; I would suggest the first decade or so. Patients seem to be a likeable if exasperating subspecies and doctors are decent, omnicompetent chaps who are aware that people learn their medicine from "various homely magazines" and understand that, for small children, "the light of the auroscope provides some amusement prior to the inspection of the tympanic membranes."

Many of the lessons in this book are now being taught by other means, with widespread use of videoed role play and small group teaching on issues like uncertainty and transference. The agenda of general practice teaching is also changing, particularly as increasingly desperate medical schools seek to resite their clinical training in the com-



STEPHANIE HENRY/FORMAT

"Where neither past nor present offers a shred of glamour"

munity. In the '90s it may be unwise to underestimate the knowledge and attitudes of clinical students and trainees and to avoid giving issues of gender, class, and race the attention they deserve. An appeal to learn the "art" of general practice may be an understandable reaction to a simplistic epidemiology whose monument is the new contract, but I doubt it will be enough to supersede it.—STEVE ILIFFE, *general practitioner, London*

Good advice

Standard Haematology Practice.
Ed B Roberts. (Pp 264: £39.50.) Oxford: Blackwell Scientific, 1991.
ISBN 0-632-02623-5.

The British committee for standards in haematology, a standing subcommittee of the British Society for Haematology, has been producing guidelines on various topics for some years. The several task forces of this committee have reviewed and added to their output to produce a book consisting of 20 of these guidelines.

As technical innovation occurs consultant haematologists in charge of laboratories suspect that some time honoured procedures may no longer be justified. Three chapters assess the need for examining blood films in laboratories equipped with the latest automatic blood counters. They show that the additional clinically useful information that examination of blood films provides falls greatly when modern automated blood counters are compared with their less complex predecessors. As examination of blood films is labour intensive and therefore expensive its usefulness needs to be assessed regularly and it may in the future be carried out only on request. Cross matching of blood, other than a rapid check of ABO compatibility, is also subjected to scrutiny. The necessary procedures and safety checks for restricting the number of cross matched units ordered for surgery and a "group and save" policy are well described and should lead to a service that is more responsive to the working practices of surgical units.

Haematologists are also aware of the laboratory's responsibility for screening for inherited diseases, whether or not the requesting doctor has asked for the screen to be carried out. The chapters covering the haemoglobinopathies, glucose-6-phosphate dehydrogenase deficiency, and inherited predisposition to thrombosis not only describe the laboratory test but show how the information obtained should be presented to patients and doctors.

Finally there are the legal responsibilities that laboratories now face for providing an efficient and safe service for their users and staff. Four chapters cover good laboratory practice, computerisation, documentation, and product liability. The introductory chapter on good laboratory practice is a useful checklist for the clinically oriented haematologist who might otherwise be tempted to say "Carry on, sergeant" to his senior technical staff. The book is provided free of charge to subscribers to the *British Journal of Haematology*, but every haematologist should have a copy. It is also an exercise that other medical specialties might follow to their advantage.—C G L RAPER, *consultant haematologist, Kingston General Hospital, Hull*

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NOTED

Altnagelvin's Thirty Glorious Years. Two Hundred Years of Medical Care in Londonderry.
C Dallat.
(Pp 122; price not stated.)
Available from Altnagelvin Area Hospital, Londonderry BT47 1SB, Northern Ireland.

The striking sculpture by F E McWilliam outside Altnagelvin Hospital shows Princess Macha, founder of the first hospital in Ireland in 330 BC, with a dove on her left arm representing St Columba, who established an abbey in Derry, most likely with an infirmary, in AD 546. At the time of the terrible siege of 1689, when two out of every three citizens died, there was no hospital and the town had only three doctors. The first voluntary hospital was built 100 years later; it eventually became the City and County Infirmary and was soon followed by a workhouse infirmary, mental asylum, and fever hospital. Even so, medical provision was always stretched throughout the nineteenth century, largely because of the wide area served.

When planning began for a comprehensive health service in the closing stages of the second world war it was found that there were only five hospital doctors in the city. Fifteen years later the result was Altnagelvin, the first general hospital to be built in Europe after the war, designed by the Yorke, Rosenberg, Mardell partnership which rebuilt St Thomas's Hospital in London. An 11 storey tower block on a fine site two miles from the city centre with initially 400 beds was likened to a Mediterranean hotel by the press. Enthusiasm and a strong sense of esprit de corps pervade this celebration of its 30th anniversary, no doubt encouraged by the news that money has been allocated (not for the first time) for further expansion.

The statue of Princess Macha outside Altnagelvin Hospital (from the book reviewed here)