

## Literatuurinformatie \*

*Favourite prescriptions in general practice. (1967) Practitioner 198, 5-128.*

This is the fourth time the title has been used in the Practitioner. The first was for a series of articles published originally throughout 1935 and 1936, and then republished in book form, based upon the pharmacopoeias of well-known hospitals. The second was a symposium in July 1950, when the subject was discussed under the different systems of the body. So successful was this symposium that it was repeated in January 1957, when the classification was altered to the groups of drugs: e.g. antibiotics, sulphonamides. This time the title is used for an entirely new approach to the subject, and the twenty general practitioners who have accepted the invitation to contribute to it represent all aspects of general practice—rural and urban, industrial and suburban, London, the provinces, Scotland and Wales. Between them they have provided an outstanding, if not unique survey of what general practitioners are prescribing today and why. As such it will not only be of value and interest to their fellow-practitioners, it will be of equal interest to their consultant colleagues, to the Minister of Health and his advisers, and to the pharmaceutical industry. Nothing quite comparable to this has ever appeared before, and it is hoped that the authoritative picture it provides of the prescribing habits of family doctors will go far towards clarifying many of the therapeutic and preventive problems facing the profession, and the pharmaceutical industry, today.

*Watson, G. I. Learning and teaching by family doctors. The James Mackenzie Lecture (1967) Practitioner 198, 142-155.*

The mystery which drew the lecturer to the „mountain” Mackenzie, a man whose achievements tower above those of his own and later generations, was the problem of how James Mackenzie was able to learn so much in general practice and to teach so much about general practice. How could he draw so much inspiration from a plebeian practice in Burnley? What notes did he keep? How did he extract information from these and how quickly could this be done? Apart from cardiology, what else did he study and what use did he make of this new learning? As he comes down from exploring Mount Mackenzie after retracing a few of his footsteps, he recalls what his father once said to him about Ronald Ross's work on the transmission of malaria: that he had been looking for something he had never seen in places he knew not where, yet instantly recognized what he saw as what he sought. The truth is that the trained mind learns to understand the unexpected and to recognize what is new at first sight.

*Baehr, G. Prepaid group practice: its strength and weaknesses, and its future. (1966) Amer. J. pub. Hlth. 56, 1898-1903.*

The value of prepaid group practice is stressed in this thoughtful presentation. The evolution of this form of practice is reviewed in terms of achievements and defects, and its potential contribution to the rapidly developing Medicare and Medicaid programs is analyzed. This is a paper which bears on more than the immediate moment.

*Walpot, B. De begeleiding van de huisgenoten van een — zich revaliderende — gehandicapte. (1967) T. Maatsch. Werk 21, 22-26.*

Onder revalidatie wordt verstaan: de samenwerking in teamverband tussen verschillende deskundigen enerzijds en de samenwerking van de teamleden met de gehandicapte anderzijds, ten einde deze gehandicapte te helpen zich optimaal te ontplooiën.

Na de adviezen ten aanzien van de begeleiding in het revalidatieproces en de taakverdeling wijst schrijver op het

belang van de inspraak, welke de gehandicapte zelf in het team moet hebben.

*Willard, W. R., Family practice (1966) J. Amer. med. Ass. 197, 985-988.*

A report of the Ad Hoc Committee on Preparation for Family Practice, appointed by the Council on Medical Education of the American Medical Association. Her task was to review the present AMA policy regarding the future of family or general practice and to determine whether the goals of such a policy are being achieved.

To recommend the educational approach by which present goals may be achieved if they are not being achieved now. To define and recommend the policies by which these goals may be achieved.

*Verwoerd, A. & J. L. Elmore. Psychological reactions in fatal illness. I. The Prospect of impending death. (1967) J. Amer. Geriat. Soc. 15, 9-19.*

Thirty fatally ill patients were studied with regard to feelings of hopelessness, changes in the experience of time, and their sense of satisfaction with past life. The data indicate that loss of hopeful prospects is associated with a turning away from the future. Satisfaction with past life is associated with a more hopeful outlook and with looking forward into the more distant future. A follow-up study one year later revealed that 22 patients had died. The median distance to death was two months. The patients who died within two months manifested more evidence of hopelessness and decreased futurity than did the patients who died from two to nine months after the time of testing. The data appear to confirm the concept of premonition of death in fatal illness.

*Longmore, H. J. A. Description of a Scottish rural practice 1965. (1967) J. Coll. gen Practit. 13, 70-74.*

Higher consultation and visiting rates in Scotland compared to those in urban practices are emphasized.

*Barker, J. Open access—a general practitioner's right? (1967) J. Coll. gen. Practit. 13, 55-62.*

The number of investigations and x-rays requested by one general practitioner with open-access during the year 1965 are described and the findings discussed, and also for information to those responsible for the future planning of the National Health Service, in particular its pathology and radiology branches. It is hoped that it has shown that proper use is made of the investigation facilities, and it is argued that these facilities should be available to all general practitioners.

*Spenser, J. T. A diagnostic workstudy index. A use of the E-book to measure work load in relation to morbidity. (1967) J. Coll. gen. Pract. 13, 39-54.*

A method of recording work load data simultaneously with morbidity data is described after being tried out on a section of a practice for one year. This experience has shown that the method is not only feasible, but capable of providing much information, some of which not hitherto available, in a form which lends itself to retrospective analysis.

The method is sufficiently flexible to be adapted according to individual interest and needs.

*Koopman, J. De groepspraktijk in Overvecht te Utrecht (1967) Ziekenfondsvragen 18, 15-19.*

In de nieuwe wijk Overvecht te Utrecht werd een wijk-centrum gepland, waaraan een praktijkgebouw voor vier huisartsen werd verbonden, die daarin werkruimte hebben voor een groepspraktijk. Er wordt nauw contact onderhouden met het N.H.I., opdat met de opgedane ervaring andere artsen en gemeenten kunnen worden geadviseerd. Voor deze adviezen blijkt veel belangstelling te bestaan.

\* Zie (1966) huisarts en wetenschap 9, 259.