

and science fulfil similar functions". As he says, "The human brain needs to have a representation of the world that is unified and coherent." In his discussion of evolution Jacob is an out-and-out Darwinian, but gives a good analysis of the problems raised by molecular biology. He contrasts the selectionist Darwinian model with the instructionist theories of creationists. As an immunologist, he is rightly convinced of the ubiquity of selection among natural phenomena. He refers to the possibility that learning in the brain depends on selection, but he has not caught up with the evidence that some of us have provided about this.

He makes an interesting comparison between the muscle *Tabulae* of Vesalius, revealing the layers of the body, and molecular anatomy showing a hierarchy of structure. He is not afraid to expose the weakness of his subject, for instance the "only logic that biologists really master is one-dimensional. As soon as a second dimension is added, not to mention a third one, biologists are no longer at ease". For this reason, they do not like to abandon their current type of analysis to study developmental problems. If he has a weakness it is in the understanding of "lower animals". Fishes, for instance, are not so dependent on "innate releasing mechanisms" as he suggests.

In his final section on 'Time and the invention of the future', Jacob has many wise things to say about such subjects as senescence, intelligence testing, and cultural development in general. He considers that "mind is a product of brain organisation in the same way that life is a product of molecular organisation", but is not afraid to admit that "Any history of the brain and of the mind remains, therefore, merely a story, a scenario". This is evidently not a very profound philosophical position, but it shows the humble wisdom that is typical of the book.

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RONALD GIBSON, *The family doctor, his life and history*, London, Allen & Unwin, 1982, 8vo, pp. xv, 214, illus., £9.50.

The changes that have occurred in general practice since the National Health Service was introduced have been far greater than in any comparable period in the past. Yet, to anyone unfamiliar with primary care, it may seem surprising that the Ministry of Health (and its successor, the Department of Health and Social Security) has played little part in the initiation of these changes. This is not necessarily a condemnation of the Ministry: indeed, in part it is an inevitable consequence of the independent-contractor status of the general medical services, and in part, it was due to the realization by the Ministry that attempts to impose change from the centre, however benign or worthy they seemed, would often provoke opposition born of profound mistrust of their source. Such improvements as have occurred in general practice – and they are many – have almost always been due to a relatively small group of general practitioners, many of whom (like the author of this book) were already established in practice before the NHS began. They all had two things in common: a firm belief in general practice as an essential part of clinical medicine (which they sustained through the 1950s and early '60s when it looked as if general practice might die out), and second, the energy to carry out the much-needed reforms while engaged in practice during a period when the volume of work could seem overwhelming. These practitioners – the reformers – divided into two distinct groups. One group became the founders of the Royal College of General Practitioners, which remained resolutely apolitical and academic, dedicated to the improvement of general practice through education and research. The other plunged into the rougher world of medical politics, either through the Local Medical Committees or the British Medical Association, or quite often both, since the two converged in the joint shared committee, the General Medical Services Committee. This medico-political group contributed to the advancement of general practice through improved pay and conditions of service. At the "official" or committee level, the RCGP and the GMSC to all intents and purposes acted independently. Occasionally, you could even hear a faint but distinct growl if they sighted each other. One suspects that they tended to attract practitioners of different temperament, although there were, and are, individuals who played a significant part in both. Sir Ronald Gibson was one of the first to become involved in post-graduate education in general practice, but his outstanding contribution was in the field of

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medical politics during the first thirty years of the NHS. He served the BMA as a formidable Chairman of Council from 1966 to 1971; he was appointed in 1972 as Chairman of the Standing Advisory Committee of the Central Health Services Council, and in 1974 he became a member of the General Medical Council. He is also one of the foundation Fellows of the Royal College of General Practitioners, but it is interesting to note that the College is allowed only two of the briefest of entries in this book; nothing could illustrate more vividly the division between the LMC/BMA/GMSC world of medical politics and the apolitical RCGP. But this book is not, and the author would be the first to concede that it did not set out to be, a comprehensive history of the general practitioner. It is in fact a memoir of the author's personal involvement in the politics of medicine, of his life as a most distinguished general practitioner in Winchester, and an exposition of his firmly held views on the way that this complex, arduous, and rapidly changing branch of medicine should be practised. He writes with vigour as if he were talking to you, and is seldom worried by doubts or uncertainties. It is a valuable memoir, particularly for the future historian who will, we suspect, find a lot that is hard to understand about general practice during the period following the second world war. He will need to untangle the way that general practitioners displayed in their work a mixture of frustration and enthusiasm, of irritability and deep affection for their patients, of almost paranoid distrust of government and the Ministry of Health, and of continual fear of loss of clinical freedom; and yet, in spite of these latter fears, he will note the rarity with which the leaders could obtain any agreement on political attitudes or action; he will also note the frequent touchiness, insecurity, and hypersensitivity to outside criticism co-existing with a surprising willingness on the part of many to change their patterns of behaviour and even indulge in searching self-examination of motives and attitudes. He may conclude that here was a group of medical practitioners whose attitude to their work could change from love to hate and back again several times a day, and who loved to be loved by their patients but were repeatedly surprised to find that most of the time they really were. The future historian, and indeed, anyone today who is interested in the practice of medicine, will find this memoir helps to unravel these contradictions and is therefore a much more valuable book than it would have been if the author had, in fact, attempted a comprehensive and detached "life and history of the family doctor".

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GEOFFREY B. A. M. FINLAYSON, *The Seventh Earl of Shaftesbury 1801–1885*, London, Eyre Methuen, 1981, 8vo, pp. 639, £19.50.

The place of Anthony Ashley Cooper, Seventh Earl of Shaftesbury (1801–1885), in Victorian philanthropy, social reform, and political debate is secure. During his long and active life, Shaftesbury busied himself with numerous charitable projects: lunacy laws, public health reform, factory legislation (particularly concerning women and children), the conversion of the Jews, the purity of the Anglican Church, missionary endeavours, ragged schools, and working-class housing, to name but some. He was the quintessential Evangelical, convinced that faith alone can save, yet determined to do Good Works until his dying day. Pious to a fault, his uncompromising stances meant that the central bastions of political power were denied him. A Conservative by temperament and tradition, he never toed any party line but God's. He contented himself with being the conscience of Britain, even though the increasingly secular society of his old age found his message too harsh. His paternalism and advocacy of a hierarchical, deferential society led some to dismiss him as a bigot; his sense of God's hand on his shoulder and his willingness always to defend the Evangelical cause led others to view him as a saint. Like many other saints, he vacillated between feelings of extreme worthlessness and those of bitter indignation that too many failed to heed his message and worth.

These and many other facets of Shaftesbury's personality and achievements emerge from Geoffrey Finlayson's massive biography, the first on this scale since Hodder's three-decker *Life of Shaftesbury*, published shortly after its subject's death. Finlayson has thoroughly exploited