

have a responsibility for prevention whenever an opportunity arises. This is most important when relating to head, eyes and spine: 'The first law of head injury — "Prevention is better than cure" ... The second law of head injury is "If you can't prevent, protect".'

Sport for all could mean sports injuries for all, but this does not need to be the case. *Sports injuries: recognition and management* will be very useful to doctors of first contact with injuries, sports or otherwise. Perhaps the book should also be read by those who have no interest in this field as there is much in it for them to consider.

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EMPLOYING STAFF (4th edition)

Norman Ellis

British Medical Journal, London (1990)
121 pages. Price £7.95

The fact that this is the fourth edition of this useful little book speaks for itself. The author is well known as a member of the staff of the British Medical Association who has been involved for many years in helping practices who have organizational problems.

The world of staff employment is now a complex minefield of potential litigation for the unwary and judging by some of the cases quoted, doctors fall into this category. Most of the book deals with issues arising from contract law and covers many difficult areas such as the rights of expectant mothers or the problems associated with dismissing staff. Regulations have also changed in regard to the appointment of part-time staff so updating was required in this area. On this and many other issues the book gives clear directions and, where necessary, sources of further reference.

This book is concise and invaluable to any practice. The target audience should really be practice managers rather than general practitioners but it is probably required reading for anyone who is involved in employing staff.

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TOTAL PARTICIPATION — TOTAL HEALTH Reinventing the Peckham experiment for the 1990s

Alex Scott-Samuel (ed)

Scottish Academic Press, Edinburgh (1990)
45 pages. Price £3.50

I had previously read about the Peckham health centre in the context of providing total care to a community and I regarded it as too difficult to revive in the 1990s. This little book took me through the history of the experiment, its founding ideals and some of the reasons for its demise. It was first considered in 1925, but planning and fund raising began in earnest in 1929. It was opened in 1935 and closed in 1950 because of government indifference and lack of financial assistance.

'The centre' as it was called locally was a place where all the family could come and spend their leisure time and also see the doctor for an annual overhaul. There was a swimming pool, gymnasium, badminton court/theatre, adult's games area, children's and babies' play areas and a cafeteria which doubled as a dance hall. It enriched the lives of those who attended, encouraged individuality, spontaneity and responsibility and carried out serious scientific research as shown by a series of published papers. The pioneers of this experiment concentrated on health rather than disease in a holistic manner. Families at-

tended together and the annual overhaul encompassed their biological, nutritional, medical and social development and functioning.

In the 1980s we rediscovered health promotion, accepted holistic care and complementary or 'alternative' therapies, recognized the importance of diet in healthy living and saw the foolishness of destroying our environment. The new contract should encourage preventive aspects of health care, but will it lead to greater patient participation? Can we provide social support systems which contribute so much to people's enjoyment and quality of life? The Peckham health centre will be hard to emulate.

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HRT AND OSTEOPOROSIS

J O Drife, J W W Studd (eds)

Springer-Verlag, London (1990)
394 pages Price £60.00

'A realistic HRT [hormone replacement therapy] service for the UK would be GP based, using opposed oestrogen therapy without routine endometrial biopsy but with gynaecology clinic support for endometrial biopsy after abnormal bleeding. Breast self-examination should be encouraged and these women should make use of the national breast screening programme.'

This is the view of David Barlow who provides a superb summing up of the present situation regarding the use of hormone replacement therapy in the community. David Barlow is one of the contributors to *HRT and osteoporosis*, an interesting and worthwhile collection of the papers presented at the 22nd study group of the Royal College of Obstetricians and Gynaecologists, held in January 1990.

The format consists of short chapters with clear illustrations followed by lively discussion of controversial issues. Rapid publication has ensured that up-to-date information is given on pituitary function, hormones acting on bones, experimental work on collagen, the shortcomings of much experimental work on depression, the treatment of depression with oestrogen, patients' views of osteoporosis and the cardiovascular effects of oestrogen and the combined oral contraceptive pill. An important discussion on the effects of oestrogen and the combined oral contraceptive pill on the risk of breast cancer is also presented. A series of recommendations at the end of the book allows the individual general practitioner and the individual patient to formulate a practical policy for the use of hormone therapy.

HRT and osteoporosis is that rarity, a comprehensive and authoritative collection of original research and debate which is still up-to-date by the time that it is printed. Buy it now or recommend it for the shelves of your local postgraduate library.

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MEDICAL POWER IN PRISONS

The prison medical service in England 1774-1989

Joe Sim

Open University Press, Buckingham (1990)
212 pages. Price £10.99 (p/b), £32.50 (h/b)

This book looks at the prison medical service from a sociological standpoint. It makes difficult and disturbing reading. Indeed, some of the propositions challenge the professional view of the doctor as the advocate of the patient within prisons.