

poliomyelitis epidemic struck Iceland some years later the town of Akureyri was spared the effects of the epidemic.

In the third part of the book clinical assessment, diagnosis and approaches to management are covered with contributions from the specialities of general practice, cardiology, neurology, psychiatry, infectious diseases and paediatrics. This part also includes sections on employment and the effects of the disease on athletes. Part four addresses the more contentious areas of psychological factors, nutrition, intestinal infections, and the role of essential fatty acids in the syndrome while in the fifth part possible future avenues of research are discussed.

This is not an easy-to-read guide to post-viral fatigue syndrome for busy general practitioners, but is certainly a useful and valuable reference book for postgraduate libraries.

B D CALDER  
General practitioner, Helensburgh, Strathclyde

### DIABETES

David Kelleher  
Routledge, London (1988)  
99 pages. Price £9.99

The experience of the treatment of diabetes may be worse than that of the disease; this is one of the main themes explored in this slim, well referenced volume. If *Diabetes* succeeds in reminding general practitioners to plan management in negotiation with their patients, taking into account the patients' social and psychological situation as well as the medical aims of treatment, it will have made an important contribution.

The balance of the book is rather surprising as a large proportion relates to medical aspects: aetiology, epidemiology and issues in delivery of care. Undue emphasis is given to the use of insulin pumps, now fallen from use in favour of insulin pen devices which receive no mention.

The sections on the experience of diagnosis and treatment, issues of compliance and the impact of diabetes on social relationships are illustrated by quotes from patients interviewed by the author. I was curious to know more of these disembodied voices. How were the patients selected? What was the content of the interviews?

Kelleher points out the importance of improving communication between people with diabetes and their doctors. I was therefore surprised that recent studies of the effect of consultation styles and of the doctors' own health beliefs as well as those of their patients on clinical and social outcomes were not mentioned.

Despite these shortcomings, this book is a serious attempt to bring together medical, sociological and psychological perspec-

tives of diabetes and its care. In the future, greater success might be achieved if sociologist and clinician work more closely together from the outset.

ANN-LOUISE KINMONTH  
Reader in primary medical care, University of Southampton

### THE PSYCHOLOGICAL TREATMENT OF INSOMNIA

Colin A Espie  
John Wiley, Chichester (1991)  
260 pages. Price £16.95

When there is talk of doctors being sued for prescribing habit forming benzodiazepines for insomnia, a book dealing with a completely different approach should find a ready market. This one is written by an experienced clinical psychologist who has made a special study of the alternative psychological approaches to the problem of insomnia.

After an introduction to the mechanisms of sleep and sleep disorder, there is an important chapter on the assessment of patients. Here we are encouraged to find out what the patient knows and believes about sleep as well as putting the sleep problem in the context of the patient's life as a whole. The management of insomnia is then divided into a section on non-specific treatment and advice applicable to all sufferers, followed by specialized approaches: relaxation based, cognitive treatments and stimulus control procedures. A further chapter compares these approaches and assesses the evidence of their usefulness. The final chapter turns from the 'unspoilt' patient who has never taken a benzodiazepine and discusses the management of the insomniac who is dependent on hypnotic drugs. This chapter provides a gently reproving review of existing general practice management.

I enjoyed reading about a common complaint which I often find difficult to treat. Most general practitioners would, I think, benefit from dipping into this book, concentrating on the assessment and non-specific treatment and following up other chapters if they are of particular interest. Like all specialist texts, however, it has to carry a health warning of its own because very few of my patients who present saying 'I can't sleep doctor' will require the more specific managements outlined here. The strength of the book, then, is in describing an alternative approach to the prescription pad which can make us feel more confident in the management of all such patients. I recommend it for the practice library and for reference.

GEORGE FREEMAN  
Senior lecturer, Primary Medical Care, University of Southampton

## CLASSIFIED ADVERTISEMENTS

Retainer Scheme GP wanted for two sessions, per week in two partner East London Practice. Man or woman doctor considered. Up to one year available. Days negotiable. Attached staff. Computerisation in progress. 3,700 patients. Enquiries, CV, and covering letter to:

Mrs T Harris  
Practice Manager  
17 Turley Close  
London  
E15 3JD

Tel: 081 534 2515/555 0197

**RCGP**

Corporate  
Development  
Unit



College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PL. Telephone 071-581 3232 ext 265.

### ACCOMMODATION AND MEETING ROOM HIRE

Members of the College are welcome to stay at 14 and 15 Princes Gate; early booking is recommended. Bed and breakfast is available. Public rooms may be hired subject to availability. Please contact the Accommodation Secretary, Corporate Development Unit, The Royal