



CURRENT MEDICINE 3

David H Lawson (ed)

Churchill Livingstone, Edinburgh (1991)

304 pages. Price £17.50

Directed at specialists and trainee physicians, this third volume in a series by the Royal College of Physicians of Edinburgh has much to offer the general practitioner. It aims to keep specialists informed of advances in fields other than their own and aware of patients' needs in areas outside their direct experience. Similar difficulties confront the experienced general practitioner in counselling patients who receive complex investigations and are then offered elaborate new treatments.

The main part of the book is devoted to topical reviews on such diverse subjects as the sleep apnoea syndrome, malaria and gastrointestinal bleeding from non-steroidal anti-inflammatory drugs. Several chapters are devoted to cardiovascular topics including the management of thromboembolic disease and current treatment of high blood cholesterol levels. Consultant physicians share general practitioners' anxiety that more disease than benefit may result if long-term treatment for risk factors is embarked upon uncritically. Also reviewed in this section are bovine spongiform encephalopathy and advances in membrane technology affecting medicine. Chapter content is interesting and relevant to clinical practice; the style straightforward and readable.

A valuable section entitled 'best management' gives the approaches of individual physicians to relatively common clinical problems. These give a common sense approach to the management of such problems as a 13-year-old newly diagnosed diabetic patient. In this case not only is the place of the newer insulin delivery systems in this age group discussed but also lifestyle considerations, family disharmony related to the illness and the delivery of continuing care. It is interesting to learn of the possibility of 'curing' type 1 diabetes using immunomodulation therapy, such as cyclosporin A. Restoration of normal carbohydrate tolerance is reported in about 20% of cases but current drugs are nephrotoxic and clinical diabetes returns as soon as the drug is withdrawn, making routine use unjustified and unethical at present.

The editor rightfully makes no apology for closing a book on current medicine with a historical section. Scottish readers particularly, will appreciate the look at the life and times of two eminent Scottish cardiologists, Rae Gilchrist — former president of the Royal College of Physicians of Edinburgh, and Joe Wright — former president of the Royal College of Physicians and Surgeons of Glasgow, who for some years was a practising general practitioner.

The volume is well produced and the illustrations and

photographs are good although sparse. The organization of material within the chapters is competent and there are adequate side headings. However, more summary tables would have been welcome in some chapters. I will be pleased to keep this book to hand in my practice and to recommend it to general practitioner colleagues and trainees. It would be a worthwhile addition to any practice library and would not gather dust on the library shelves.

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Editor of the Journal

EVALUATION OF COMPREHENSIVE CARE OF THE MENTALLY ILL

Hugh Freeman and John Henderson (eds)

Gaskell, London (1991)

208 pages. Price £7.50

All general practitioners know the importance of understanding mental illness and being familiar with the ways in which it may present in their consulting rooms. It seems clear that those patients who are less severely disabled by mental illness should remain under the care of their general practitioner. However, the general practitioner's responsibility to provide comprehensive care for those with chronic mental illness is changing as the interface between generalist and specialist care shifts with the implementation of the policy of transferring patients who have had severe mental illness from hospitals to the community. In parallel with this shift of care is the intention to provide preventive mental health care in the community. This overall emphasis on extramural rather than intramural care is not unique to the United Kingdom but represents, rather, a social policy common to member states of the Council of Europe as well as many other countries. Like many policies based on social dogma, that for mental health care has yet to have its efficacy established and the process of implementation interferes with attempts to compare outcomes. Meanwhile, the difficulties of funding and implementing what is now an irreversible policy require that there be full evaluation including comprehensive establishment of the direct costs.

This book comprises the proceedings of a workshop held in London in December 1989 which focused on recent studies in Europe, including the UK, evaluating experiences of a local or national character aimed at developing alternatives to traditional mental hospital care.

The editors have made a set of papers read like a book and the authors of the papers have clarified complex issues and breathed life and interest into research conundrums. The 13