

patient care, particularly those involved with health care planning teams, but its great value lies in the variety of approaches offered in the solution of the formidable problems foreseen for the latter part of this century.

M. K. THOMPSON

Rita Greer's Extraordinary Kitchen Notebook (1976). RITA GREER. Pp. 110. Portsmouth: Rita Greer. Price: £2.15.

It would be easy to discuss this book as just another contribution to the cookery cult beloved of the Sunday colour supplements, but it is more than this. It is a sincere attempt to make a very restricted diet interesting and palatable for those who are unfortunate enough to have to eschew gluten, wheat, cane sugar, cholesterol, and saturated fats.

There cannot be many patients who are advised simultaneous restriction of carbohydrates and lipids, but even if foods in one group are to be restricted, Mrs Greer's recipes will give the cook a very good start. It is surprising where a large onion fried in margarine can lead. Conventional dishes for all meals, for patients of all ages, can be simulated.

The recipes described were arrived at by trial and error. They are clearly set out. The book is produced and published by the authoress herself and is obtained from her at 44 Wallisdean Avenue, Portsmouth, Hants. Would it be considered male chauvinism to suggest that a more convenient form of binding could be adopted for the next edition, one that would enable the book to lie open, flat on the kitchen worktop?

R. J. F. H. PINSENT

Practical Contraception (1976). RAMASWAMY S. & SMITH, T. Pp. 149. Tunbridge Wells: Pitman Medical. Price: £3.50.

This must be *the* book for all general-practitioner family planners. It covers the entire subject concisely and in an interesting manner and gives accurate information, not only about contraception, but also about allied topics such as vaginal discharge and psychosexual problems. The authors are to be congratulated on a book pitched at exactly the right level in content and style for its potential readership.

We particularly liked the early chapters on strategy at the first consultation. These contain good, sound advice and are obviously written with the benefit of long practical experience. The chapters, indeed the whole book, reflect a greater appreciation of the general practitioner's role in family planning than we might expect from a specialist author. We also thought that the three-yearly vaginal examination and smear as recommended in the chapter on oral contraception was in tune with modern thinking and

a good guide for those who have not made up their minds on this issue.

Nothing is perfect, however, and it is a pity that the chapter on I.U.D.s seems weaker than the rest of the book. One would like some cervical dilators to be included in the necessary fitting equipment, and there is surely a place for a hook for difficult removals; not all are as easy as is suggested in this chapter. No sources are quoted for the table regarding I.U.D. annual event rates and in some respects the figures in this appear to conflict with the text. More stress might have been given to the need for expert training in I.U.D. techniques and for practice under supervision.

As responsibility for contraception falls increasingly on the general practitioner's shoulders, it is ever more important that his standards and techniques should be beyond reproach. Saroja Ramaswamy and Tony Smith have produced a book which defines both. Armed with it, an informed and sympathetic doctor should be able to give his patients a better contraceptive service.

JOHN LLOYD
MARGARET LLOYD

Clinical Examination (1976). JOHN MACLEOD. Pp. 491. Edinburgh: Churchill Livingstone. Price: £4.95.

Medical education is customarily divided into three parts: undergraduate, vocational, and continuing postgraduate. The teaching of physical signs to undergraduates is not usually considered to be the main task of general practitioners, but there is usually a plethora of signs and *Clinical Examination* is an excellent reference book to settle arguments about the fourth heart sound, how high the sphygmomanometer should be pumped in Hess's test, and what the significance of bilirubin or urobilinogen in the urine might be.

There is a welcome increasing awareness of the importance of being good clinicians in the vocational training schemes, and I enjoyed re-reading the hospital method of history-taking and full physical examination, though I felt that more should have been included on interviewing techniques. General practitioners rely heavily on pattern recognition and hypothesis testing but occasionally the 'full works' are essential.

The section on psychological examination was well worth reading and introduced in an easy way the concept of the doctor's feeling as a diagnostic tool and the doctor as a drug. The description of taking a sexual history seemed strangely inhibited and formal and the chapter on the respiratory system a little remote from the bedside. The description of vaginal examination was limited and very clinical and the rich information to be gleaned from the patient's behaviour quite ignored. It would be more helpful to explain the feelings engendered in the patient and the doctor than

to describe it as "difficult to combine with abdominal examination".

I also found the chapter on the locomotor system disappointing. In examining the spine the clues from the skin creases and shoulder heights were not mentioned. Measuring leg lengths is indeed difficult, but confirmation by finding a smaller foot is most reassuring.

The neurological examination of the infant was sketchy and should surely include cervical stretch and rooting reflexes at least. The scheme for developmental assessment would be clearer and more valuable if grouped under the usual heading of gross motor, fine motor, perception, verbal, and social. Much can be learnt of the psychological status of the family from observing the child's behaviour in the surgery.

I was delighted to see the inclusion of problem orientated medical records, though this section could be expanded.

The introduction states that it is hoped the book will be of value to general practitioners, and *Clinical Examination* could well be the book of choice for the practice library, especially for teaching practices. Would it not be helpful, however, to include a general practitioner among the authors? I hope the next edition will recognise the validity of general-practice methods without sacrificing the discipline of the students' model and that it will use the relevant knowledge from the behavioural sciences.

PETER TOMSON

Medical Aid at Accidents (1974). ROGER SNOOK, Pp. 130. London: Update Publications Ltd. Price: £5.75.

Over the years casualty departments have been neglected by most hospital authorities and certainly by most hospital doctors, while the poor staff, usually would-be surgeons needing to have 'done the job' to qualify for their Fellowships, were left to flounder with cases

ranging from splinters to acute medical, surgical, gynaecological, obstetric, or psychiatric emergencies. It has never ceased to amaze me that the numbers of patients who left these departments alive and well under these conditions were ever as high as they were.

Dr Snook has done as much as anyone to update the image of the Accident and Emergency Department. This book, the subject of an M.D. thesis, was first published as a series of articles by *Update*, when they created such interest that the articles have now been published in book form.

Dr Snook covers many aspects of immediate care. There is advice on how to set up and equip an accident unit, and there are first class descriptions on the techniques of most life-saving procedures. Other chapters are devoted to care of the drowning and the poisoned, and procedures for dealing with multiple accidents and hospital fires are also described. Altogether, Dr Snook provides instruction supported by some most interesting facts from a very broad spectrum of the accident scene.

The book should be of great help to general practitioners involved in this work and to the junior, and indeed senior, staff of casualty units.

I should very much hope that Dr Snook would now devote some time to writing a sequel covering, with the same authority, some of the more mundane problems met in general practice and hospital casualty units. There are plenty of specialist books on the secondary care, but few if any on the immediate care of the injured and such subjects as the management of foreign bodies, ingrowing toe-nails, epistaxis, overdoses, and worried casual attenders.

Dr Snook's book goes a good way towards filling a badly neglected area of medical education.

M. MARTIN

WHAT DOES THE GENERAL PRACTITIONER WANT TO KNOW ABOUT THE CANCER PATIENT?

A review of the contents of 80 discharge letters about patients with cancer suggests that, although diagnosis and treatment were quite well covered, the letters gave the general practitioners very little information about what the patient or his relatives had been told. Where a social worker had written a report on the case no details were given in the letter. On an experimental basis an 'immediate discharge letter', set out as a form and giving the information a general practitioner needs, is being used.

REFERENCE

Calman, K. C. & Murdock, J. C. (1974). *Lancet*, 2, 770-771.