

sions and pulling thoughts together, most people are anxious to leave to avoid the London rush hour. All in all, it turns an interesting conference into an endurance test. The College headquarters is turning into a nice Club of which

I am pleased to be a member, but it is not a conference centre and perhaps the College should urgently consider ways of improving the situation.

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## BOOK REVIEWS

### BEHAVIOURAL TREATMENT OF OBSESSIONAL STATES

H. R. Beech and M. Vaughan

John Wiley Ltd  
Chichester (1978)

189 pages. Price £7.50

The severe obsessional state is rare in general practice (amongst patients, at any rate) but when it occurs the compulsive rituals of up to several hours are distressing for all concerned and can cripple the patient himself. Relatively little is known about the course of the affliction and the best way to manage it. The authors of this book are clinical psychologists at the University of Manchester and they have produced a very full account of the behavioural treatment of this condition and an extensive review of the literature. It is a technical work for a specialized readership and few general practitioners would want to possess it, though they might wish to be able to refer to it to find out about the variety of treatments available or to learn what their patients may expect when undergoing a particular therapy.

The authors are doubtful about the validity of the so-called typical pre-morbid personality and believe that the illness magnifies pre-morbid characteristics, whatever they might be. They found that prognosis was uncertain and this made it difficult to evaluate treatments. Sometimes recovery followed treatment rapidly—suspiciously rapidly in the authors' opinion—but perhaps the most significant message for general practitioners is the authors' lack of enthusiasm for any of the treatment modes they have studied. For instance, systematic desensitization, developed by Wolpe from his work with neurotic cats (he made them that way first) is little better than 50 per cent successful. Other methods such as modelling, flooding, response prevention, satiation, and thought-stopping, fare no better.

They quote an interesting example of

"self-regulation" whereby in order to give himself permission to perform a ritual the patient has to "buy a ticket", in this case a self-administered electric shock. Psychotherapy is mentioned but was found to be not successful and is recommended as an adjunct only. One patient who spent three hours in checking rituals before going to bed had treatment which included a hug and a kiss from his wife if he succeeded in leaving out a room from his rituals, and "in some instances a dollar was dropped from the therapist's bill". He was found to be symptom free at eight months' follow-up.

J. S. NORELL

### THE USE OF DRUGS IN PSYCHIATRY

J. Crammer, B. Barraclough, and B. Heine

Gaskell Books  
London (1978)

240 pages. Price £3.95

Attempted medical polyglottery is the bane of the general practitioner reviewer. So many of the books written for one discipline purport to speak also for general practice; and yet they usually do not.

This book is written for the trainee psychiatrist and for those paramedical workers involved in clinical psychiatry, and for them it is informative and useful as a source of reference on modern drug usage in psychiatry. Though laudable in the scepticism of its approach to the patent-orientated molecular juggling of the pharmaceutical industry, it is somewhat cavalier in its treatment of new antidepressants. Though we must accept that only the original tricyclics of the 1960s have been proven to be both effective and safe, mention of possible major advantages of more recent developments should have been made.

Gaskell Books is an imprint of the Royal College of Psychiatrists. Excellent for specialists, its publications will be of much less use to those barefoots who treat the unorganized generality of psychiatric illness in primary care. For them, the middle section of the *British National Formulary* supplemented by the *Prescribers' Journal* remains a better deal.

M. J. AYLETT

### CLINICAL PHARMACOLOGY: BASIC PRINCIPLES IN THERAPEUTICS 2nd EDITION

Kenneth L. Melmon and Howard F. Morrelli (Eds)

Baillière Tindall  
London (1978)

1146 pages. Price £18.00

The rate of introduction of new drugs seems to have slowed somewhat during the last few years and there is some indication that general practitioners are becoming more cautious about introducing new products at least until they have been well documented in general practice itself.

Undoubtedly there is a continuing need for general practitioners to update their own knowledge of clinical pharmacology and it is encouraging that a growing number of textbooks are becoming available to explain the pharmacological basis of therapeutics.

*Clinical Pharmacology* has now gone into a second edition but is not a book for light reading. It consists of over 1,100 pages and weighs nearly two kilos.

It gives full and comprehensive discussion of many topics but is curiously unhelpful for many of the issues facing general practitioners today. For example, about the problem of whether to use digoxin in heart

failure, it simply states: "Digitalis, bed rest, and salt restriction are the time-honoured and primary therapeutic interventions for treating heart failure. The use of diuretics has been added recently. Only digitalis can directly increase myocardial contractility; other measures may be important but are nonspecific. Diuretics are first-line drugs only when gross volume overload is apparent, and in most cases diuretics alone do not increase cardiac output. If possible, diuretics should not be used until the full effect from digitalis has been obtained, cardiac failure persists, and/or the patient is uncomfortable because of volume overload. If these drugs are used only when necessary, the problems of volume depletion, electrolyte abnormalities, and the considerable toxicity of diuretics are avoided. In addition, the adequacy of digitalization can be judged with greater precision when diuretics have not been used."

This discussion pre-empts the view argued by some centres in Britain that diuretics should be the first treatment of choice in congestive heart failure.

Similarly cimetidine is not indexed at all, and on the growing problem of the prevention of coronary heart disease and treatment of hyperlipidaemia this book simply states "the available drugs were discussed in some detail in the first edition of this text and are listed in Table 6.23 with their major effects and putative mechanism of action." Cholestyramine receives little mention and clofibrate is virtually dismissed. "The findings with clofibrate in 1975 showed no differences compared with placebo in overall mortality, although the triglycerides in cholesterol were decreased 22 per cent and six per cent respectively. In addition clofibrate was associated with an increased incidence of cholelithiasis and non-fatal cardiovascular events, including pulmonary embolism, ventricular arrhythmias, intermittent claudication, and angina pectoris."

Another problem with a book written entirely from the United States is the drug nomenclature. Drugs widely used on both sides of the Atlantic unfortunately are given different names and even chemical names may not be indexed. For example, carbimazole does not appear in the index although reference to the drug under another name can be found on looking up the treatment of hyperthyroidism.

There are, however, two most attractive features of this book. The first is some general chapters on, for example, therapy as a science, economics and epidemiology of drug use, and particularly fascinating in a book of clinical pharmacology, a

chapter on the rational use of the placebo.

In addition, scattered throughout the text in all the chapters are a series of italicised general principles which almost make the book worth buying for themselves.

In the United States this may well be an outstandingly valuable book. For the British reader, however, the difficulties in obtaining quickly the information which is needed may well make alternative texts more valuable.

D. J. PEREIRA GRAY

### AN INVESTIGATION INTO THE PRINCIPLES OF HEALTH VISITING 1977

*Council for the Education and Training of Health Visitors*

CETHV  
London (1978)

Price £1 (including postage and packaging)

In some practices health visitors, nurses, and general practitioners work well together. In others, perhaps because the role of the health visitor in particular is not understood, there is little co-operation. An analysis of the principles and practice of health visiting might be expected to increase understanding. Such a study was undertaken by a working group set up by the Council for the Education and Training of Health Visitors as part of the process of revising their training syllabus. The Council have published their report and invite "comments and observations".

Unfortunately, the general practitioner seeking enlightenment is unlikely to find it. One difficulty is that health visitors themselves are still uncertain of their relationship to the community, the area health authority, and the practice team. Another is that the report itself contains, and thus perpetuates, misconceptions about the nature of general practice and the responsibilities of general practitioners. A third, and major, difficulty is the turgid language in which the working groups' ideas are expressed: "The Changing Nature of Health Visiting Activity in Relation to the Changes in Conceptualization" is a heading which itself needs a footnote. Too often the language used has the same effect as wiping a windscreen with an oily rag—obscuring the vision in an attempt to clarify.

R. V. H. JONES

### UNWANTED PREGNANCY—ACCIDENT OR ILLNESS

*D. Tunnadine and R. Green*

Oxford University Press  
Oxford (1978)

183 pages. Price £8

General practice is an act of faith. In dealing with any condition that is more than pathology—that is, probably 99 per cent of the cases seen by many general practitioners—the practitioner is attempting to explore the individual in front of him, to find the strength, to find the beauty. In other words he anticipates (the act of optimism or faith) that within that individual there are the resources and capacity for healing.

In their book, Tunnadine and Green make two optimistic postulates. The first concerns the patients with whom they deal. They see the act of getting pregnant as that of the 'personal self' fulfilling a need, and that of seeking an abortion as the search of the 'worldly self' to solve the resulting problems in the real world. Their optimism lies in the view that the skilled doctor can penetrate through the confusions generated within the patient by the conflict between the needs of these two selves, and having understood them, help to resolve the different needs. The book deals at large with the theory and practice of this type of work, and bravely attempts to measure the results.

Their second implied postulate concerns the potential reader of the book, that he can penetrate some of the ambiguities and use them constructively in his own work. I refer to doubts raised in the reader's mind about who wrote which book, and what is 'group' opinion, and what is personal opinion. I found these doubts to some extent distracted me from the main message. Here is the crux—the book is unashamedly 'Balint', and the difficulty in reading it could deter some of those who would be otherwise receptive to its message.

The problems of dealing 'rightly' with unwanted pregnancies are so great that any contribution to better care is to be welcomed, and helping doctors to understand and use the deeper feelings of women in this situation can do nothing but good. I hope this valuable attempt will assist general practitioners to see these patients in a deeper and truer light—I fear that it may deepen the polarization between the 'Balint' and the 'non-Balint' in our midst.

D. G. WILSON