

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