

those showing the retina. Those of us who have always had difficulty recognizing what we see with the ophthalmoscope would do well to brush up our knowledge with the aid of pictures of the diabetic eye, central retinal artery occlusion, retinal detachment, or hypertensive retinopathy.

There is also an interesting chapter on eye diseases in children and some remarkable pictures of injury to the eye. The section on neuro-ophthalmology is short and concise and perhaps could do with some expansion, but the chapter on refractive errors should be more than sufficient for a general practitioner's needs.

One of the most useful features of the book is a table of the common therapeutic eyedrops which compares the main uses and usefulness or otherwise of the products.

This is a useful book to have in the consulting room and should stir someone somewhere to produce a companion book on dermatology.

E. K. KOH

TRENDS IN MORTALITY 1951-1975

Office of Population Censuses and Surveys

HMSO
London (1978)

44 pages. Price £1.50

The latest in the Office of Population Censuses and Surveys' booklets identifies clearly the increasing gap that is developing between male and female mortality. It suggests that the causes are probably environmental rather than innate and that the excess of male mortality can be regarded as potentially preventable deaths.

Three causes of death which are given special study because they are increasing are ischaemic and related heart disease, cancer, and accidents and violence in children and young people.

Figures are given for the previous hundred years showing, for example, that children's deaths accounted for almost a half of all deaths between the years 1838 and 1944, and conversely that by the age of 65 there has hardly been any change in life expectancy during the last 130 years.

Despite the complexity of the mathematical assumptions, the Office of Population Censuses and Surveys can be congratulated on presenting the main findings and tables in clear and simple English with well chosen supporting tables.

This is not a book that will be needed in most general practices but it is one that ought to be available in postgraduate medical centre libraries.

D. J. PEREIRA GRAY

LEGAL AND ETHICAL ISSUES IN HUMAN RESEARCH AND TREATMENT— PSYCHOPHARMACOLOGIC CONSIDERATIONS

*Donald M. Gallant and Robert
Force (Eds)*

*SP Medical and Scientific Books
New York (1978)*

186 pages. Price £10.50

The reviewer can be forgiven for being daunted by such a title, and receives no comfort from the dust cover which explains that the book includes "a statement of principles for ethical conduct for neuropsychopharmacologic research in human subjects". The small print within divulges that this is a collection of papers presented at a symposium of the American College of Neuropsychopharmacology in 1976, which partly explains the unwieldy layout of this expensive volume where the papers are followed by lengthy and repetitive commentaries from many of the other participants.

This is not a book for the general practitioner's bookshelf but perhaps one which those embarking on research should be able to borrow from a local medical library. The principles mentioned above certainly merit consideration and could be applied with some textual modifications to all research involving people, whether patients or not, a distinction discussed in the book. I would pick out particularly Principle 5: "The scientific investigator engaged in neuropsychopharmacologic research with human subjects shall take all reasonable precautions for preserving the dignity, rights and safety of his subjects"; and Principle 7: "Research studies with patients shall be conducted only when the expectation of anticipated results will justify the experiment."

The matter of 'informed consent' is a thread which runs throughout the book and is a subject that I would like to see discussed in this *Journal* in relation to both research and treatment in this era of new drugs and questioning patients. The legal considerations relate, of course, to the American Constitution

and are of little or no interest to the British reader. The emphasis throughout is on psychiatry but there are many concepts of relevance to the general practitioner if he has the time and inclination to extract them from the mass of words.

JANE RICHARDS

PRIMARY MEDICAL CARE AND THE SINGLE HOMELESS IN LIVERPOOL

*Liverpool Central and Southern
District Community Health
Council, 57-59 Whitechapel,
Liverpool L1 6DX*

73 pages

One of the many facets of inner city problems is the provision, or rather, lack of provision, of primary care facilities for the single homeless. Few general practitioners accept them as patients other than as temporary residents, and few of the single homeless can or want to register with general practitioners. Their health needs are by and large unmet and their health expectations are low. These are the conclusions of a praiseworthy study carried out by the Liverpool Central and Southern District Community Health Council in 1976.

The booklet draws attention to the excessive use of accident and emergency departments by the single homeless, when general practitioner services would suffice. In Inner Liverpool there are some facilities in a day centre and at a night shelter where sympathetic general practitioners provide a few surgeries nearby, and where these are provided, more people use them—but whether this results in reduction of use of accident departments or, more importantly, in better health or even less chronic ill health, has not been evaluated yet.

The recommendations include an extension of surgeries, to include nursing and social work support, as well as co-ordination of local authority and welfare services. The recommendations that the FPC should take sustained action to ensure that homeless single people register with family doctors is somewhat unrealistic, since it is up to the individual to register with a doctor. The fact that the lifestyle of the single homeless in many instances is an attempt to escape from the net is unrecognised. The report makes it clear that continuity of care by general practitioners is desirable, but regards as "stable" those who live in hostels for six months or even a year. Few general

practitioners would agree that this time scale represents "stability" or enables them to provide "continuous care". The report argues that the workload demanded is not excessive, yet in another part it acknowledges that the single homeless require intensive primary care. Perhaps there are different ways in which this care can be provided, as indicated in the report, by providing surgeries in the hostels and lodging houses. The virtue of the report is in drawing attention to the problem.

KATIE SCHÖPFLIN

TREATMENT—A HANDBOOK OF DRUG THERAPY 1978

V. W. M. Drury et al. (Eds)

Kluwer Medical
London (1978)

1,200 pages. Basic work in five instalments priced £6.50 each (with two binders £1.80 each)

Updating service annually: the charge for the first year is about £7

With the advent of *Practice* came a new style of medical textbook marketing—pay today, and a loose-leaf package arrives tomorrow, instalment by instalment, presumably as the authors are writing it. When the handbook is finally assembled, there is the further inconvenience (or benefit) of annual updating by subscription. *Treatment* is the third in this series.

For an initial cost of over £36, we are offered a reference work "for general practitioners and others concerned to have information on drugs and the treatment of disease". This work must be set against such classics as the *British National Formulary* and Martindale with regard to information about drugs and against standard textbooks and current articles with regard to management and treatment of specific medical problems.

There is no attempt to discuss the actions of classes of drugs, or their individual pharmacokinetics. No references are given. Information about particular drugs is terse and sketchy, reminiscent of students' aids. The lists of equivalent proprietary preparations are useful, also the setting out of their comparative costs.

The section on Treatment in General Practice lacks the freshness of approach of *Practice*. Topics chosen each represent one man's viewpoint and yet a strongly authoritarian style is sensed throughout. Again, no references are offered.

There was no index in my copy.

Searching for particular information was tedious and irritating notwithstanding the fact that only the first two instalments were available to me. I do not like the neologism 'overview' which precedes several topics. Some of the views expressed are quaint to say the least—for instance, on the management of vertigo: "Education about posture and movement will be required"; on the management of Parkinsonism: "The patient will require simple supportive psychotherapy from his general practitioner"; on sore throat: "A throat paint containing iodine . . . may help in troublesome cases".

My feeling is that this work is overpriced and overambitious in its attempt to be all things to all men. Personally I should not welcome it in our practice library.

COLIN WATERS

PRICE'S TEXTBOOK OF THE PRACTICE OF MEDICINE 12TH EDITION

Sir Ronald Bodley Scott (Ed.)

Oxford University Press
Oxford (1978)

1,495 pages. Price £25

As a vocational trainee, I expect that my use of textbooks of general medicine will be infrequent once I have become established in general practice. I shall expect the resource book that I choose both to supply information on 'small print' medicine and to cover the deficiencies in my more basic medical knowledge. This new edition of Price's all-British *Textbook* will certainly be the book that I shall head for in the postgraduate centre library and I would be delighted if my partnership of the future could afford to install a copy in the practice premises. Whilst a bit unwieldy, it is well produced and clearly printed. At £25 it represents a better buy than its popular, slightly cheaper, alternative—a three-year subscription to the monthly series *Medicine*.

Whilst whole-heartedly recommending its use as a reference book for general practitioners, I think it has certain shortcomings as a textbook. In particular, there is little information about patient behaviour (for example, compliance in medication) and, predictably, the doctor-patient relationship is not discussed.

I wonder whether contributions to medical knowledge made by general practitioners have been overlooked—the section on the Pill does not mention the RCGP report—and it is noteworthy

that none of the 2,500 references are to articles published in this *Journal* during the last 20 years.

Apart from this, its claim as being comprehensive and up to date is justified—Legionnaires' disease, urethral syndrome, CAT scanning, PUVA, and irritable bowels all get a mention, though some of these are difficult to trace from the index.

P. SELLEY

THE TREATMENT OF HYPERTENSION

E. D. Freis (Ed.)

MTP Press Limited
Lancaster, England (1978)

164 pages. Price £8.95

Most of us probably know enough about the drug treatment of hypertension to pass muster. Even though we entered medicine before the late 1960s when the treatment of symptomatic hypertension became accepted, the pharmaceutical industry have ensured that we are aware of the available drugs. What, perhaps, many of us do not have is a wider grasp of the pharmacology necessary for controlling that annoying group of more resistant cases and a fuller awareness of the problems of 'patient compliance'.

This succinct and most readable book gives the views of seven contributors, four from America and the others from Norway, Italy, and Australia. The revolution in the approach to hypertension has caused a move away from the expensive search for curable causes, which exist in only five per cent of cases, to the more effective treatment of the many. No homage is paid to general practice, which pioneered this approach, but it is refreshing to find a super-specialist who believes only clinical and urine examination and a chest x-ray to be essential investigations.

The chapter on compliance is the most valuable. Non-compliance of up to 50 per cent of some groups is attributed to long clinic waiting times, complicated treatment schedules, side-effects, poor follow-up, and a poor or non-existent doctor/patient relationship. The importance of a continuing relationship with one doctor is stressed and the success of the paramedical worker is related to the continuity involved.

If readers can ignore the transatlantic spelling of frusemide, bethanidine and clonidine they will enjoy reading this book. It certainly deserves a place in the postgraduate centre library.

MALCOLM AYLETT