A mass of statistics and tables are provided, which show that different doctors have different habits, and different age groups make different demands. I was left, however, with a considerable feeling of anticlimax that such a sophisticated enterprise should produce so little in the way of really valuable conclusions.

I found the final section the most fascinating and useful. Here readers will find the nitty-gritty, the statistically unadorned subjective impressions of three doctors who have worked the system. We read that McKeownism does not work, at least not with the rather smaller numbers of doctors and patients at Aldermoor. It was abandoned, but not, interestingly enough, because of anything the computer produced; rather, the system was found to be too full of annoying snags to operate to everyone's satisfaction.

The two authors end by offering their own recipes for the ideal primary care system. Although worth consideration, I cannot see them ever being adopted; they are just too unlike the system we have already.

This is a serious, readable book. It should be read by those concerned with audit, teaching, and research in general practice.

TIM PAINE

THERAPEUTIC SYSTEMS—PATTERN-SPECIFIC DRUG DELIVERY: CONCEPT AND DEVELOPMENT

Klaus Heilmann

Year Book Medical Publishers, London (1979)

143 pages. Price £11.50

In the past 10 years the prescribing of drugs has become more complex and more difficult. Researchers and prescribers have had to turn their attention to questions of patient compliance, drug reaction and interaction, and problems of availability absorption and excretion. These issues are the result of the increased potency and specificity of the drugs available.

More recently pharmacologists have begun to turn their attention to new methods of delivering drugs to the body and this book is about such systems.

The idea behind being able to direct a single drug to a single target is not a new one. Ehrlich wrote of "the magic bullet" three quarters of a century ago and there have been some remarkable successes since then but some equally

remarkable tragedies in which the general or unexpected action of the drug upon another target has predominated. There can be no doubt about the importance of the topic: the possibility of being able to deliver dopamine via an implanted gadget to just that area of the brain that needs it for the treatment of Parkinson's disease, or insulin in an injection once a week, is exciting.

In this book, translated from the German, Klaus Heilmann explores the ways in which more effective use of the drugs we already have can make a contribution. Being an ophthalmologist it is natural that he should pay most attention to drugs affecting the eye. The tiny, flexible, transparent plaque lodged in the conjunctival sac delivering a steady dose of pilocarpine for glaucoma or drugs for trachoma or denditric ulcers is one method he describes. But he has not negected others, and the comfortable IUCD with low incidence of bleeding or extrusion, delivering progesterone for a year is another. It is now theoretically possible to embed a tiny pump, worked by osmosis, under the skin to deliver drugs at constant levels for weeks on end, or to administer chemotherapeutic drugs intravenously and continuously. These may sound like 1984 possibilities but for a patient with malignant disease it could be life saving.

Therapeutic Systems is not a book the general practitioner will want to buy but if he sees it in his postgraduate library he should read it to find out what will be happening at one of the medical frontiers during the next few decades.

V. W. M. DRURY

THE REMOVAL OF CADAVERIC ORGANS FOR TRANSPLANTATION

Working Party on behalf of the Health Departments of Great Britain and Northern Ireland

London: Department of Health & Social Security (1979)
36 pages.

A Code of Practice for the removal of cadaveric organs for transplantation has recently been drawn up by a working party chaired by Lord Smith of Marlow (Past President of the Royal College of Surgeons, London). It deals with the legal issues involved, the procedure for approaching relatives (mentioning that the family doctor *may* be the best qualified person to make this

approach), premortem treatment, tests and tissue typing, the diagnosis of death, the removal of organs, and postmortem treatment, distribution, and transport. There is a separate chapter relating to corneas. The appendices list renal transplant units, corneal grafting units, a transplantation checklist for hospital clinicians concerned, the Human Tissue Act 1961, and the papers produced by the Conference of Royal Colleges and Faculties of the United Kingdom on "Diagnosis of Brain Death".

A general practitioner invited to approach the relatives of a potential donor would be fully informed of the scientific and legal issues involved by a previous perusal of this Code of Practice.

R. M. AITKEN

FOOTWEAR — WHAT TO GET AND WHERE TO GET IT 2nd EDITION

Margery Thornton

Disabled Living Foundation, London (1979) 64 pages. Price £1.00

Not everyone knows that you can obtain single shoes, nor that you can convert a right to left and vice versa, nor that new open-toed shoes are available in various shapes and sizes, nor that there are washable shoes, not to mention special warm shoes. These are some of the facts given in this useful index which also gives detailed information about orthopaedic shoemakers, surgical shoe manufacturers, and firms whose products are suitable for use with callipers. It also offers an astonishing range of general modifications and adaptions which make it useful for group practices and health centre libraries.

The knowledge that the Clothing Adviser of the Disabled Living Foundation is accessible by telephone is a most comforting thought to the general practitioner coping with the day-to-day living problems of the disabled.

E. V. KUENSSBERG

ANTIHYPERTENSIVE DRUGS TODAY

R. N. Brogden (Ed.) MTP Press, Lancaster (1979) 75 pages. Price £14.95

This joint New Zealand/American work