

sorry that some fellows, members, and associates of the College had difficulty in booking places at the Spring General Meeting.

It had been hoped that the January issue of the *Journal* would carry an insertion giving details of booking, but unfortunately it was not distributed as planned.

Once this became known, the College Officers had to choose between authorizing an individual distribution to the whole membership, which would have cost about £1,000, or waiting for the February issue and using that for the Spring Meeting insertion. The *Journal* publishing schedules were re-arranged to bring the February issue out several days earlier than scheduled. Unfortunately, members in Scotland, Wales and

parts of the Midlands and Southern England did not receive insertions with this issue either.

The College Officers and staff therefore arranged for members in the areas concerned to be sent insertions individually and this was done.

The organizing committee of the Spring Meeting decided to extend the deadline for closing bookings by a week, and in addition held back a number of places to allow for applications from those areas which had twice been deprived of receiving application forms.

From the time of the first notice appearing, applications arrived thick and fast and the meeting was very heavily oversubscribed.

I can assure all members of the College that the Organizing Committee,

consisting largely of members of the Cumbria Sub-Faculty, did everything in their power to nullify the obstacles which prejudiced the smooth running of the Spring Meeting and which were totally beyond their control. Many more applications for the meeting were received than places were available and the committee is extremely sorry that so many applications could not be accepted.

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## BOOK REVIEWS

### THE PRACTICING PHYSICIAN'S APPROACH TO HEADACHE 2ND EDITION

Seymour Diamond and Donald J.  
Dalessio

Williams and Wilkins Company  
Maryland, USA (1978)

154 pages. Price £11.50

*C'est magnifique, mais ce n'est pas la guerre!*

Headache is known to be one of the commonest symptoms from which patients suffer. Morrell and Wale (1976) have shown that headache is the commonest symptom experienced by women, and the vast majority of patients with headache do not even seek medical advice. When they do, however, general practitioners need a logical and systematic approach to the problem, since the chief difficulty is that while most headaches are probably due to tension or anxiety, others may be due to any number of other causes.

The practising physician's approach in this book turns out to be the practising neurologist's, which is perhaps not surprising as both Professor Diamond and Dr Dalessio are working in neurological clinics. In such a setting, their detailed and logical approach, concentrating as it does on the identification of serious organic causes of headaches, is valuable and useful. The writing is clear, the presentation attractive, and each section closes with a self-assessment section.

However, the book cannot be recommended for family physicians because the balance of the text is inappropriate, and tension states, which form the biggest single cause of headache in general practice, are virtually ignored. The give-away comes on page 94: "It is our contention that the typical, occasional, episodic 'tension headache', related to contraction of head and neck muscles, is relieved with over-the-counter medications, is associated with fatigue and temporary stress situations in life, and is rarely seen in a physician's office."

Some physician! Some office!

D. J. PEREIRA GRAY

#### Reference

Morrell, D. C. & Wale, C. J. (1976). Symptoms perceived and recorded by patients. *Journal of the Royal College of General Practitioners*, 26, 398-403.

### FRENCH'S INDEX OF DIFFERENTIAL DIAGNOSIS. 11th EDITION

F. Dudley-Hart (Ed.)

John Wright  
Bristol (1979)

1,003 pages. Price £29.50

The stated aim of this book is "to help the clinician to be sure that he has considered all the disorders that might

lie behind his patients' particular symptoms or physical signs." At first sight this is an attractive, if ambitious, proposition: I do not think that it has been achieved and I question the appropriateness of this aim, especially for family doctors whose skills encompass the use of probability in diagnosis and whose patient-centred approach to the practice of medicine runs, if not counter to, tangentially to analysis by signs and symptoms.

I do not wish to underrate the importance of accurate diagnosis but if such lists are to be helpful and to avoid creating a false sense of security they must be accurate and reasonably complete. I was disappointed to find that the four possible causes of drop attacks listed included no mention of Stokes-Adams attacks: an important omission. (They are described elsewhere, under the heading "Fainting-cardiac syncope" but this is of little use if the presenting symptom under consideration is a drop attack.) Likewise, "Limbs—lower—pain in" makes no reference to Osgood-Schlatters disease although brief mention can be found by using the index again somewhere amidst 16 pages headed "Joints—affections of". This section starts by listing 169 types of arthropathy classified into 14 groups. Surely the place for such detail is a textbook of rheumatology. There is a danger that important diagnoses will be lost amidst the rarities. In contrast, depression, which so often underlies symptoms, merits just one page.

Finally, while signs and symptoms may not change, I am still naive enough

to hope that some attitudes do. A table of causes of menorrhagia includes: "excessive coitus, cold bath, dancing, hunting, gymnastics, bicycling". What is a poor woman to do? This might have been lifted straight from a Victorian "Young ladies' guide to healthy living". Unless the contributor is prepared to submit evidence, preferably in the form of a controlled study using double-blind and random selection techniques, I shall remain reluctant to accept this list!

In all, I do not think that this book lives up to its reputation and I doubt if it warrants a place on the shelves of most general practitioners.

ANN V. BUXTON

### WHY SUFFER? PERIODS AND THEIR PROBLEMS

*Lynda Birke and Katy Gardner*

*Virago  
London (1979)*

68 pages. Price £1.50

I wonder who the authors intend should read this handbook? It is an excellent short textbook on menstruation but even with the extensive glossary (which goes round and round in circles as glossaries tend to do) would be too complicated for most of my female patients.

Quite rightly the authors describe the biology of the menstrual cycle as complex and very reasonably allow the reader to find it difficult to understand; but it is a pity it was dealt with in the first chapter as I fear it may discourage many a reader who would benefit from the later chapters. A simple introductory chapter, with the physiology as an appendix, would have been preferable. Also the authors are not well served by their illustrations and tables. On page 15 the text reads: "The changes in vaginal secretions are described in the accompanying chart (Table 2). If you are fortunate enough to have access to a microscope . . . ." (for viewing the vaginal mucus: I felt I needed it for looking at Table 2, which was interesting in detail but minute in scale!

The booklet goes on to give a useful review of the causes of premenstrual tension, dysmenorrhoea, and irregular periods and discusses the mythology of menstruation and the attitudes to premenstrual tension and menstruation of sufferers and their families, as well as their doctors. The appropriate drugs and rationale of using them are explained well and much useful advice is given under the heading "Self-help". Though many doctors would not be sure

of the efficacy of raspberry leaf tea, at least it is harmless.

Although I agree that we should be able to "throw off the shame, guilt, and secrecy surrounding menstruation", I really cannot go as far as the authors, who are declared feminists, in their contention that this will lead us to enjoy it, nor do I consider that this is an acceptable approach for most of our patients.

I do not agree that doctors foist hysterectomy on their patients; I find patients often raise the subject themselves. I was glad to see that the D and C is not given undue emphasis: I consider it to be an overperformed operation of doubtful value (*February Journal*, p. 68).

The series of Virago Handbooks is probably not one which general practitioners would normally look at but this volume certainly merits attention from both male and female doctors, and recommendation to those patients who would be able to understand it.

JANE RICHARDS

### ACCIDENT AND EMERGENCY MEDICINE

*W. H. Rutherford, P. C. Nelson,  
P. A. M. Weston and D. H. Wilson*

*Pitman Medical  
Tunbridge Wells (1980)*

393 pages. Price £29.00

The specialty of accident and emergency medicine is comparatively new, and this comprehensive book is probably the first to cover the subject in such depth. It is interesting to note the similarities between this subject and general practice: both specialties are at present defining their aims and objectives, the nature of their training, and their areas of influence. In addition, both have organizational problems and require a broad range of skills and knowledge.

The book contains five main sections, covering organization, life-threatening emergencies, major conditions (stretcher patients), minor conditions (walking patients), and specialized topics. Since almost any condition can present at an accident and emergency department, subjects covered range from major trauma to headache, so that management of the non-urgent medical conditions described differs little from that in general practice. Many patients attending accident and emergency departments really should seek the help of their general practitioner and the authors feel that often such patients receive scant attention from junior acci-

dent and emergency doctors. Four possible solutions are suggested: patient education, patient redirection, hospitals accepting a full primary care role out of hours, and keeping a few health centres open 24 hours a day! Although the importance of communication with the general practitioner is stressed, I feel the scope and role of general practice is not always fully appreciated; for instance, it is recommended that a patient with abdominal pain either should be admitted or sent home with arrangements for further outpatient supervision and investigation.

The book is large—21.5 cm x 28 cm (8½ ins x 11 ins) with two columns per page, making it easy to read. There are a great many clear illustrations of x-rays, equipment, practical procedures, and injuries received by patients (including a photograph of a human bite of a scrotum!)

I have little doubt that this volume will become essential reading for doctors making a career in accident and emergency medicine. General practitioners who work in community hospital accident and emergency departments will find the sections on wounds, principles of dressings and soft tissue injuries particularly useful, and may feel it worthwhile purchasing a copy for the accident department.

CLIVE STUBBINGS

### ALCOHOLISM—A TREATMENT MANUAL

*Wayne Poley, Gary Lea and Gail Vibe*

*John Wiley (1979)  
Chichester*

159 pages. Price £9.25

In New York State cirrhosis of the liver has taken third place as a cause of death in the population aged 25 to 64. In France 40 per cent of the total expenditure for health services is attributable to treatment of alcohol-related diseases, and cirrhosis has now overtaken carcinoma of the lung in the mortality statistics. Thus, it never ceases to amaze me how our profession justifies its ignorance and obvious dislike of the subject of alcoholism. There is no longer any excuse: at last we have a good choice of short manuals on the subject to which I would add this useful little book from Canada.

It is written by three young psychologists who have experience in various aspects of alcoholism. It describes the problem clearly in jargon-free, precise