

This is no fun to read, but it should serve a useful function as a source of information.

The author handles his references well—they fill seven pages, but he fits them easily into the text, and his occasional non-medical quotations are delightful. This makes it all the more surprising that he should have lifted so many ideas whole from *The Future General Practitioner* without once acknowledging the source.

This is not a book for medical students in this country—it goes into more detail than they would ever require, but the chapters could act as a useful basis for discussions between a trainer and a trainee in their year together. The price is not exorbitant, the layout is good and the index is fair; it is a worthy if rather bland addition to the literature.

CONRAD M. HARRIS

TELEPHONE MEDICINE— A PRACTICAL GUIDE TO PEDIATRIC TELEPHONE ADVICE

Jeffrey L. Brown

*The C. V. Mosby Company
St Louis, Toronto and London
154 pages. Price £9.25*

A number of doctors set aside a specific time each day at which they can be contacted by patients who want advice but who do not feel that a face-to-face consultation is necessary. In the USA, the practice of consulting over the telephone is more widespread than in Britain, principally because in the States house calls are rarely made and the patient wants to determine whether it is really necessary to get out of bed and go to the doctor (or emergency room of the hospital). Furthermore, face-to-face consultations cost the patient money and many will hope to avoid unnecessary medical expenses. It is therefore not surprising that someone should have identified the need to produce a text-book to help those who answer the telephone—not only doctors, but also nurses and receptionists.

I have consistently held the view that it is not always possible to make a diagnosis over the telephone, and certainly not if the social and psychological components are to be included.

What this book does is to list some of the common problems of telephone contacts and to identify some questions that should be asked to help establish a diagnosis and the need for a proper consultation. I showed it to some of my practice staff and they all commented

that the book needs to be translated into British terminology and practice procedures if it is to be of any use in this country. This is not a book which we will be using again in this practice.

STUART CARNE

PROCEDURES IN PRACTICE

*Articles from the
British Medical Journal
Stephen Lock (Ed.)*

*BMA
London (1981)
74 pages. Price £4.00*

As this book describes common procedures in hospitals, readership in unlikely to be drawn from general practice. Yet some chapters may be helpful to those of us who must occasionally exercise rusty skills, and who would find the information difficult to obtain elsewhere.

Few British general practitioners are likely to aspire to kidney biopsy, percutaneous central venous cannulation, suprapubic catheterization, prostatic biopsy, pericardial aspiration or liver biopsy. Tapping of ascites and pleural effusion, lumbar puncture, bone marrow aspiration and intravenous urography may be within the remit of some in general practice hospitals; laryngoscopy, aspiration and injection of joints, sigmoidoscopy, venepuncture of small children, skin biopsy and hormone implantation may be considered elective general practice procedures. Ear syringing, setting up a drip, urethral catheterization and proctoscopy ought to be within the competence of us all.

Those chapters which might appeal more specifically to general practitioners are a little disappointing. Few would agree that hoarseness over two weeks in duration requires laryngoscopy, and the statement that laryngoscopy "is inadvisable in acute epiglottitis" is a dangerous invitation to prod with a spatula. The chapter on setting up a drip gives away none of the valuable secret tricks which can so help the ham-handed. Nor are we told anywhere that heel prick is easier with a little vaseline. Who will venture to learn the art of sigmoidoscopy when faced with the picture of a totally naked young woman in head down lithotomy position? The suggestion that the inexperienced should have their patients anaesthetized is ridiculous and possibly dangerous, and disposable sigmoidoscopes are not for doctors who have to pay for them.

There is clearly a need for a book such as this. For hospital doctors I suspect it would have been better written by junior

staff. As for general practitioners, perhaps we should compile our own 'Procedures in General Practice'.

J. R. D. BROWN

A COLOUR ATLAS OF CLINICAL GYNAECOLOGY

V. R. Tindall

*Wolfe Medical Publications Ltd
London (1981)*

131 pages. £15.00

"A diagnosis cannot be made without knowledge or experience. It is hoped that this atlas will help undergraduate and postgraduate students to gain this knowledge more quickly." This hope, expressed by the author in his introduction, is likely to be realized if the atlas reaches the right readership, namely those with theoretical knowledge but limited experience of pelvic examination.

The atlas is beautifully bound and well set out. It is divided into sections on examination, the pathologies of each of the anatomical entities from the vulva to the adnexae, abnormalities in early pregnancy and miscellaneous conditions, including chromosome abnormalities. Finally, there is a very interesting chapter on colposcopy.

Each section is attractively illustrated, the commentary is brief and factual and the author takes the trouble to draw our attention to any misleading features in the photographs. The latter are all in colour, which for the most part is authentic. I only recall one instance when I was invited to note the typical green colour of a trichomonas discharge where nothing in the least greenish was to be seen.

Professor Tindall has chosen to mix his examples of malignancy in amongst other pathologies rather than group them together as is usually done. This helps the reader to become aware of how easy it is for the diagnosis to be missed, especially carcinoma of the cervix.

This is an atlas, a picture book of pelvic pathology. It is not, nor was it intended to be, a gynaecological textbook. I find that my colleagues are fairly evenly divided into two distinct camps as far as their attitude to atlases of this sort are concerned. If you are in favour of atlases then this will make a useful addition to your practice library, principally for the use of students and trainees, but I suspect that puzzled partners will also scan it for clues from time to time when faced with diagnostic problems.

P. G. BROWN