

## MAINTAINING STANDARDS IN GENERAL PRACTICE

Scottish Council for Postgraduate  
Medical Education  
Edinburgh (1981)

37 pages. Available free from the  
Scottish Council for Postgraduate  
Medical Education, 8 Queen Street,  
Edinburgh

The components of medical education, the measurement of the quality of care in general practice and the resources available for continuing education are all discussed in this booklet, which describes the four main avenues of study which every general practitioner should employ regularly:

1. Reviewing knowledge, skills and attitudes acquired during undergraduate and postgraduate education and differentiating between those that are obsolete and those that are still valid.
2. Discovering the doctor's own deficiencies and any difficulties encountered in working with other members of the primary care team.
3. Recognizing and applying new knowledge and ideas.
4. Contemplating the doctor's own behaviour patterns, making use of educational and research activities as well as discussion with colleagues.

Medical audit is essential in this process, and practical advice is given on the ways in which doctors can collect information

which helps them to assess the quality of care they deliver.

This booklet is obviously aimed mainly at general practitioners north of the border, as its appendices contain sources of information available in Scotland; however, as it is available free of charge, I would strongly recommend that every practice acquire one.

The appendix on references and further reading provides a jumping-off point for all doctors interested in audit in general practice, and again emphasizes the enormous value of annotating references, thus guiding the busy practitioner to those articles likely to be of most benefit.

M. G. SHELDON

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## CASSETTE TAPES

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### CASSETTE TAPES: ANGINA AND HEART ATTACKS, BLOOD PRESSURE, DIABETES, ARTHRITIS AND RHEUMATISM

Morard Sound Productions  
Thornton Heath (1981)

Approximately 50 minutes each.  
Price £3.50 (inc. p&p)

Most doctors will agree that patients suffering from chronic problems should be given information about their condition. This has already been shown to help patients cope with their problem and to improve compliance with therapy. The difficulty remains, however, of how best to convey this information to patients. Consultation time in the

surgery is limited, although face-to-face communication is known to be one of the most effective means of getting information over to patients. Advice can be specific and tailored to the patient's needs. Leaflets are also available from a number of sources, in particular voluntary organizations such as the British Diabetic Association.

Recently a number of firms have produced audio cassette tapes containing information and advice for patients. These tapes from Morard Sound Productions aim to supplement information provided by the patient's own general practitioner. The tapes each contain a 50-minute lecture that has been written by a doctor and read by someone else.

Although the information provided and the advice given is reasonably sound, I found the presentation dry and rather tedious. Listening to unrelieved speech for 50 minutes is difficult enough, but the authors have tried to cover each subject so completely that much of the material will be irrelevant to an individual listener. The listener

cannot skip bits that do not interest him, which is possible with written material. Another problem is that the authors have obviously written their scripts for the page and not for the spoken voice. Even paragraph headings are read out as they stand in the script, which leads to a very disjointed presentation. A competent subeditor could easily have re-written the material to iron out such difficulties. However, the tapes written by general practitioners (blood pressure and diabetes) seemed better in this respect than the other two, which were written by specialists.

It may be that some patients prefer to listen to cassette tapes rather than read leaflets. If this is true, I hope that future productions will be more lively and aim to inform in a more entertaining manner. Patients are used to listening to well-produced radio (or television) programmes about health; cassette tapes should follow production techniques that are now commonplace in other media.

S. A. SMAIL

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## BOOKS FOR PATIENTS

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### EPILEPSY EXPLAINED

M. V. Laidlaw and J. Laidlaw

Churchill Livingstone  
Edinburgh, London, New York  
(1980)

83 pages. £1.20

Without understanding the nature of epilepsy and his or her own fits, individuals cannot sensibly adapt their lives to their handicap or see the relevance of their medication. Patients, their relatives and others with whom they come

into contact in their daily lives cope better when provided with accurate information, rather than the mixture of fact and misunderstanding or downright ignorance and prejudice which generally prevail. This little book is a commendable attempt to tell people about epilepsy: what fits are, what causes them, the purpose of tests and the implications for practical living, work, leisure and marriage. It has been written as simply as it probably could be and my experience is that many find it instructive and helpful. Inevitably the less academic find it less helpful — yet these are often those with the greatest problems. The complexities of brain function are rightly consigned to an appendix, and this was the least appreciated section of the book amongst the few patients to whom I loaned it.

Patients with epilepsy and their fam-

ilies depend first and foremost upon their doctors to explain and teach them about their illness. There is abundant evidence that doctors generally fail to do this adequately, and occasionally even fail to mention the diagnosis. Doctors are often handicapped in this respect because they lack personal understanding of the nature of epilepsy and medication for it. *Epilepsy Explained* has added enormously to my own understanding. It provides good descriptions and a simplified up-to-date classification of seizures which is clear, practical and better than in most modern textbooks. It should be purchased by all general practitioners, read and re-read by them and then, of course, loaned or recommended to patients.

MALCOLM P. TAYLOR