
GENERAL PRACTICE LITERATURE

NEW BOOKS

PSYCHIATRIC ILLNESS IN GENERAL PRACTICE. REVISED EDITION

Michael Shepherd, Brian Cooper,
Alexander C. Brown,
Graham Kalton and A. Clare

OUP

Oxford (1982)

238 pages. Price £15.00

It was a pleasure to meet an old friend, slimmer in appearance and more expensively dressed in a dark suit, but showing continued vitality and still producing new ideas.

This study was a milestone when first published in 1966, as it showed that general practitioners have to cope with most psychiatric disorders, and, at the same time, brought some order to attempts to show the true size of the problem. Previous work had shown a wide variation in the proportion of patients attending general practitioners who could be described as psychologically disturbed, some estimates ranging as high as 80 per cent. While it may be true that all the world, save thee and me, is a little queer, that is no scientific basis for dealing with patients who are psychiatrically disturbed. It is impressive that the perennial arguments about the size of the problem have withered away since the publication of this book, which defines what it is talking about and gives a figure of just under 15 per cent.

What is more important for general practitioners is that Shepherd and his colleagues described our role in the diagnosis and treatment of mental disorders more clearly than ever before, and paid attention to the importance of the doctor's attitude to psychiatric morbidity. Some tables in the book linger in the mind after many years, such as that showing the consultation rates per 1,000 at risk for each morbidity. While the instrument originally used in establishing this rate, the Cornell Medical Index, has been superseded by other instruments (developed partly as a result of this research), the attention now paid to the difficulty of appreciating the significance of somatic symptoms in the context of psychological disturbance has

become much clearer. The concept of 'non-attenders' in general practice was raised as an important, if difficult, field of study, probably for the first time in this work. General practitioners have so many patients to see, they do not waste much time in considering why others do not attend. The implications for medical care in the concluding chapter have led to consideration of the role of the personal doctor in scientific terms more clearly than ever before.

Finally the importance of the Addendum must not be missed. Packed into 15 pages of small print it compresses descriptions of the new tools which the authors and their associates have forged as a result of the original enquiry, and which they must now set about adapting for the use of general practitioners.

MICHAEL COURTENAY
General Practitioner, London

PAEDIATRICS

N. D. Barnes and N. R. C.
Robertson

Update Books
London (1981)

130 pages. Price £14.95

A professional lifetime's habit of tearing out articles and papers from journals and storing them in a large pile labelled 'reprints' has, in my case, filled two large filing cabinets. The series of articles in *Update* over the last few years on paediatric problems by Barnes and Robertson are somewhere in that pile. How refreshing it is, therefore, to welcome those same articles expanded, partly rewritten, with more photographs than in the originals and one or two quite unfamiliar chapters which have obviously been specially written for this, the book of the film, as it were. I have a few quibbles, but these apart, I can thoroughly recommend this book to general practitioners. The authors claim common sense governed their writing—it is very obvious that uncommon sense has been used in large measures. I found the renal tract chapter and the gut chapter extremely helpful and resolve from now on to test the urine of every child with abdominal pain for the very good reasons stated. What are they? — buy the book and find out.

G. CURTIS JENKINS
General Practitioner, Middlesex

DOCTORS AND MANAGEMENT SKILLS

F. Eskin

MCB Publications
Bradford (1981)

78 pages. Price £6.95

Skill in management is not every general practitioner's cup of tea, though, like prose, we are all using it every day of the week without realizing it. When it comes to actually studying management skill, then a lot of us fight shy of even contemplating the thought. It was, therefore, with considerable interest that I looked at this book. I have an antipathy to jargon and I had to fight this antipathy at frequent intervals, though the technical language used by Dr Eskin is not as bad as some I have read.

By the end of the book, I thought my efforts had been worthwhile and I would recommend it, particularly to those who are involved in district or regional organizations of the NHS, even if it only means that we will be able to throw the technical language back at the others.

Trainees, too, would find the book very useful. It is often difficult for the novice in general practice to realize that he or she is going to have to run a business as well as deal with patients.

STUART CARNE
General Practitioner, London

ESSENTIAL ACCIDENT AND EMERGENCY CARE

F. Wilson

MTP Press
Lancaster (1981)

308 pages. Price £7.95

The contributors to this volume are doctors at the Royal Lancaster Infirmary. The foreword is a tribute to the late Dr Frank Wilson, editor and contributor, by his brother, who describes his teaching gifts and varied professional experience. It is not until one has become impressed with the first few chapters directed at the nurse working in an accident and emergency department, and the realization how helpful they would be working in health centres and general practitioner hospitals, that another hunt for an explanation for this book leads at last to the back cover—'About the book: an all-embracing,

simply explained guide for the nurse faced with responsibilities of sudden illness and injury, written most understandingly by a team of doctor specialists whose concept of the accident and emergency department is holistic; a blending of interfaces between patient, police, ambulance, nurses, doctors and laypersons, and all to benefit the patient."

The index is more than adequate for the quick reference necessary; the chapters cover all aspects, the print is clear, and I could find no off-putting errors of syntax.

The authors and editor are to be congratulated upon the success of this unusual venture. I am sure that my medical colleagues will want it on the surgery shelf and that it will prove just as practical a comforter as Arthur Bell's *Pocket Obstetrics* was to many a young doctor in a sweat in yesteryears.

K. C. EASTON
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Yorkshire

THE BATTERED CHILD: RECOGNITION IN PRIMARY CARE

N. O'Doherty

Baillière Tindall
London (1982)

57 pages. Price £9.95

Dr O'Doherty and his publishers, Baillière Tindall, have taken a lot of trouble to include in this short booklet a good selection of well-produced pictures about various forms of ill-treatment of children as seen in hospital. Presentation is clear and will be useful to doctors both in hospital and the community who may meet this syndrome.

The book cannot, however, be recommended to general practitioners or to trainees because it does not properly meet the second part of the title and shows little awareness of problems and opportunities for diagnosis in primary medical care. Indeed, there are no references to primary care other than the statement that new cases "continue to be poorly managed".

The special relationship of doctors who also care for the parent, the value of access to the home through home visiting, and patterns of behaviour associated with non-attendance at surgeries are not discussed.

There is very little understanding in this book that children with bruises are seen almost every day in general practice

and that the real skill is not so much seeing the bruises as distinguishing between those that are associated with ill-treatment and those that are associated with normal living.

Finally, on page 38 there is the statement that "the battered child must always be admitted to hospital", which is not necessarily true or correct in the United Kingdom.

In conclusion, this book represents an admirable idea and has much to commend it, but the author should have collaborated with a colleague in primary care to justify his title.

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PSYCHO-SOCIAL ASPECTS OF DEPRESSION. NO WAY OUT?

Lars Fredén

John Wiley
Bristol (1982)

202 pages. Price £14.50

The debate about the nature and cause of depression has made little progress in the last decade or so and seems currently to be concerned with claims for the minor advantages of one antidepressant drug over another when we have no good understanding of what we are treating. Yet Brown and Harris offered some new insights in *Social Origins of Depression* (1978) and this book, which is a pleasure to read, promises to illuminate future discussion.

Dr Fredén does not offer new facts but develops a consistent and acceptable model of depression by carefully correlating contributions from psychiatric, psycho-analytic and behavioural theory with the findings of empirical research. The author reviews comprehensively an international range of relevant literature, complements this with his own studies and uses both to modify the original hypothesis. He keeps his argument as simple as possible, demonstrates admirable common sense in interpreting findings, maintains a logical flow and provides appropriate case histories to illustrate his points.

Unfortunately, the final chapter, in which Dr Fredén offers suggestions for a way out for the depressed, is skimpy. He says that there must be changes in society, particularly in the roles of individuals. He is critical of the medical profession's view of depression, especially of the "poverty of medical language which encourages us . . . to react to people as stereotypes rather than varied individual personalities". He advo-

cates a psychotherapeutic approach towards the individual, his or her relationships with others and, most importantly, the whole family. He does not, however, indicate who should be responsible for this care. The psychosocial nature of his theory might imply that it should be removed from the medical setting and into a different system of care.

I recommend anyone who wants to review their ideas about depression to read this book. At £14.50 you will want to use your postgraduate library copy, unless, as I hope, a paperback edition is published.

BRIAN B. WALLACE
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PSYCHOLOGY AND MEDICINE

D. Griffiths

Macmillan
London (1981)

491 pages. Price £12.50 hardback,
£4.95 paperback

This appears to be the first in a series of publications introducing different professions to the mysterious world of the psychologist, and it carries out its task with great aplomb. The psyche is looked at from a behavioural stance, but the supernatural aspects of consciousness, such as the Christian acceptance of the value of suffering, are barely touched on. Most of the areas relevant to the practice team are covered in this book, ranging from the biological bases of behaviour to methods of creating change and dealing with many specific problems, such as child psychology, stress and sexual behaviours. But where is alcoholism—can psychologists offer no solace here?

All the sections have clear, appropriate references and suggestions for further study, and the questions addressed to the reader at the end of each chapter lead quite easily to teaching or discussion. Some of the writing, however, makes oppressive reading, with large tracts of prose unbroken by headings, and there is a shortage of good diagrams and charts. I particularly liked the chapter on personality and individual assessment, which contains concise descriptions of many of the tests used by psychologists.

It is rare to see such good value for money.

A. D. CLIFT
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