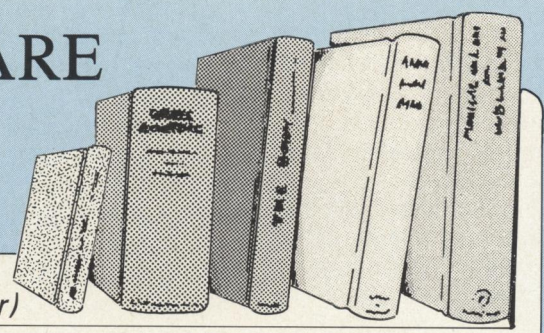
PRIMARY CARE BOOK SHELF



NIGEL STOTT (Reviews Editor)

Reviews by:-

P. H. EDWARDS

JOYCE DAVIDSON

N. C. H. STOTT

COMPUTERS IN PRIMARY CARE
Lewis D. Ritchie
Heinemann, London (1984)
153 pages. Price £6.95

BIOMEDICAL BESTIARY: AN EPIDEMIOLOGICAL GUIDE TO FLAWS AND FALLACIES IN THE MEDICAL LITERATURE
Max Michael III, W. Thomas Boyce and Allen J. Wilcox
Little, Brown, Boston (1984)
161 pages. Price $14.25

LECTURE NOTES ON MEDICINE IN GENERAL PRACTICE (2nd edn)
Conrad M. Harris
Blackwell, Oxford (1984)
99 pages. Price £6.50

CARE OF THE DYING — A CLINICAL HANDBOOK
Nigel C. H. Stott and Ilora G. Finlay
Churchill Livingstone, Edinburgh (1984)
83 pages. Price £2.95

THE COLOUR ATLAS OF THE NAIL IN CLINICAL DIAGNOSIS
D. W. Beavens and S. E. Brooks
Wolfe Medical Publications, Weert, The Netherlands (1984)
240 pages. Price £14.00

DERMATOLOGY — AN ILLUSTRATED GUIDE (3rd edn)
Lionel Fry
Butterworths, London (1984)
183 pages. Price £19.50

CLINICAL OTOSCOPY
Michael Hawke, Malcolm Keene and Peter W. Alberti
Churchill Livingstone, Edinburgh (1984)
127 pages. Price £12.95

Lewis Ritchie's *Computers in primary care* will be added to my shelf of academic monographs of merit. The author is a remarkably well-qualified young principal in general practice and his book is both comprehensive and refreshingly easy to read. Any doctor or nurse who has a serious interest in the potential of computers in primary care will find this a meaty text. Ritchie is an enthusiast for his subject yet he is objective in his appraisals and debates controversial issues from both viewpoints. The beginner will find himself led gently into a basic understanding of systems, and the old hand will find a bibliography which will satisfy the most seasoned academic.

The text starts with three chapters on the evolution of primary care, its records, philosophies and practices with special reference to computers. The next three chapters deal with the role of computers in practice: first the basic principles, next the computer-assisted medical record and finally the applications. Chapter 7 provides a summary of human–machine interactions by counting the cost, considering the patient and the consultation, the impact on office staff and the interfaces with team, hospital, community physician and pharmacist. The penultimate two chapters are a countdown on how to make a decision about computing and confidentiality. The final chapter is a summary and conclusions.

This book is an important milestone in primary care computing, not because it has all the answers but because it is an honest review of present state. Ritchie deserves to be read and quoted by those who are involved in this rapidly changing scene. I wish that some of the texts produced by working parties could be equally commended: one is reminded of the old joke that 'a camel is horse produced by a committee'. This book is no camel, it is a sleek racehorse.

Any criticisms? My only adverse comment is that, like most computer enthusiasts, Lewis Ritchie believes that the lack of a systematic approach to consultations by many practitioners can only be improved by computing cues to action. This was reflected in the Computer Working Party Report of the RCGP in 1980 and it is perpetuated in Ritchie's text. Implicit in the same concept is the belief

that a manual record is passive whereas a computerized record can be active. This is an assumption based on selective use of averages rather than trends and it will, I believe, be one of the most controversial issues debated during the second half of the 1980s. Whether the computer in primary health care proves to be friend or foe remains to be seen, every thinking doctor will have to contend with the issues raised.

N.C.H.S.

The good scientist is aware of the limitations of every study, particularly his own, because no single piece of research is without weakness. Research is a painful business, and often it is those who have never tried to produce original work who are the most destructive commentators. *Biomedical bestiary: an epidemiological guide to flaws and fallacies in the medical literature* is a brilliant and humorous introduction to 16 common pitfalls in biomedical research. The authors start by saying:

'Medical research is full of fiends and goblins who distort clinical measurements, disrupt protocols, and cloud the processes of logic. These demons cheerfully infect the medical literature. They leer unabashedly from behind "Materials and Methods" sections, gaily pollute "Results" and wreak havoc with "Conclusions". Goblin-catching measures like the randomized controlled trial or logistic regression analysis are some defence. But, alas, each defence also provides new nooks and crannies for monsters to haunt.'

The book uses this light-hearted imagery to lead the reader through a range of extremely important concepts.

An overview of study designs in the first chapter is followed by separate chapters on a variety of subjects: confounding variables, sources of bias, observer influences, statistical quirks and reasons for false-negative or false-positive conclusions. Each section starts with a humorous definition of the relevant 'beast' followed by a scientific definition and both fictitious and real examples of the phenomenon. By using a degree of levity in this way the authors introduce heavyweight issues. References are included for those who wish to take the next logical step and go off to the library.

This book does not compete with the many excellent epidemiological works that are available to doctors and students because it is not a textbook. Nevertheless, I recommend it as essential reading for any would-be research worker in the sociomedical field as a quick introduction to some of the most important aspects of epidemiology. The seasoned researcher will find food for thought, entertainment and healthy revision in these 160 pages. The Americans have again shown how wit can be used to de-mystify areas of science and medicine. The result is a thoroughly practical analysis which is clinically oriented, informative and a lot of fun.

N.C.H.S.

The new edition of *Lecture notes on medicine in general practice* satisfies the needs of those students and vocational trainees at whom it is aimed. Quibbles about content and form are mainly a result of the constraints of the 'lecture notes on' format which lead, at times to an almost breathless style of prose as the author seeks to cram in all the information he can.

The book is in four sections. Section I is a routine look at morbidity in general practice. It is skillfully shown that diagnostic labels may not have the same connotations as they did when applied to patients in hospital. The frequency of consultations for common conditions in the 'average' practice are calculated and regional variations discussed. The student is then shown a new way to look at illnesses — those that are common; life-threatening; chronic and handicapping; where early treatment is worthwhile; minor but serious for groups at risk.

The second section deals with psychosocial aspects. Definitions of terms such as symptoms and health — and their relationships — are explained. The current theories of symptom presentation to a doctor and its relationship to social class are advanced, together with some cameos, showing how illness and social problems are intertwined. Psychological aspects of general practice are illustrated by reference to the consultation. There is a chapter entitled 'Eleven stories' illustrating powerful and sometimes manipulative relationships between doctors and patients. While these examples strike a chord in this reader, personally, I wonder whether some students, seeking refuge in clinical medicine, may find them frightening rather than fascinating.

The third section deals with resources available and is presented in a list-like fashion, although there is room for the odd contentious remark, for example, when talking about social workers, 'It may be for the good of the public that some tension between the two professions should remain, based on genuine differences of approach.'

Section IV is entitled 'Skills'. The chapter dealing with interviewing answers many questions posed by students and should be recommended to all students before they see patients in general practice.

Section V, entitled 'Conclusions', points out that working in general practice gives students a chance to assess their career preferences. I am certain that reading this book will nudge a few more down the path of primary care.

P.H.E.

Care of the dying is a welcome handbook for anyone involved with patients in their terminal illness. There has been an encouraging increase in interest in this subject, and several large textbooks have been published. However, this does not set out to be a definitive work, but rather a concise manual to be used for ready reference by all members of a terminal care team. The authors are experienced in care of the dying, both in the hospice environment and in the home. They are general practitioners with teaching commitments and their knowledge will be invaluable to medical and nursing students, trainee general practitioners as well as experienced nurses and clinicians.

The text is well illustrated by Adian Shaw and Janice Sharp of the Department of Medical Illustration of the University of Wales College of Medicine. The clear diagrams and good drawings of familiar situations underline the human problems of this type of care.

Skilled control of symptoms is essential and many useful suggestions are given. Relief of pain is of prime importance — the clinical target is to keep a patient pain-free for 24 hours a day — and clear comparisons of the relative potency and duration of action of various analgesics are tabulated, as well as those to avoid. We are reminded that alternative treatments, such as radiotherapy, may allow analgesic requirements to be reduced.

The value of good nursing care is stressed throughout the book, and De'arne Goldie of St Columba's Hospice, Edinburgh, is the nursing adviser.

The authors stress that the professionals making up a terminal care team must not 'take over' from the lay carers. There must be mutual trust between the patient and everyone involved, and discussions with regard to home or hospice care must be made jointly. Many patients prefer to spend their last days in familiar surroundings, with occasional respite for relatives by short stays in a hospital or hospice.

Grief and bereavement is touched upon sympathetically, as too are religious differences — which are important in this country today, with so many patients of different cultural and religious backgrounds.

The book closes with descriptions of a number of clinical situations, which provide useful topics for group discussion.

J.D.

All medical students will remember being taught to examine the fingers for pallor, koilonychia, clubbing, occupational markers, splinter haemorrhages and Heberden's nodes, but few will have learned that the human nail tells a story about past months of health or illness in remarkable detail. *The colour atlas of the nail in clinical diagnosis* is a beautifully presented book written in the Oslerian tradition of observation and interpretation. The authors have compiled a text of common nail changes — the kind of changes which you may find in a high percentage of your patients' nails — so what was previously regarded as a variant of normal becomes a marker of important experiences or events. Since nails are always visible and ready for careful inspection by those who want more clinical craft in their work, this enhances the excitement of clinical medicine. Nowhere is clinical craft and speed of diagnosis more important than in primary health care, where the opportunities given always exceed the opportunities taken.

There is a minimal amount of text in this manual, and the meat of the book comprises 403 colour pictures of the highest quality. Each illustration is annotated to help the reader see what is clearly visible and each section is introduced by a brief but helpful overview. The anatomy and physiology of the normal nail is well reviewed in the first chapter followed by chapters which deal with growth arrest lines, koilonychia, canaliformis deformities, nutritional abnormalities, fungal infections, circulatory disorders, trauma, onychodystrophies, psoriasis, clubbing, systemic diseases, intellectual handicap, congenital abnormalities, pigment changes and tumours. The book is well referenced for those who will wish to check sources.

Many enthusiastic clinicians may want to question some of the minor deviations from normal because when 'normal' becomes 'abnormal' is probably a statistical decision rather than a clinical absolute. Nevertheless, no one is better equipped to collect a series in this 'grey area' than those who work in primary health care and see hundreds of 'normals' (or are they 'abnormals'?) every week.

Beavens and Brooks are to be congratulated on an outstanding contribution to our literature, outstanding because it is both practical and intellectually stimulating. Wolfe Medical Publication Limited have again shown the quality of their workmanship. This book deserves to be bought and read by all clinicians, not just by generalists but by many specialists who dabble in general medicine, as they too would benefit from its refreshing insights.

N.C.H.S.

Dermatology: an illustrated guide is so well known that it hardly needs a book review. The first edition in 1973 was a landmark in dermatological communication, and the third edition is a further refinement of the original. Nearly 600 colour illustrations are supported by a readable text to provide, not an atlas, but a high quality textbook for students of general dermatology. The visual evidence is enhanced by a sound summary of diagnostic pointers and management strategies. Fry comments in his preface that the most significant changes in this edition relate to the updating of many treatments to bring them in line with recent advances.

This is a book for every practice and particularly for teaching practices, as so many students continue to learn their practical dermatology through their general practice attachments or during vocational training.

Any omissions? Yes, Lionel Fry has continued to ignore many commercially produced combinations which are in common use. He deals with most basic ingredients extremely well but fails to tabulate and comment upon the advantages and disadvantages of many trade products. It is a fact of life that patients often prefer a single preparation for its feel or scent or colour despite its being similar pharmacologically to another British National Formulary preparation. As primary physicians we are at the sharp end of re-negotiating people's expectations; comment from one as experienced as Fry in dermatological management would be useful.

N.C.H.S.

Modern fibreoptic illumination using miniature halogen bulbs has enhanced the opportunities for real precision in clinical observation of the ear by general practitioners

or general physicians. Otoscopic techniques are essential to the generalist and new levels of skill are mandatory now that relatively cheap precision tools are available. The appearance of *Clinical otoscopy: a text and colour atlas* is a timely reminder of how fast this field of medicine is growing and how important it is to demand high standards of clinical diagnosis.

This new text is heavily illustrated with excellent colour photographs of the ear and so the structures are seen as viewed through a good quality otoscope. The result is a highly relevant book for all who look at ears regularly in their clinical work. Gone are the days of inadequate line drawings which could not convey the tone, texture and subtle colour changes.

The text is divided conventionally but thoroughly into history of otoscopy, instruments, anatomy, physiology, clinical examination, disorders of the ear, and therapeutic principles. Four useful appendices provide recommendations for early detection of speech and hearing disorders, sample audiograms, photographic equipment and instrument lists. The bibliography and index are clear and concise.

This is an excellent text written by specialists for generalists and its only disappointing feature it a total lack of insight or reference into the considerable body of research from general practice in this field. We see disorders at an earlier stage than the specialists and so our view of natural history is often different. In the 1980s it is not too much to expect that specialists in a field should be aware of all the literature of relevance to their writings. The fact that numerous surveys, controlled studies, books and theses on clinical otology have come from general practice during the last 15 years exacerbates the omission.

N.C.H.S.

Bacteriuria in the catheterized patient

The author studied 110 catheterized patients to determine the concentration of microorganisms that would indicate infection in urine aspirated from an indwelling urethral catheter. High-level bacteriuria or candiduria ($>10^5$ colony-forming units per ml) developed in 34 patients. However, low-level bacteriuria or candiduria ($<10^5$ organisms per ml), which developed in 41 patients, progressed to concentrations above 10^5 organisms per ml 96 per cent of the time ($P<0.001$), usually within three days of the initial culture showing growth, unless the patient received intercurrent suppressive antimicrobial therapy. It was concluded that the urinary tract of catheterized patients is highly susceptible to infection once small numbers of microorganisms gain access and that a concentration considerably below 10^5 organisms per ml may be clinically and epidemiologically important in this setting.

Source: Stark RP, Maki DG. Bacteriuria in the catheterized patient. What quantitative level of bacteriuria is relevant? *N Engl J Med* 1984; **311**: 560-564.

COLLEGE ACCOMMODATION

Charges for college accommodation are reduced for Fellows, Members and Associates. Members of overseas colleges are welcome when rooms are available, but pay the full rate. All charges for accommodation include a substantial breakfast and now include service and VAT.

Children aged six and over can be accommodated when accompanied by a parent, and arrangements can be made for young children to share a room with their parents at a reduced rate. Children over six may use the public rooms when accompanied by their parents. Younger children cannot be accommodated, and dogs are not allowed. Residents are asked to arrive before 21.00 hours to take up their reservations or, if possible, earlier.

As from 1 April 1985 the room charges per night are:

	Members	Full rate
Single room	£18.00	£27.00
with handbasin	£20.00	£30.00
with bathroom	£25.00	£37.50
Double room	£30.00	£45.00
with bathroom	£35.00	£52.50
Penthouse (self-catering with kitchen)	£60.00	£90.00

Reception rooms are available for booking by outside organizations as well as by Members. All hirings are subject to approval, and the charges include VAT and service. A surcharge may be made for weekend bookings.

	Members	Full rate
Long room	£105.00	£210.00
John Hunt Room	£70.00	£140.00
Common room and terrace	£80.00	£160.00
Dining room	£50.00	£100.00

Enquiries should be addressed to:
The Accommodation Secretary
Royal College of General Practitioners
14 Princes Gate, Hyde Park
London SW7 1PU. Telephone: 01-581 3232.

Whenever possible, bookings should be made well in advance and in writing. Telephone bookings can be accepted only between 08.30 and 18.00 on Mondays to Fridays. Outside these hours, an Ansafone service is available. A cancellation fee of 25 per cent may apply if cancellation is made within 24 hours of the due date.