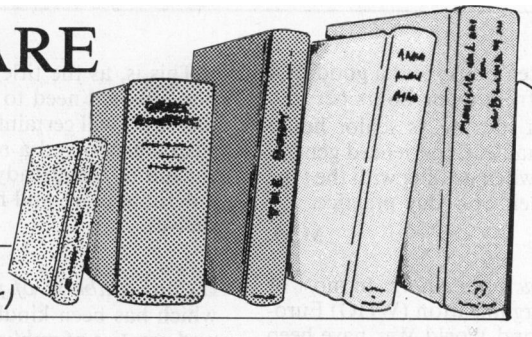


# PRIMARY CARE BOOK SHELF



M. MEAD  
A.P. PRESLEY  
N.C.H. STOTT

NIGEL STOTT (Reviews Editor)

## OXFORD TEXTBOOK OF CLINICAL PHARMACOLOGY AND DRUG THERAPY

D.G. Grahame-Smith and J.K. Aronson  
Oxford University Press, Oxford (1984)  
843 pages. Price £25.00, £12.50 (paperback) ✓

## ACCIDENTS AND EMERGENCIES: A PRACTICAL HANDBOOK FOR PERSONAL USE (4th edn.)

R.H. Hardy  
Oxford University Press, Oxford (1985)  
186 pages. Price £7.95 ✓

## SEX AND FAMILY PLANNING: HOW WE TEACH THE YOUNG

Public Health in Europe 23 (Report of a study by B. Lewin)  
World Health Organization,  
WHO, Copenhagen (1984)  
170 pages. Price Sw Fr 19 ✓

## SEX THERAPY: A PRACTICAL GUIDE

Keith Hawton  
Oxford University Press, Oxford (1985)  
273 pages. Price £7.95 ✓

## OXFORD TEXTBOOK OF PUBLIC HEALTH Volume 1. History, determinants, scope and strategies

Walter W. Holland, Roger Detels and George Knox  
Oxford University Press, Oxford (1985)  
280 pages. Price £25.00 ✓

## HOW TO DO IT

Articles from the British Medical Journal (2nd edn.)  
Stephen Lock (Editor)  
British Medical Association, London (1985)  
266 pages. Price £6.50 ✓

*Oxford textbook of clinical pharmacology and drug therapy* is a sturdy volume in which (in these changing times) the authors were wise enough to preface the text with the statement that not all the drugs mentioned would necessarily be available on prescription. It is divided into three sections. The first section is devoted to pharmacological theory, and, though useful for the qualified doctor, is probably aimed at the medical student. There is a particularly clear and lengthy consideration of pharmacokinetics, presented in a clinically relevant way. Such detailed considerations were not available in general text books until just over a decade ago. The mathematical derivations for pharmacokinetic models are perhaps superfluous to most clinicians' needs, though this indicates the detail of information in the book.

The second section, on pharmacodynamics, relates cellular biochemical changes to the clinical effect of drugs in the patient. The theory is described logically and the examples chosen are clinically interesting and relevant, for example the action of frusemide on the kidneys, and the action at the cellular level of digoxin in heart failure.

Having considered various models for why the drugs work these authors are sufficiently enlightened to include a section on why drugs do not work. There follows sections on clinical trials, drug interactions, ways to improve compliance, and, within a discussion about the correct way to write a prescription, a short but topical piece on generic versus proprietary drugs.

Section three is concerned with specific groups of diseases and their management with drugs. A great deal of general medicine, physiology and pathology is presented here. The chapters on drugs for cardiovascular and respiratory diseases are comprehensive, but for diabetes the information is decidedly limited and diseases such as vaginal candidosis and trichomonal infections are omitted. Anaesthetics are included but drugs used in obstetrics are not, and drugs such as ergometrine and ritodrine are not in the index. Hormonal therapeutics are not considered in great detail, and the section on contraceptives is already out of date.

The final section — the pharmacopoeia — details about 300 compounds or groups of drugs, and contains its own index. One of the most refreshing aspects of this pharmacopoeia is the inclusion of a diagram of the molecular structure of each of the drugs. The general index is over 50 pages in length, and at the foot of each page is a reminder of the three main sections within the book.

This book is a first-rate new generation text. It is beautifully printed and well bound. It is ideal for all levels of studentship, and is so thorough that it is difficult to believe this is the first edition.

A.P.P.

One of the first books I bought on starting my pre-registration year was *Accidents and emergencies: a practical handbook for personal use*, then in its second edition. This enlarged fourth edition does not fit as easily into the casualty officer's pocket but it is still good value for money. It covers the spectrum of problems presenting at the casualty department from abdominal injuries to zip-fastener calamities. It is written in a down-to-earth manner, albeit occasionally in a rather too basic style, for example, 'shoulder pain is a rotten pain'. What I like most is its clear-cut and practical advice. In a book on accidents and emergencies it is easy to criticize approaches to managing specific problems, but on the whole the advice is helpful and sound. I would have appreciated a little more than one page on psychiatric emergencies, as these can be some of the most difficult problems to deal with, and perhaps a note on sectioning procedure could have been included.

In a small, concise book there are bound to be omissions, but some of the important problems are dealt with superficially and the text could be expanded to cover such areas as when to X-ray a sprained ankle, points to look for in identifying non-accidental injury in children and the differences between croup and epiglottitis. The six lines on febrile convulsions without mention of dosages or the pros and cons of rectal diazepam is another case in point. Part of the problem lies in the unusual format of the book, with alternate pages blank; this leaves less space for imparting information and I suspect few readers actually use the blank pages for the addition of their own personal notes.

This is a readable and easily digested book, and a good deal of practical advice can be obtained from a few hours perusal. Casualty officers, including trainees starting as senior house officers in casualty, will find it invaluable. Experienced general practitioners may find it too shallow when dealing with the type of problems confronting them in their everyday practice.

M.M.

*Sex and family planning: how we teach the young.* In most of the countries of the World Health Organization (WHO) European Region the years since the Second World War have been marked by a progressive liberalization of sexual relationships. The reasons for this change are many — among them the rapid social changes in the post-war period, the expansion of feminism, and the ready availability of contraceptives (especially oral contraceptives). The consequences of these changes are important, not only for individual families but for communities and nations.

Young people are deeply affected by these changes in attitudes. They are less bound by traditional morality and values than their parents were, and they are aware of the greater freedom that they now have. But to what extent has their family life and sex education prepared them to cope with such freedom? Are governments conscious of the problems of sex education and, if they are, what steps are they taking to meet them? If governments are not taking action, do other organizations fill the gap?

To clarify the situation, the WHO commissioned the author to carry out a study of the family planning and sex education provided for young people in Europe. Nine countries were specially selected for detailed study and they illustrate a variety of approaches. The study clearly demonstrates how few young people receive instruction in a subject that will profoundly affect their future lives and that of the community. It reveals the need for a more systematic approach to sex education and, more broadly, to education on family life and problems.

The results of the study are obviously applicable not only to the WHO European Region but also to many other parts of the world. The author hopes that governments will study the findings with care if only because, as the study points out, it is cheaper to provide the young with adequate education on family planning and sex than to cope with the abortions, ruined educational opportunities and other unwelcome side-effects of today's sexual freedom.

This book includes the short questionnaires sent to all government agencies in every country in the region and more detailed questionnaires which were used to survey actual programmes in the nine selected countries (Britain was not one). The methods and the data will be of most value to those who wish to present a multi-national case for sex education and family planning.

N.C.H.S.

*Sex therapy: a practical guide* is a useful book. Ask general practitioners about the management of otitis media, depression or asthma and you are likely to get an interesting range of authoritative replies. Ask the same general practitioners about sex therapy and the response may be less effusive, partly a reflection of the poor training given to doctors in this area. I must confess that, prior to reading this book, I too had a profound ignorance of this field and counted it extremely low on my list of personal interests. I thus approached this book, which is written for those with an interest in sexual problems — psychiatrists, clinical psychologists, general practitioners, social workers, family planning doctors, gynaecologists, marriage guidance counsellors — with a great deal of caution and apprehension. I was pleasantly surprised. It is a comprehensive yet still reasonably compact book covering the whole range of sexual problems likely to be seen by a general practitioner in his or her consultations. The presentation is superb — the text is broken up into sections and subsections for easy reference and the tables are excellent summaries of the text. Each chapter ends with a conclusion to put the chapter in perspective and a long list of references.

This is, as the title suggests, a practical guide and a practitioner would need to go no further for information about sex therapy. I will certainly be using it for future reference. It seems customary to end a review by recommending the book for inclusion in the already bulging practice library. This book has a definite place and might profitably occupy one of the lower shelves.

M.M.

*Oxford textbook of public health, volume 1* is a new edition which has been kindled by a desire to revise *Hobson's theory and practice of public health*. The new editors have adopted the American style of multi-authors and multi-volumes, this being the first in a series of four. The book is written for post-graduate students and practitioners of public health but many clinicians will be tempted by its imposing presentation and coverage, now that public health is increasingly becoming everybody's business.

This first volume leads the reader through the historical determinants of health towards a discussion of the overall scope and strategies of public health. Thus in the 1980s it is appropriate for environmental, social and genetic aspects of health to be covered. The contributors to volume 1 provide a world-wide selection but three of the four editors are British. The content is comprehensive and well laid out, with long lists of references originating from both sides of the Atlantic. Sections on legislation, nuclear war, unemployment and social security bring the flavour of the 1980s into this text.

Those who work in primary health care will have some difficulty in recognizing the public health view of medical care. Doctors are mentioned for being obstructive and for causing iatrogenic diseases. The Alma-Ata declaration is cited for its global intent but is not made specific and not included in the index. The overall attitude to medical care is probably best revealed in a quotation from page 28: 'Public health, however, uses medical care primarily to achieve prevention.'

Needless to say the authors do not consider such mundane matters as the rapidly changing emphases in international primary health care, nor do they acknowledge that their public health heroes (Smith, Farr, Virchow) were clinicians who could see in their patients the problems and opportunities for prevention and thus embark on campaigns for public reform. Clinical observations have been fuelling ideas in public health since the nineteenth century; so why does the modern non-clinical breed of public health doctor have so much difficulty in acknowledging the good as well as the bad in medical practice? Volumes 2, 3 and 4 will hopefully redress these oversights, because it is vital that the best of public health should remain in touch with the best of primary health care. Without this there is no hope for the goal of basic health for all by the year 2000.

N.C.H.S.

Most doctors spend their lives facing a series of experiences which are so testing that patient care can be light relief in comparison. In the second edition of *How to do it* Stephen Lock brings together nearly 50 different situations which are likely to face all competent physicians sooner or later. For example: How to organize an international meeting, chair a conference, chair a committee, be an examiner, write an MD thesis, give a reference, conduct an interview, prepare a curriculum vitae, attend an inquest, give evidence, raise funds, apply for a research grant, give a press conference, appear on television, and so on.

This multi-author book is a series of short articles on these and many more trying topics. Most of the articles are of a high standard, clearly presented and practical.

I searched in vain for 'How to write a letter to a professional colleague', but presumably Stephen Lock does not realize how awful most of these letters are. I did find 'How to review a book' by Harold Ellis: he included lots of sage advice in addition to the fact that he too reviews most books in bed.

You will find this a useful reference text if you are under 50 years of age and an amusing text if you are over 60.

N.C.H.S.