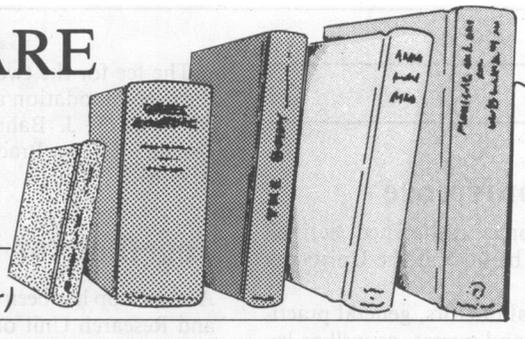


PRIMARY CARE BOOK SHELF



NIGEL STOTT (Reviews Editor)

H.M. CHARLES
M.D. HARRISON
T. O'DOWD
J. KAY RICHMOND
D.H. HOWE

TOWARDS EARLIER DIAGNOSIS. A GUIDE TO PRIMARY CARE

Fifth edition

Keith Hodgkin

Churchill Livingstone, Edinburgh (1985)

770 pages. Price £15.00

COMMON DISEASES

Their nature, incidence and care. Fourth edition

John Fry

MTP Press, Lancaster (1985)

426 pages. Price £19.95

1985 YEARBOOK OF FAMILY PRACTICE

Robert Rakel (Ed)

Year Book Medical Publishers, Chicago (1985)

656 pages. Price £43.00

TRENDS IN GENERAL PRACTICE COMPUTING

Michael Sheldon and Norman Stoddart (Eds)

Royal College of General Practitioners, London (1985)

236 pages. Price £12.50

ORTHOPAEDIC DISORDERS IN GENERAL PRACTICE

Richard L.M. Newell and Julian G. Turner

Butterworths, London (1985)

122 pages. Price £8.95

DRUGS IN GENERAL PRACTICE

EURO reports and studies 91. Report on a WHO meeting

World Health Organization, Regional Office for Europe, Copenhagen (1985)

45 pages. Price Sw.fr.6.-

PRIMARY HEALTH CARE IN INDUSTRIALIZED COUNTRIES

EURO reports and studies 95. Report on a WHO meeting

World Health Organization, Regional Office for Europe, Copenhagen (1985)

60 pages. Price Sw.fr.8.-

PRINCIPLES OF DEVELOPMENT OF MODEL HEALTH CARE PROGRAMMES

EURO reports and studies 96. Report of a WHO meeting

World Health Organization, Regional Office for Europe, Copenhagen (1985)

41 pages. Price Sw.fr.6.-

MANUAL OF RADIOGRAPHIC INTERPRETATION FOR GENERAL PRACTITIONERS WHO BASIC RADIOLOGICAL SYSTEM

P.E.S. Palmer, W.P. Cockshott, V. Hegedus and E. Samuel

World Health Organization, Geneva (1985)

216 pages. Price Sw.fr.23.-

Towards earlier diagnosis. A guide to primary care is now in its fifth edition and it is over 20 years since it was first published, demonstrating how popular and useful a publication this is. The book is written mainly for trainees but it is also invaluable for

experienced general practitioners. It is in two parts: the first is concerned with the principles of primary care and the second deals systematically with the early diagnoses of important disorders.

The trainee or young principal will learn a lot from the first section as ground rules are laid and various obligations and objectives of practitioners are discussed. The author defines the role of the general practitioner as 'providing personal health care that is primary, continuous and comprehensive'. He then goes on to discuss various dilemmas, financial influences and the diagnostic process in primary care. The importance of preventive medicine is stressed both at the national level and in consultations.

The author states that in order to make accurate early diagnoses it is important to have a working knowledge of the normal so that any clinical abnormality can be detected. There follows a chapter on the development and behaviour of the normal individual and the way in which the individual relates to the group. The first part of the book concludes with a discussion on the integration of the information obtained to the benefit of the patient.

The second section of the book is a source of reference that describes over 400 of the most common disorders encountered in primary care. It is based on the author's own clinical experience and documents every patient seen by him in practice from 1949 to 1963. The section is divided systematically and there is a comprehensive index. Each condition described has sections on aetiology, diagnostic range, age and sex incidence, clinical pointers, investigations, duration, complications, differential diagnoses and management options.

In order to keep up with recent advances sections on computers in general practice and the use of video recordings in the consultation have been added to this edition.

Overall, this is an excellent book which is essential reading for the young doctor in primary care as well as being useful for the more experienced practitioner.

H.M.C.

Common diseases is now in its fourth edition. This well-known book by an equally well-known author is based on the author's 40 years in general practice and thus represents a valuable contribution to the literature of general practice.

The scope of this book is considerable. The author looks at diseases under broad section headings such as respiratory, cardiovascular, psychiatric and so on. At the beginning of each section he gives an outline of the clinical spectrum for the disorders, with useful information about consultation rates and time absent from work together with hospital inpatient data and mortality statistics. Each section then examines individual disorders in separate chapters. In these chapters more detailed statistics are given, together with natural history, clinical findings, management and any sequelae. All this makes interesting reading, although one might not agree entirely with some of the comments on management.

Several changes have been made in this edition. Most chapters finish with a helpful section which highlights the main points of the chapter — useful for those revising for the MRCGP examination. The first section, 'Common diseases', has been rewritten and is much clearer, with shorter chapters and a more direct style. Likewise the chapter on ischaemic heart disease has been rewritten with a much improved layout. A final chapter on National Health Service data has been added to the book. This includes population statistics on divorce, smoking, alcohol and so on together with figures about NHS staff, workload of general practitioners, prescribing and other NHS costs.

The alterations and additions to the book are improvements, but some of the other chapters should also have been rewritten. This is an essential book for a practice library and all trainees should be encouraged to read it. It has a wealth of information of importance to any general practitioner interested in his daily work. It also provides a good source of information for tutorials and teaching sessions.

M.D.H.

In the 1985 *yearbook of family practice* four American family doctors have summarized relevant articles from 136 journals, mostly dated 1983–84, and have added their own opinion or comments at the end of the synopses. The synopses are readable and clear and the commentaries are brief, snappy and often referenced. The book is divided into 18 chapters beginning with infectious diseases and ending with family problems. It is well put together and is obviously meant to become part of a growing collection of *Yearbooks* as it refers the reader back to previous editions. There is an extensive cumulative subject index at the end of the book covering the previous five years.

However, all does not end there. By sending \$50 to the publishers the family doctor receives a test booklet of 50 multiple-choice questions based on the contents of the *Yearbook*. After completion the booklet is sent to Professor Rakel at the University of Iowa for marking. If you get 75% of the questions right then you are credited with 25 hours of continuing medical education. Surely this idea has something to commend it to the protagonists of reaccreditation in this country.

Stephen Lock, editor of the *British Medical Journal*, has said that editors of medical journals merely take in other people's washing. In this book Professor Rakel and his colleagues have acted as valets by checking the buttons and cuffs and making sure the inside leg is the right length for the family doctor.

The journals on this side of the Atlantic were poorly represented which may be because our research does not merit entry or the authors may be less familiar with it than they would like to confess. Nonetheless for doctors who are busy but like to keep up with current developments this book is invaluable.

T.O'D.

Trends in general practice computing has been written by a group of computer enthusiasts, except for a chapter by Nigel Stott which attempts to put practice computing into perspective. As with all multi-author books it suffers from a lack of cohesion between its chapters and some duplication has resulted, especially concerning repeat-prescribing systems. Several authors have assumed that repeat-prescribing packages are a good starting point for beginners. However, this is challenged by James Read who demonstrates how a practice can increase its profits by efficiently using an age–sex data base for items-of-service recall programmes. This confirms my own experience. More emphasis should be given to this use of the computer since it provides immediately tangible results for a practice just acquiring a computer. It would also offer benefits to all of the practice population and not just to those receiving regular repeat medication.

It is assumed that duplicate manual records are too time consuming but this is not necessarily true. Hard copy can be

generated on a regular basis from the computer especially for the age–sex data base items of service and repeat prescriptions. Alternatively, simple manual tabulations can be manufactured for each patient which take only seconds to update during encounters with doctor or ancillary staff.

It was encouraging that those writing about the use of a keyboard in consultations did not feel that current entry mechanisms were acceptable.

As an overview of general practice computing this volume is comprehensive and should prove informative for those contemplating computerization while giving food for thought to those of us who have already put our toes into the water. Computerization is an inevitable progression of general practice management systems whether clinical or administrative and all who read this book should be helped in their deliberations by its wide-ranging contents and the palpable enthusiasm of its authors.

J.K.R.

About a quarter of general practice consultations are for orthopaedic problems, yet most younger general practitioners have not been adequately prepared to deal with them and most older doctors have had to learn from their own experience. It is therefore not surprising that many doctors do not derive much satisfaction from treating such patients, and to all in this position I wholeheartedly recommend *Orthopaedic disorders in general practice*. It is written by an orthopaedic surgeon and general practitioner, who describe most orthopaedic problems clearly and concisely. Emphasis is placed on important points of history, examination and the characteristics of serious conditions that must not be missed.

The first seven chapters deal with general aspects of the subject, and are difficult to read. Fortunately the important points are repeated in later chapters, each of which deals with a separate anatomical region. The natural history of most conditions is described and a plan of management suggested, including the place of consultant referral. Local steroid injection techniques are described well but with no diagrams. The last chapter deals with the writing of medico-legal reports.

In a small book it is easy to cavil at what has been omitted, but there are several conditions which should have been mentioned and these include claw toes causing painful callouses under the heads of the middle metatarsals, pulled elbow and unequal leg length as a factor in back pain. There should also have been a section on the wrist and Cyriax's concept of referred tenderness was omitted. Manipulation is mentioned but it is a pity that the authors did not invite a medical manipulator to write a chapter as I have found this to be a successful and rewarding general practice technique. The medico-legal importance of good notes in all accident cases should have been stressed.

Nonetheless this is a good, sensibly written book which I read with profit and which I shall recommend to my trainees.

D.M.

The World Health Organization (WHO) has been a source of prolific writing for many years and during the past decade has focussed its attention on primary health care. In 1975 the twenty-eighth World Assembly passed the now famous resolution 'health for all by the year 2000 at a level that will permit people to lead socially and economically productive lives'. Primary health care is viewed as the means to that end.

Drugs in general practice is a report of a WHO meeting held in October 1982. Fifty participants from 24 European countries met to discuss factors affecting prescribing, education of general practitioners, audit in general practice, drug information and the general practitioner and other related problems. General

practitioners were recognized as the major prescribers throughout the world but little involved in the development and control of drugs.

Virtually all the participants of this meeting were pharmacologists or administrators who revealed their backgrounds by producing a set of recommendations which, although sound, revealed little understanding of what is happening in modern general practice. In particular, the narrow focus on drugs, drug information and drug application excluded the far more important balancing element of therapeutic skills which do not involve drug therapy. Predictably the well-worn cliché of 'intelligent non-compliance' was produced again but the important principles underlying it were not developed.

It is extraordinary that the WHO can hold a meeting about the practices of a group of professionals without them being significantly represented, and at the same time pay lip-service to the principles of Alma-Ata. This is a double message which will not go unnoticed by those who work in the frontline of care.

Primary health care in industrialised countries is a report of a WHO meeting held in November 1983. Over 107 participants from 25 nations considered why the principles of Alma-Ata were being implemented so slowly in the European regions — an understandably delicate matter. The report is largely a set of unreferenced anecdotes about small successes in various countries and, like the previous report, it slides quietly over the deeper issues.

In particular no one questioned whether the declaration of Alma-Ata could be failing because of its internal contradictions and possible ambiguities. Those who are reading, writing and researching in the modern world of primary health care will wonder why so much money was spent on the production of such a lightweight report.

Principles of development of model health care programmes is a working party report from Finland in which the strategy for achieving more unified management of expensive, common and worrying problems is discussed. In addressing the question 'Is it cost-effective to recommend standard patterns of care?' the working party brought together clinicians, nurses, academics and administrators. They defined the principles of modern health care programmes and then applied them to low back pain and stroke. Unfortunately the outcome measures are not complete so the authors were able to describe the process enthusiastically and the report does not include any comparative data or outcome assessments. I quote:

'Whether the introduction of a programme contributes an improvement in cost-effectiveness can only be decided on the basis of a comparison with old practice. In the Finnish case, the chances of rigorous evaluation were lost ... by the time the group had finished its work, most of the programmes were already published and efforts to implement them were well underway.'

Manual of radiographic interpretation for general practitioners. WHO basic radiological system has more than 400 radiographs and many line drawings. The intention is to provide an aid to general practitioners who have to read X-rays when radiologists are not available. Hence common conditions are included, particularly those which can be successfully managed without specialist resources. The text is organized into yellow pages (radiation risks, rules for contrast media use and first aid in event of adverse reactions) and white pages (chest, skeleton, skull, spine, abdomen, obstetric and urinary tract X-rays).

Any general practitioner who has X-ray facilities and responsibility for reporting his own films will find this a most useful and practical book.

N.C.H.S.

DUNDEE

PARTNER REQUIRED

1st September 1986 on retirement of male senior partner from two man, one woman practice with part-time female assistant.

It is a training practice with a current list of approx. 5,000, situated in small modern health centre beside University department and teaching practice, close to teaching hospital, and takes part in under-graduate teaching. There is a practice nurse, full complement of secretarial/reception staff, two attached district nursing sisters and one health visitor.

Applicants should have MRCGP and a firm commitment to all aspects of patient care including preventive medicine and health education. CV should not be sent at present but further information will be provided on application to Drs Lawson, MacGregor and Watson, West Gate Health Centre, Charleston Drive, Dundee DD2 4AD.



Scottish Council of the Royal College of General Practitioners

Prescribing Fellowship

Applications are invited for a fellowship of the Scottish Council of the College whose aim is to promote appropriate prescribing in general practice. The Fellowship will be on a part time basis for two sessions a week and will be for a period of up to three years. Application is open to medical practitioners as well as to others who have a special interest in prescribing in general practice.

The Scottish Council Prescribing Fellow will work closely with one of the College faculties and also in association with such other relevant local resources as a university department of general practice, or of medicine, or therapeutics and a local medical committee.

Applications should be in the form of an outline proposal describing the strategies and procedures to be pursued as well as the extent to which other support will be available. They will only be considered where they are made with faculty support. Final applications should be submitted by 15 June 1986.

Further details of the Scottish Council Prescribing Fellowship are available from the Honorary Secretary of the Scottish Council, Royal College of General Practitioners, 2 Hill Square, Edinburgh EH8 9DR.