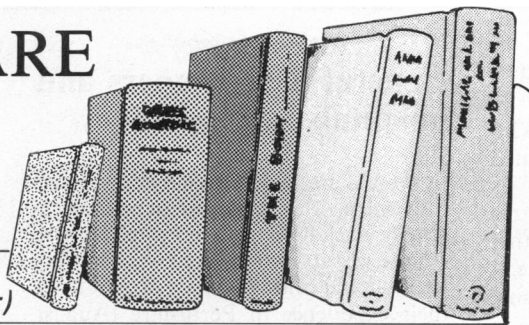


PRIMARY CARE BOOK SHELF



P. THOMAS
R.J. ROBERTSON
J.R. MURPHY
T.C. O'DOWD
LYNNE HUTTON
M.G. MEAD

NIGEL STOTT (Reviews Editor)

AN ACCOUNT OF THE FOXGLOVE AND ITS MEDICAL USES, 1785-1985

J.K. Aronson

Oxford University Press, London (1985)

399 pages. Price £25.00

PREVENTIVE CARDIOLOGY

Gary E. Fraser

Oxford University Press (1986)

397 Pages. Price £30.00

AN INTRODUCTION TO THE PSYCHOTHERAPIES

Second edition

Sydney Bloch (Ed)

Oxford University Press (1986)

285 pages. Price £15.00

DISABLED PEOPLE IN THE COMMUNITY

A study of housing, health and welfare services

Anne Borsay

Occasional papers on social administration 80

Bedford Square Press/NCVO, London (1986)

263 pages. Price £9.50

BURN AND SCALD ACCIDENTS TO CHILDREN

Report of a working party of the Child Accident Prevention Trust

Bedford Square Press/NCVO, London (1985)

65 pages. Price £3.95

THE NEGATIVE SCREAM

A story of young people who took an overdose

Sally O'Brien

Routledge and Kegan Paul, London (1986)

148 pages. Price £5.95

An account of the foxglove was published to coincide with the 200th anniversary of the publication in 1785 of William Withering's classic on the same subject.

The first half of Aronson's timely work consists of a much-needed facsimile of Withering's original monograph. In this case, however, Aronson has provided the reader with highly informative marginalia, a format strongly reminiscent of the writings of the ancient grammarians. These annotations render the Birmingham physician's original text effortless to follow. The second half of the work, divided conveniently into three parts, comprises a fascinating history of the foxglove and its uses from its early mention in the Bury St Edmund's herbal *Herbarium Apuleius Platonicus* (c. 1120) to the present day.

Withering, one of the most able of clinicians and botanists of his time, will be remembered for his discovery of the value of the foxglove in heart disease, especially when the disease included oedema, dyspnoea and tachycardia. Like Jenner, the inspiration for his spectacular revelation came from folk medicine. Aware that the country people of Shropshire brewed foxglove leaves as a tea to cure dropsy, Withering showed by trial and

error and by analysis of his records taken over a 10-year period that preparations of the leaf, if carefully administered, were an excellent remedy. In short, he was instrumental in pioneering the correct use of digitalis which has been a sheet-anchor in the treatment of heart disease. Interestingly enough, in his detailed analysis of Withering's cases, Aronson supports his own discussion by means of modern statistical methods accompanied by explanatory diagrams.

It would be invidious for the reviewer to select for special mention any particular chapter from Aronson's history and critique because each one is so well-written, so thoroughly researched and so full of fresh material. He has sections on the botany of the foxglove, literary references to the plant, the cardiac glycosides, the mode of action of digitalis and the early use of the foxglove in scrofula and epilepsy. Withering's life and times also come in for detailed treatment.

Part III brings the digitalis story right up-to-date. Aronson states that as far as digitalis is concerned the nineteenth century was something of a fallow period, contrasting sharply with the amount of fundamental pharmacological and clinical research that has taken place during the present century. In this endeavour he not only highlights the work of Cushny, Mackenzie, Wenckebach, Lewis, McMichael, Hagen, Schatzman and Skou but has contributed much basic research of his own on this important topic. With three indexes and over 250 references to complete the work we can rightly say that the Oxford pharmacologist has written a classic about a classic.

PT.

Preventive cardiology has been written to introduce readers to this concept and has the following aims:

'To acquaint readers with the present knowledge of the factors contributing to the epidemic of coronary heart disease afflicting most Western or industrialized countries. To give readers an appreciation of the pitfalls in analysing even carefully conducted population research. To introduce readers to the scientific basis of prevention and the methods that can produce behavioural change and affect a patient's health, especially as they relate to primary and secondary prevention of coronary heart disease. Emphasis is placed on the role of the individual clinician as therapist'

The book combines aspects of clinical practice in cardiology, cardiovascular epidemiology and behavioural science in relation to ischaemic heart disease. In producing this book the author has consulted a wide range of medical literature — over 1000 sources. In the early chapters terminology and diagnostic criteria are carefully and clearly defined and the public health aspects evaluated. The major part of the book looks at individual risk factors, including serum cholesterol, diet, smoking, hypertension, alcohol intake, physical activity and psychosocial and

socioeconomic variables. The author isolates the risk factors from the available evidence, examining, for example, whether physical inactivity or obesity, or neither, is more implicated in ischaemic heart disease.

The later chapters look at various methods of intervention aimed at preventing heart disease, such as antihypertensive drugs, hypolipidaemic drugs, physical exercise and changes in diet. There are especially interesting chapters on the approach to children at risk for ischaemic heart disease; on practical ways of encouraging at-risk patients to make behavioural changes; and on the epidemiology of sudden death. The latter is difficult to define, but recent indications are that much of the decline of mortality from ischaemic heart disease over recent years is due to the decline in rates of sudden death (perhaps because of resuscitation schemes and individual attention to risk factors).

With many tables, figures and references the book is at times difficult to read smoothly, but most chapters end with useful summaries. It would be a most useful book to consult when specific questions arise in this field and is perhaps more appropriate for the postgraduate bookshelves than the average practice library.

R.J.R.

An introduction to the psychotherapies is written for students in the mental health professions, but provides an excellent and up-to-date guide to psychotherapy for general practitioners and other members of the primary care team. It would therefore make a sensible addition to any practice bookshelf. The book aims to make the concept of psychotherapy more understandable to the reader, to emphasize the common ground between the different schools of psychotherapy, to draw a relationship between research and clinical practice, and to guide the student in his reading.

Comprehensive chapters are provided on well-established therapies, including cognitive and behavioural psychotherapy, individual long-term psychotherapy, child psychotherapy (Sula Wolff), and family therapy, and the editor contributes an authoritative chapter on group psychotherapy. There are useful chapters describing brief focal psychotherapy, marital therapy (Jack Dominian) and sex therapy. In addition, crisis intervention and supportive psychotherapy are helpfully outlined in separate chapters. Factors inducing adverse effects in group psychotherapy are only briefly referred to in the relevant chapter, and could have been more thoroughly discussed.

There are some familiar names among the contributors and the book provides, in my view, a well-argued case for the use of counselling and psychotherapy in a wide range of psychological and interpersonal problems. Statistical evidence is discussed in over half of the 10 chapters; these typically involve short-term treatments with well-motivated patients. The other chapters are about long-term psychotherapy and marital and sexual therapy; one author reports improvement in the form of case histories. The widely held view is that psychotherapy is not cost-effective and does not produce a change in a patient's psychological state or interpersonal difficulties over and above what might be expected through spontaneous resolution. This guide provides a concise review of evidence supporting the use of psychotherapy, especially in short-term and well-defined treatments. The critics would do well to read it.

General practitioners who do not consciously employ psychotherapy in practice may be surprised to find that the principles of psychotherapy find their way into the shortest of consultations. Indeed reference is made to Balint in the reference lists of three chapters and in the text of a fourth. Use of these principles in the approach to a patient's problem may allow the

course of the consultation to run more smoothly, and the outcome to be more satisfactory. This book is recommended for the training practice library.

J.R.M.

According to Greek legend Procrustes was a robber who offered hospitality to strangers; if they were too long for his bed he amputated their limbs and if they were too short he stretched them. In the occasional paper, *Disabled people in the community*, Anne Borsay's thesis is that community care for the disabled has come about in a Procrustean fashion without proper planning or evaluation.

The main bulk of the disabled are elderly and non-voting; they do not belong to pressure groups and have little economic clout. Borsay sees the social security system as an agent of control which keeps the poor on the breadline and the disabled economically handicapped and discourages role reversal by encouraging men only to seek full-time employment.

When it comes to housing, disabled home-owners are as disadvantaged as disabled council tenants. Home-owners wishing to get help to modify their homes have to go through a tortuous application procedure. Architects, of course, must take some blame for the poor design of housing estates which use standardized factory-made components rather than building houses on the site. For this reason new homes for the disabled have to be specially built at greater expense.

Borsay is at her best when describing the inequalities the disabled suffer; she is weakest on analysis and solutions. All too often she resorts to the standard sociological response of blaming others — doctors for not caring, nurses for off-loading dirty work and social workers for being interested only in colourful families.

T.C.O'D.

Burn and scald accidents to children, the latest report from the Child Accident Prevention Trust, examines in detail the incidence, types, causes and effects of burns and scalds in childhood. It should be compulsory reading for all health professionals, environmentalists and legislators.

Deaths from burns and scalds have fallen dramatically over the last four decades. It is easy to become complacent. The statistics in the early chapters are well presented and despite providing no real surprises, re-affirm that low income families bear a disproportionately greater burden. These families, who are already stressed by poor housing, overcrowding and financial constraints, are the ones most likely to be faced by the lasting scars, both physical and psychological, of burn and scald accidents to children. Discretionary payments for certain safety devices (for example, fireguards) provides small comfort to families already on supplementary benefit.

The report makes many sensible and attainable recommendations in the later chapters. Specific types of accidents are examined separately in detail, followed by clear recommendations in italics. Fire precautions, product design, education and amendments to legislation are all highlighted as areas in need of improvement.

Personal responsibility is recognized and simple ideas like using mugs in preference to less stable 'cups and saucers' are included.

The report acknowledges recent progress in public awareness and safety standards but urges us to avoid complacency in this complex area of prevention.

L.H.

The negative scream is basically an account of 195 young people living in London, who took an overdose of drugs between 1975 and 1978. After a succession of brief case histories the book proceeds to analyse the group in terms of family background, employment, accommodation, personal relationships and previous psychiatric history. Precipitating factors and circumstances surrounding the event are examined and the use of health services by the group documented. As the book progressed to discuss the role of the general practitioner I awaited, with bated breath, the customary slating of the Valium prescription. I was, however, refreshed to find instead a balanced and reasoned discussion of the problems faced by those involved in trying to help these young people. Sally O'Brien clearly has an understanding of the difficulties the general practitioners of central London encounter when dealing with this highly mobile group of patients. She concludes that the most appropriate response is a 'counselling approach' and outlines the basic skills a counsellor needs. The book ends with some national (albeit out-of-date) statistics.

Although you are unlikely to find any new information in this book, it does serve as a useful resource for discussing the subject. Particularly poignant are the words of those who had taken an overdose — one describing the attempt as a 'negative scream'. The book is a good purchase for those with an interest in counselling and who are trying to understand the plight of some of the younger generation in our cities today.

M.G.M.

BOOKS RECEIVED

RECENT ADVANCES IN PSYCHOGERIATRICS 1

Tom Arie (Ed), Churchill Livingstone, Edinburgh, 1985. 235 pages. Price £25.00

A COLOUR ATLAS OF HYPERTENSION

Kim M. Fox and Leonard M. Shapiro, Wolfe Medical Publications, London, 1985. 142 pages. Price £20.00

THE OTHER MEDICINES. THE UNIQUE TREAT-YOURSELF GUIDE TO NATURAL REMEDIES AND THERAPIES

Richard Grossman, Pan Books, London, 1986. 320 pages. Price £2.95

A LEG TO STAND ON

Oliver Sacks, Pan Books, London, 1986. 168 pages. Price £3.50

A DOCTOR IN THE WEST

Morris Gibson, Pan Books, London, 1985. 240 pages. Price £2.95

CONTRACEPTION. YOUR QUESTIONS ANSWERED

John Guillebaud, Pitman, London, 1985. 311 pages. Price £4.95

CLINICAL CHEMICAL PATHOLOGY (10th edition)

C.H. Gray, P.J.N. Howorth and M.G. Rinsler, Edward Arnold, London, 1985. 326 pages. Price £8.50

A DOCTOR IN SAUDI ARABIA

G.E. Moloney, Regency Press, London, 1985. 365 pages. Price £12.50

A HANDBOOK FOR THE DOCTOR'S SPOUSE.

EMERGENCIES IN GENERAL PRACTICE

Alistair Moulds, Peter Martin, Margaret Martin and Nicola Moulds, Upjohn Medical Sciences Liaison Division, 1985. 24 pages

DRUGS FOR ALL. WHAT WE NEED TO KNOW ABOUT OUR MEDICINES

Jenny Bryan, Penguin Books, London, 1986. 200 pages. Price £2.95

EVERYWOMAN, A GYNAECOLOGICAL GUIDE FOR LIFE

(4th edition)

Derek Llewellyn-Jones, Faber and Faber, London, 1986. 424 pages. Price £3.50

TEXTBOOK OF ADVERSE DRUG REACTIONS (3rd edition)

D.M. Davies (Ed), Oxford University Press, 1986. 814 pages. Price £75.00

MEDICAL GYNAECOLOGY

M.C. McNaughton (Ed), Blackwell Scientific Publications, Oxford, 1985. 272 pages. Price £19.50

HAVE HEALTHY TEETH AND GUMS

Mervyn Pichel and Neil Curtis, Javelin Books, Poole, Dorset, 1986. 128 pages. Price £2.95

THE HEALING ARTS. A JOURNEY THROUGH THE FACES OF MEDICINE

Ted Kaptchuk and Michael Croucher, British Broadcasting Corporation, London, 1986. 175 pages. Price £5.25

DRUGS IN GENERAL PRACTICE. REPORT ON A WHO MEETING

EURO Reports and Studies 91

World Health Organization, Copenhagen, 1985. 45 pages. Price Sw.fr.6.-

PRIMARY HEALTH CARE IN INDUSTRIALIZED COUNTRIES. REPORT ON A WHO MEETING

EURO Reports and Studies 95

World Health Organization, Copenhagen, 1985. 60 pages. Price Sw.fr.8.-

PRINCIPLES OF DEVELOPMENT OF MODEL HEALTH CARE PROGRAMMES. REPORT ON A WHO MEETING

EURO Reports and Studies 96

World Health Organization, Copenhagen, 1985. 41 pages. Price Sw.fr.6.-

VACCINATION CERTIFICATE REQUIREMENTS AND HEALTH ADVICE FOR INTERNATIONAL TRAVEL 1986

World Health Organization, Geneva, 1985. 81 pages. Price Sw.fr.13.-

POCKET PRESCRIBER (19th edition)

Peter J. Lewis and Michael B. Murphy, Churchill Livingstone, Edinburgh, 1985. 158 pages. Price £2.95

CASH'S TEXTBOOK OF NEUROLOGY FOR PHYSIOTHERAPISTS (4th edition)

Patricia A. Downie (Ed), Faber and Faber, London, 1986. 653 pages. Price £9.95

Drug holidays in treatment for parkinsonism

Transient withdrawal of therapy has been advocated as a method of dealing with the complications of long-term use of levodopa in the treatment of Parkinson's disease. This study retrospectively examined the effect of a 10-day period of levodopa withdrawal, or 'drug holiday', in 28 patients. The subsequent clinical course of these patients was compared over one year with that of 30 other, randomly selected, similar patients with Parkinson's disease. In both groups the disease progressed; there was no difference in disease severity, capacity for daily living activities, or total amounts of dopamine agonists eventually used. For some patients, it was possible to reduce dopamine agonists used immediately after the drug holiday without causing deterioration, but a pulmonary embolus and other complications occurred. Subsequent complications related to long-term dopamine-agonist therapy during the follow-up period were similar in the two groups. This investigation indicates that a drug holiday carries some risk and does not improve the efficacy of levodopa therapy or prevent the problems that occur with long-term administration.

Source: Mayeux R, Stern Y, Mulvey K, Cote L. Reappraisal of temporary levodopa withdrawal ('drug holiday') in Parkinson's disease. *N Engl J Med* 1985; 313: 724-728.