

day general practice. This comprehensive review of the current literature on the prevention of mental illness provides the theoretical base which underpins these activities. Hopefully it will also provide some guidance and support to general practitioners who perceive the enormous potential of this field of activity but find themselves floundering when they have to decide what to do.

Preventing mental illness does not provide all the answers, but at least the questions are raised. What should be the balance between emphasizing resources which facilitate health and growth as opposed to a disease model which searches for noxious agents which might be eliminated or buffered by protective factors? How does one disentangle the relationship between vulnerability and protective factors and their joint influence on the outcome of a stressful life event? High self-esteem is an important protective factor. How can we help to enhance it? What is the role of general practitioners and what is their optimum relationship with psychiatrists? How can community resources best be harnessed to promote positive mental health?

All of these questions and many more are explored with great clarity and with the support of an extensive bibliography. This book is essential and enjoyable reading for anyone whose work involves mental health issues and this should include all general practitioners.

C.K. DRINKWATER

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GUIDELINES FOR SETTING UP AND RUNNING A CARDIAC REHABILITATION PROGRAMME

*The Coronary Prevention Group, London (1989)
65 pages. Price £3.50*

Based on a conference organized by the Coronary Prevention Group, the booklet has been written for any health professional who wants to start up a cardiac rehabilitation programme for patients who have suffered a heart attack or undergone heart surgery. It is further suggested that the material would be useful for lay people wanting to initiate such a programme.

I felt positively disposed towards the review: the format is attractive with its white cover, little red hearts to highlight points, and cartoons by Larry; and I felt guilty that our practice has no formal policy on helping patients who have had a major coronary event. Unfortunately my enthusiasm turned to disappointment.

Perhaps inevitably for a book which is aimed at a wide group of health professionals, the explanation of medical terms is overly simplistic. Most of the booklet is devoted to discussing how a rehabilitation programme can be set up and the areas that would have to be considered by any organizer are well laid out. However, there is insufficient information to enable someone to set up a programme solely using this material: other books would have to be read or specialists contacted. Definitive statements would have been useful on what specific details should be covered with patients, what specific exercises might be advised and how to perform these. Thus, the book is a lot less valuable to a busy general practitioner than it might have been. My major criticism of the text is the unnecessary and persistent repetition which occurs throughout and the booklet seemed to be very disorganized. On a positive note, though, there are some useful addresses for further reading, relevant organizations and references at the end of the text.

Despite my criticisms, on balance I would purchase a copy since it is reasonably priced and might just stimulate somebody in the practice to set up a programme. With current pressure

on doctors to perform more primary prevention, there could be a real danger that secondary prevention will fall by the wayside. General practice has never been good at providing facilities for people who have established disease despite the evidence that investment in secondary prevention, particularly in diseases like heart attack, is extremely beneficial not only for improved morbidity and mortality but also in helping patients and their families to achieve normal lives after a devastating life event.

RICHARD HOBBS

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TREATING DRUG ABUSERS

*Gerald Bennett (ed)
Routledge, London (1989)
201 pages. Price £25.00*

This welcome new book edited by Gerald Bennett contains a collection of chapters by workers from different disciplines in areas as far apart as Dorset, Hampshire, Birmingham, Rochdale and Paisley who examine important aspects of clinical practice in treating drug abuse. As the introduction states: 'for the most part, practice has gone beyond research and is guided by an amalgam of experience and theory, with drug services developing rapidly to cope with the changing British drug scene and problems such as AIDS [acquired immune deficiency syndrome]'. The early chapters examine learning theory and motivational change, followed by practical aspects of treatment, including family therapy, relapse prevention, the role of prescribing, benzodiazepine withdrawal and AIDS related issues, all of which are well debated with controversies aired, historical perspectives given where relevant, and useful lists of references. The final part of the book covers development of services and prescribing practice, together with the emergence of community drug teams.

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This compact book contains considerable wisdom presented in a readable and friendly style. It lacks dogma and encourages the reader to obtain a clear perspective of the current state of the art of treating drug users. The book presents sensible treatment objectives and harm reduction strategies, and I hope it will play an important role in helping medical students and practitioners achieve a more realistic, humane and flexible approach to treating drug abusers.

JUDITH GREENWOOD

Community psychiatrist, Community Drug Problem Service, Royal Edinburgh Hospital

RELAPSE AND ADDICTIVE BEHAVIOUR

Michael Gossop (ed)
Routledge, London (1989)
305 pages. Price £29.95

The immense amount of information about relapse gathered together in this book will be of most use to those working in the field of addiction.

Relapse is not clearly defined. It could be used to describe any recurrent dysfunctional behaviour. If this is indeed the central problem of addiction then any such behaviour can be classed as addictive. The book therefore includes chapters on eating disorders and on sex offenders.

It does not seem to me that much enlightenment has so far come out of this widening of the concept of addiction nor out of the struggle to understand relapse and it was brave of the editor to include a chapter from a contributor who shares that view.

I do not wish to be over critical. That people are struggling so hard to deepen their understanding of these problems is encouraging. The problems are heart-breaking — for the individuals, for those around them and for those who try to help them. It is good news that for those drug addicts who enter treatment the outcome is better than we thought. We need to understand why some succeed and what gave them the strength to change.

P.M. HIGGINS

Retired professor of general practice, Guys Hospital Medical School, London

HEALTH CARE FOR SINGLE HOMELESS PEOPLE

Sandra Williams and Isobel Allen
Policy Studies Institute, London (1989)
366 pages. Price £19.95

When a well-meaning but rather idiosyncratic nurse was prevented from dispensing medicines to single homeless men, public attention was briefly drawn to the health of this most disadvantaged group. Questions were asked in parliament, and the

government was mildly embarrassed at how little it was shown to be doing. The result was hasty action to set up two schemes providing a special service to the homeless, using salaried general practitioners under a little known provision of the health service acts. The evaluation of these projects forms the basis of this book.

The result is disappointing. To attempt to evaluate in scientific terms what was in essence an *ad hoc* political exercise is almost inevitably doomed to failure. Perhaps the most valuable lesson is in the limitations of 'objective' science. The two projects differed in both the situations which existed before they started and the way in which events unfolded during the project. Thus any attempt to evaluate them, other than a careful and perceptive description of what took place is at best unhelpful and at worst misleading. With such unique social experiments an anthropological or historical method would have been more appropriate and more honest.

The reader interested in the health care of the homeless should therefore beware of placing too much reliance on this report. A shining exception to this warning is the literature review at the end, which, in contrast to the rest of the book, is both scholarly and comprehensive. So long as one views what precedes it with scepticism, this chapter alone would make the volume worth purchasing.

PETER D. TOON

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MARTINDALE: THE EXTRA PHARMACOPOEIA (29th edition)

The Pharmaceutical Press, London (1989)
1930 pages. Price £95.00

Martindale is a publishing *tour de force*. It is a massive tome containing monographs on all the drugs and topical medications which you could wish to prescribe, describing the formulation of the drug as well as its pharmacology. *Martindale* is to be found on the bookshelves of all pharmacies but should it also be in practice libraries? Most general practitioners rely on the *British national formulary* to provide them with information about the drugs they prescribe, but excellent though the *Formulary* is, it is necessarily concise. When an unusual or exotic problem in clinical therapeutics and dispensing arises general practitioners need textbooks on therapeutics and also *Martindale*.

In the future *Martindale* may be available as an electronic data base making it more accessible and easier to update. Whatever the format its content will continue to be of value to general practitioners and pharmacists.

GRAHAM BUCKLEY

General practitioner, Livingston, West Lothian

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