

education with a case study of the melodramatic demise of the Health Education Council. However, a notable gap in the book is the absence of any real discussion of the ethics of choices made by policy makers in allocating resources to competing health priorities.

The appearance of this book is particularly timely, as the current changes in the National Health Service (including the new contract for general practitioners) have major implications for the work of health professionals — including their role as health educators. Will the latter be diminished or enhanced?

All in all this is a worthy addition to the bookshelf. However, I do have a final observation: the book is addressed to, among others, political decision takers. I think that they will find the contributions to this volume infuriatingly well-balanced with each argument scrupulously countered by an opposing viewpoint. Morally and ethically, it is very fair. But does anyone out there still believe that political decisions are made in this way?

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COMPUTERS IN GENERAL PRACTICE

R Peckitt

Sigma Press, Wilmslow (1990)

216 pages. Price £12.95

It is inevitable that the none-too-quiet revolution in general practice management of the last year or so should be accompanied by a number of books on practice computing and data handling. This one is attractively produced, easy to read and a credit to the author and the publishing team. Dr Peckitt's description of computer systems, the various accessories and their operation is one of the most detailed and the best I have read in the field of general practice. Advice on the differing needs of small and large practices and on training is sound and practical, although I would take issue with the view that a £1000 system could suffice. In my experience, most cheap options of this nature are regretted.

Computerized medical records are well described but the standardization on Read codes, agreed in 1988, is not mentioned. Indeed, the whole question of coding problems across the health service could have had wider coverage. The sections on statistics and audit are not of the same standard as the rest of the book and could have been omitted.

Most readers who have not yet installed a computer will go straight to the chapter, 'Choosing your system'. The author has decided, rightly I think, to cover only the main systems and gives an excellent though rather brief overview of their strong points. He draws back, rather in the tradition of writing personal references, from pointing out the disadvantages of each system and the reader is left to find these out from the several independent sources of advice which are available. Family practitioner committees are mentioned in the book but the information technology department of the Royal College of General Practitioners, the primary health care specialist group of the British Computer Society and the network of general practitioner computer facilitators are not.

Comparisons may be odious but, overall, despite its wider content in some respects, this book appears to be struggling to keep up with the very high standards set by its rivals.

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1989 YEAR BOOK OF FAMILY PRACTICE

Robert E Rakel, Robert F Avant, Charles E Driscoll,

John G Prichard and Charles W Smith (eds)

Year Book Medical Publishers, Chicago (1989)

535 pages. Price £40.00

This is the 13th *Year book of family practice* and its stated aim is 'to assist the family physician in remaining current with recent advances in medical knowledge, especially those of greatest practical significance'. The editor and his associate editors have selected 400 of what they consider to be the best articles from more than 650 journals which are scrutinized each year. The chapters are organized according to body systems, with the exception of the final chapters on accidents and family problems.

There is a strong North American flavour to the book but nevertheless it provides a useful addition to the practice library as it allows ready access to recent clinical research of relevance to general practitioners.

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THE DUTCH SENTINEL PRACTICE NETWORK

Relevance for public health policy

A I M Bartelds, J Fracheboud, J Van der Zee (eds)

Nivel, Utrecht, The Netherlands (1990)

355 pages. Price Hfl.40

The authors are to be congratulated on this publication which represents a summary of their long experience in continuous morbidity registration. The book will be of greatest interest to those concerned with disease monitoring in practice networks but it provides useful reference material for all practices engaged in research.

The Dutch sentinel practice network like its British equivalent, the weekly returns service of the Royal College of General Practitioners, has recordings extending over more than 20 years and provides weekly analyses of episode data in defined populations. The authors draw conclusions from analysis of inter-practice variability and these concur with our own experience of the monitoring of networks.

The use of diagnostic criteria by the Dutch is an important difference between the two systems. The Dutch criteria for influenza (or influenza-like illness) include that 'the infection must be accompanied by a rise in rectal temperature to at least 30°C'. With this criterion, how often would a British doctor report influenza? Perhaps diagnostic criteria are observed more assiduously in the Netherlands.

The chapter on induced abortions, contraception and sterilization covered an area which has no equivalent in the British system and the careful analysis of sterilization data is noteworthy. Analyses of mental illness with separate sections on depression, suicide, psychiatric referrals and patients discharged from psychiatric institutions provide a further example of an integrated approach to disease monitoring and the authors should be commended for this. Requests for euthanasia are also reported.

Referral rates were studied in relation to practice characteristics and some differences were found, particularly in relation to the attitudes of general practitioners. The authors have thus melted a small part of the submerged iceberg which represents our ignorance about the referral process.

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