



CURRENT MEDICINE 3

David H Lawson (ed)

Churchill Livingstone, Edinburgh (1991)

304 pages. Price £17.50

Directed at specialists and trainee physicians, this third volume in a series by the Royal College of Physicians of Edinburgh has much to offer the general practitioner. It aims to keep specialists informed of advances in fields other than their own and aware of patients' needs in areas outside their direct experience. Similar difficulties confront the experienced general practitioner in counselling patients who receive complex investigations and are then offered elaborate new treatments.

The main part of the book is devoted to topical reviews on such diverse subjects as the sleep apnoea syndrome, malaria and gastrointestinal bleeding from non-steroidal anti-inflammatory drugs. Several chapters are devoted to cardiovascular topics including the management of thromboembolic disease and current treatment of high blood cholesterol levels. Consultant physicians share general practitioners' anxiety that more disease than benefit may result if long-term treatment for risk factors is embarked upon uncritically. Also reviewed in this section are bovine spongiform encephalopathy and advances in membrane technology affecting medicine. Chapter content is interesting and relevant to clinical practice; the style straightforward and readable.

A valuable section entitled 'best management' gives the approaches of individual physicians to relatively common clinical problems. These give a common sense approach to the management of such problems as a 13-year-old newly diagnosed diabetic patient. In this case not only is the place of the newer insulin delivery systems in this age group discussed but also lifestyle considerations, family disharmony related to the illness and the delivery of continuing care. It is interesting to learn of the possibility of 'curing' type 1 diabetes using immunomodulation therapy, such as cyclosporin A. Restoration of normal carbohydrate tolerance is reported in about 20% of cases but current drugs are nephrotoxic and clinical diabetes returns as soon as the drug is withdrawn, making routine use unjustified and unethical at present.

The editor rightfully makes no apology for closing a book on current medicine with a historical section. Scottish readers particularly, will appreciate the look at the life and times of two eminent Scottish cardiologists, Rae Gilchrist — former president of the Royal College of Physicians of Edinburgh, and Joe Wright — former president of the Royal College of Physicians and Surgeons of Glasgow, who for some years was a practising general practitioner.

The volume is well produced and the illustrations and

photographs are good although sparse. The organization of material within the chapters is competent and there are adequate side headings. However, more summary tables would have been welcome in some chapters. I will be pleased to keep this book to hand in my practice and to recommend it to general practitioner colleagues and trainees. It would be a worthwhile addition to any practice library and would not gather dust on the library shelves.

ALASTAIR F WRIGHT
Editor of the Journal

EVALUATION OF COMPREHENSIVE CARE OF THE MENTALLY ILL

Hugh Freeman and John Henderson (eds)

Gaskell, London (1991)

208 pages. Price £7.50

All general practitioners know the importance of understanding mental illness and being familiar with the ways in which it may present in their consulting rooms. It seems clear that those patients who are less severely disabled by mental illness should remain under the care of their general practitioner. However, the general practitioner's responsibility to provide comprehensive care for those with chronic mental illness is changing as the interface between generalist and specialist care shifts with the implementation of the policy of transferring patients who have had severe mental illness from hospitals to the community. In parallel with this shift of care is the intention to provide preventive mental health care in the community. This overall emphasis on extramural rather than intramural care is not unique to the United Kingdom but represents, rather, a social policy common to member states of the Council of Europe as well as many other countries. Like many policies based on social dogma, that for mental health care has yet to have its efficacy established and the process of implementation interferes with attempts to compare outcomes. Meanwhile, the difficulties of funding and implementing what is now an irreversible policy require that there be full evaluation including comprehensive establishment of the direct costs.

This book comprises the proceedings of a workshop held in London in December 1989 which focused on recent studies in Europe, including the UK, evaluating experiences of a local or national character aimed at developing alternatives to traditional mental hospital care.

The editors have made a set of papers read like a book and the authors of the papers have clarified complex issues and breathed life and interest into research conundrums. The 13

chapters, with contributors from 12 countries, should be compulsory reading for all doctors who hope to extend scientific rigour to the design, implementation and measurement of health care provision. The book should be on the shelves of all teaching practices so that trainees can appreciate the purposes and difficulties of auditing their own work. It should perhaps be read by politicians who think that adherence to a philosophy, be it professional or political, is sufficient justification for overriding a functioning system of care.

PAUL FREELING

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PRINCIPLES AND PRACTICE OF GERIATRIC MEDICINE (2nd edition)

M S J Pathy (ed)

John Wiley, Chichester (1991)

1607 pages. Price £125.00

It is rather daunting to be asked to review a textbook of over 1500 pages. The first question to be asked is whether there is still a need for large textbooks of this kind. The answer in this case appears to be 'yes' on two counts. The first is that this is the second edition of *Principles and practice of geriatric medicine* and the first edition must have sold well to stimulate the rapid creation of this beautifully produced second edition. The second, and more important, justification for the book is that there is now a large store of knowledge about health and disease in old age which is useful to bring together in one volume for the benefit of students of all ages.

The book is divided into five sections: scientific aspects of human ageing, ageing and society, ageing and function, medicine in old age, and delivery of health care. Although the book has a distinctive British flavour, the list of contributors include doctors from other European countries, North America and Israel. The chapters are succinct and there is evidence that a firm editorial hand has been applied to give a pleasing cohesion to the book. I particularly enjoyed reading the chapter on assessment of functional status by Rosalie Kane and Antony Bayer which gives a joint United Kingdom and North American approach to this subject. In his chapter on preventing disease and promoting health in old age, John Muir Gray is typically robust and forthright in his recommendations for practising prevention in old age. Charles Freer has written the chapter on the contribution of family doctors to the care of older people and, in the space of eight pages, manages to cover this topic in a positive and sensible way.

Experienced general practitioners will probably appreciate most the chapters where there have been significant advances in therapeutics in recent years. The chapter dealing with parkinsonism has been written by Marion Hildick-Smith who provides practical and up to date advice about the management of patients at the different stages of the disease.

Textbooks in paediatrics are regarded as essential in practice libraries. Diseases which affect old people form a major challenge for primary care and textbooks in geriatric medicine should also be considered to be essential for practice libraries. This book fills the niche very well.

E G BUCKLEY

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