



### **AIDS TO GENERAL PRACTICE (2nd edition)**

*M Mead*

*Churchill Livingstone, Edinburgh (1991)*

*169 pages. Price £8.95*

The changing nature of practice, especially in light of new contractual obligations, is reflected in the second edition of *Aids to general practice*, which is designed as a rapid checklist for the general practitioner. This is particularly reflected in the large section on practice management. Management is also included in some topic sections where fees or targets are important to the finances of the practice.

The layout of text in a book of this nature is difficult if it is not to become too cumbersome; the author has succeeded here, including many clear flow charts to aid decision making. It is unclear however, what rationale was used in the rank ordering of topics in each section, particularly in the section on medicine. It did not appear to be in terms of presentation frequency.

One wonders how many general practitioners are sufficiently skilled in tonometry to be confident of excluding glaucoma, or how many have a tonometer. In the section on geriatrics, it seemed inappropriate to include reference to patients under the age of 65 years. Useful reminder is given in the section on psychiatry for the general practitioner to have the courage to use full dose tricyclic antidepressants — but perhaps the use of 5-hydroxytryptamine re-uptake inhibitors could have been discussed more fully. The inclusion of triazolam as a short acting hypnotic was surprising, and many would question the advisability of appetite suppressants, even for short term use. General practice has, quite rightly, always had room for the controversial, but perhaps not in a book of this type.

Overall, this is a useful, rapid reference for the student and the trainee. Aspiring MRCGP candidates would be well advised to exhibit evidence of deeper reading before presenting for examination. Can we look forward to a chapter on law and ethics in the third edition?

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### **TELL ME WHY YOU'VE COME (video)**

*Department of Primary Care, University of Newcastle (1991)*  
*Running time 114 minutes. Price £88.00 (plus VAT)*

Role play has become a legitimate method of teaching students of general practice, both undergraduate and postgraduate, since it was first made popular by the London teachers workshop and others in the 1970s. Using actors as patients has added sophistication to the technique, as has the increasing availability of video equipment, which allows participants, peers and teachers to review the performances.

This package, consisting of two videos and a booklet, gives brief descriptions of the cases and, rather less successfully, com-

ments on the consultation as it progresses. These comments are rather didactic in form and would tend to focus any discussion on certain aspects of the consultation rather than allowing free ranging discussion of the problem as perceived by the group.

The producers of the video set out to show the difference between a 'good' consultation and a 'bad' one, and asked the doctors being videoed to present themselves doing their best, and how 'they hope they never will be'. Since they are all senior students or trainees, they do remarkably well and it is almost an irrelevance for them to show off their acting skill, as distinct from their medical skill, by being bad doctors. The harsh, abrasive, non-empathic and evasive reactions demonstrated make it obvious which consultation is meant to show how not to do it, but one is left with the feeling that time alone is the most important factor, since the good consultations are all at least twice as long as the bad ones. In spite of this, the actors playing patients make a remarkable contribution by adjusting their roles according to the response they get from the doctor and as a demonstration of how to uncover the overt component of the consultation, it is excellent.

If one has access to video equipment, it would be possible to make a series of tapes oneself which may be more relevant to the individual needs of local students, but if not, this series is most useful as a starting point for group discussion and exploration of the consultation.

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### **THE COMMUNITY PREVENTION OF CORONARY HEART DISEASE**

*Keith Williams (ed)*

*HMSO, London (1992)*

*207 pages. Price £13.00*

Much of the 1990 contract for general practitioners aims at preventing coronary heart disease by intervention on an individual level. This book, aimed at 'offering practical ideas to the primary care team for interventions at a local level' would seem to have a ready market among practices wishing to take this problem seriously as well as make money out of it.

The book is divided into four sections. The first is a series of competent articles reviewing epidemiological evidence for the modifiable risk factors for heart disease. This is useful background reading, although similar reviews are readily available. The second section is the most useful, including chapters on how to promote change in relation to the risk factors, preceded by an excellent discussion of the principles of promoting behaviour change.

The third and fourth sections are disappointing. Articles by health workers who have succeeded in building bridges to groups such as the local education authority and the food industry would be more useful than articles written by the members of