

The authors have asked imaginative, comprehensive questions and their carefully considered research is reflected in their clear writing style. They are aware of the limitations of their study, but offer modest recommendations for improving services. Those aged 75 years and over are a key group as far as the National Health Service and community care act is concerned, and their experience will provide a measure by which the success or failure of the act may be judged. *Leaving hospital* will provide plenty of food for thought for those interested in the welfare of elderly people.

Alice McMurtrie
Editorial assistant of the Journal

EXTERNAL EYE DISEASE: A COLOUR ATLAS

Mark T Watts and Michael Nelson
Churchill Livingstone, Edinburgh (1992)
120 pages. Price £42.00

Ophthalmology is a field in which general practitioners are notorious for expressing lack of confidence in diagnosis. A well illustrated atlas of the external eye would therefore be a valuable asset. The book is well presented, with each right hand page consisting of illustrations, while on the left are descriptions and outlines of treatment. The illustrations are clear and do not often fall into the trap of showing advanced disease; most show early presentations as would usually be seen in primary care. Some of the introductory passages, for example the description of the corneal structure, are simple and clear. In addition, some of the conditions often overlooked by general practitioners, such as viral conjunctivitis, or marginal keratitis, are well discussed and illustrated.

However, as a primary care text the book has several disadvantages — indeed, in its preface it states the intention of targeting primarily 'general ophthalmologists and ophthalmologists in training.' In particular, common chalazion occupies 10 lines, while trachoma and bullous dermatoses take up two pages; management is sketchily covered; there is little emphasis on which conditions are common and which are rare; and corneal conditions such as keratoconus and degenerations are extensively illustrated, though they are only recognizable with a slit lamp.

In its present state the book will mainly be of value in general practice to teachers needing illustrations and those with a special interest in the subject. If it were slightly modified to expand on and point out the more common topics then it could be of great value to a general practice readership.

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FORTY YEARS ON

The story of the first forty years of The Royal College of General Practitioners

D P Gray (ed)
Atalink on behalf of the Royal College of General Practitioners,
London (1992)
320 pages

Anniversaries are an important part of life, a time to reflect, an opportunity to celebrate, and the chance to plan for the future. All members of the Royal College of General Practitioners will have received this story of the first 40 years of the College, master-minded by Denis Pereira Gray and carrying his personal stamp throughout its 300 pages.

Those who have read it have had the opportunity to visit or re-visit times of great disadvantage for the profession of general practice, to understand the vision of the early pioneers who set about creating change, and to appreciate the commitment of the many people who have made a contribution to the state of comparative comfort that we now take for granted.

Denis Pereira Gray has himself been a major player in the events he has now chronicled with clarity, simplicity and empathy. He starts with early events, including part of the letter from Russel Brain which reminds us of the combination of arrogance and patronage which marked early relations between specialists and generalists and occasionally still seems closer to the surface than might now be hoped. Subsequent chapters detail the evolution of general practice as a broadly based academic discipline as it took on the challenge of developing education and research in the context of continuity and comprehensiveness of care for families and communities. The success of the RCGP in achieving so much is easier to see in perspective, laid out as it is in this book.

The second half of the collation seems to lose some of the coherence of the first half, and I hope the impact of the whole will not be less for that. Considered reflection of the extent to which the successes described in the first half have solved the problems the College was founded to address, will surely help point the way to a new agenda for at least the first part of the next 40 years. Who from today's younger generation will write the next story, and what will it contain?

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UNDERMINING INNOVATION: PARALLEL TRADE IN PRESCRIPTION MEDICINES

M L Burstall and I S T Senior
Health and Welfare Unit of the Institute of Economic Affairs,
London (1992)
76 pages. Price £12.95

This short book provides a commendably clear explanation of the rather odd phenomenon of parallel trading in prescription medicines that has gone on within the European Community for at least 15 years. The authors explain that because of different pricing mechanisms operating within different EC countries the same drugs can be available at different prices in different EC countries. However, because the EC is a free trade area, it is possible for traders to purchase medicines in countries where prices are low, for example France, and import them to countries where prices are high, for example the United Kingdom, thereby undercutting home producers. It is even possible for a product made in the UK to be exported to France only to be re-imported into the UK as a parallel import. The authors argue that this phenomenon is a symptom of a market subjected to excessive interference. The book goes on to explain in greater detail why parallel importing occurs, why it is not even more widespread, what drugs are the subject of this form of trade, and the involvement of the key players. The last few chapters go on to speculate on what might happen, particularly to the research based pharmaceutical industry, if parallel trade in prescription medicines were to continue unchecked.

The authors acknowledge that 'neither doctors nor patients have much direct interest in parallel imports'. The phenomenon impinges on them only when drugs are inappropriately packaged, differently named, or have a different appearance. The authors speculate that patients and doctors could lose out indirectly if the trade were to cause sufficient damage to the innovative pharmaceutical industry but their arguments to support this