



RESUSCITATION HANDBOOK (2nd edition)

Peter J F Baskett

Wolfe, London (1993)

136 pages. Price £14.95

In an editorial in the *Journal* it was suggested that up to 10 000 people per year in the United Kingdom suffer a cardiac arrest in the presence of their general practitioner (1993; 43: 95-96). There has been a problem, however, for those who wish to find a suitable text, as many volumes compete in this area of training. This book is unusual in that its title understates its excellent contents. Inside you can find not only cardiac life support, but also trauma life support, paediatric life support, pain relief and training.

The book's style is didactic with a structured approach to each subject including a heavy reliance on the use of algorithms. All of the theoretical subjects are adequately covered with good illustrations. Some of the practical procedures however, such as nerve blocks, are less clearly illustrated. The techniques of resuscitation are, by their nature practical, and reading should be supplemented by experience. It would be useful if the book had contained a list of contact addresses of the organizations able to provide training such as the British Association for Immediate Care, the Resuscitation Council (UK), the Royal College of Surgeons of Edinburgh, and the Royal College of Surgeons of England.

The only point with which I disagree appears in the section on training. I am disappointed that the standard that the author expects from general practitioners is less than that expected from senior house officers. I am aware of the problems of skill atrophy, but in many cases the senior house officers of today are the general practitioners of tomorrow, and this resource should be maintained.

Despite these minor criticisms, I would strongly recommend this book as essential reading for all general practitioners and trainees.

CHRIS BRITTAIN

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THE LAST APPOINTMENT: PSYCHOTHERAPY IN GENERAL PRACTICE

John Salinsky

The Book Guild, Lewes, East Sussex (1993)

172 pages. Price £12.95

John Salinsky is president of the Balint Society and this book makes fascinating reading. It describes his development as a psychotherapist by reference to case material from his own general practice. Patients unable to obtain psychotherapy on the National Health Service have been invited by him to book the

last appointment of the evening for up to an hour of psychotherapy.

Dr Salinsky's early interest in Freud gave way to a Kleinian approach favoured by his personal analyst. His account of his own analysis is particularly frank and many may find this the most interesting chapter in the book. No less down to earth are his criteria for assessing the outcome of the therapy he has provided — work, love, other relationships, learning, helping others, independence. On the whole, however, Dr Salinsky is not too concerned with outcome studies. In his view, the need to feel understood is deeply important for everyone, but particularly for the type of person who seeks psychotherapy. He sees himself as a parent-like figure helping his patients to come to terms with early life trauma, especially cruelty and neglect. He views his patients rather as his children, taking a fierce pride and pleasure in their achievements and sharing in their disappointments. He regrets the modern trend in general practice towards a population centred approach at the expense of the individual and his or her uniqueness. Finally, he defiantly declares his intention to continue to give his full attention to his patients with the last appointment of the evening.

VICTOR BLOOM

General physician, London

HYPERTENSION: COMMUNITY CONTROL OF HIGH BLOOD PRESSURE (3rd edition)

Julian Tudor Hart

Radcliffe Press, Oxford (1993)

354 pages. Price £14.95

This is a compelling book — the scientific argument, overwhelming logic and passion are as persuasive as ever and have flourished through three successive editions. For many, the name of Julian Tudor Hart is not only synonymous with the 'inverse care law' but also with the 'rule of halves'. At the outset of this edition he reminds us that the rule of halves is still alive and well within the United Kingdom: half of those with high blood pressure are not known, half of those known are not treated, half of those treated are not controlled. In a review of the first edition in this *Journal* (1981; 31: 125), Malcolm Aylett noted that its publication symbolized 'the final takeover of the real empire of hypertension by general practice'. If we are still only detecting, treating and controlling half of our hypertensive patients, the victory appears a little hollow: we may have won the battle for responsibility but seem to be in danger of losing the war for results.

Julian Tudor Hart rejects such pessimism, although he cautions against the simplistic assumption that increased measurement of blood pressure (processes) in health promotion activities under

the general practitioner contract will necessarily lead to improved patient care (outcomes). He takes an uncompromising and hostile view of the market approach: 'tinkering with human machinery is difficult and dangerous enough in any circumstances; entangled with economic motives, we can neither be trusted nor trust ourselves'.

The third edition proceeds systematically and lucidly through aetiology, natural history, screening mechanisms, record systems, measurement, teamwork, investigation, management and high blood pressure in specific groups. There are a number of useful appendices including patient leaflets, diets, sphygmomanometer care, a protocol for nurse-run clinics and a glossary of UK names and costs of antihypertensive drugs. The final section describes how hypertension mistakenly came to be regarded as a disease, instead of a graded risk factor requiring a graded response. The book emphasizes teamwork and successfully targets a wide audience — medical students, general practice staff, hospital doctors and family health services authority administrative workers with health promotion responsibilities. For me, the highlight of this edition is the masterly integration of the author's unique experience in his 26 years of continuous caring for the hard pressed people of Glyncoerrwg.

According to Julian Tudor Hart, this will be the last edition of his text. It is an inspirational account of his scholarship, humanity and life's work, transcending professional boundaries: in short, a classic.

LEWIS D RITCHIE

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**INFANTS WITH ASTHMA: TOWARDS A
MULTIDISCIPLINARY EDUCATION PROTOCOL FOR
PRIMARY CARE (thesis)**

Ilse Meesters

Maastricht University, Netherlands (1993)

143 pages. Price £30.00

This thesis describes the development, implementation and evaluation of a systematic and coordinated education protocol for parents of children aged up to four years with asthma. The protocol was developed through consideration of the organization, content and transfer of patient education. Its theoretical basis was taken from the PRECEDE model, social learning theory, models for patient-care provider communication and diffusion theory.

The protocol was developed in four stages. A qualitative and quantitative needs assessment was made by the care providers and parents to elicit information about their knowledge, attitudes and misconceptions about asthma. The impact of the protocol on behavioural variables was estimated by preliminary work with parents and its impact in primary care was judged using a randomized controlled trial. A one year follow up in primary care evaluated variables such as asthma severity.

This thesis shows that an asthma education protocol can raise parental understanding of the disease and reported self-management behaviour, although the author recognizes that: 'A gain in psychological factors such as knowledge, attitudes and self-efficacy can only be called successful if parents also change their self-management behaviours in the desirable way. Ultimately, patient education should lead to maintenance of the desired behaviour.'

A great deal of the thesis is devoted to the theoretical and systematic development of an education protocol and

consequently would be of most interest to those interested in developing their own protocol. It is too detailed for the average general practitioner unless he or she has a great interest in asthma education. The applicability of this protocol to the United Kingdom depends on similar coordination between the different disciplines in primary health care, such as community nurses and specialist asthma nurses, as well as cooperation from paediatricians.

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