

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 Glyncoirwg.

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.

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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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