



MINOR SURGERY IN PRACTICE

Vija K Sodera

Cambridge University Press (1994)

356 pages. Price £45.00

This is a superb book on minor surgical procedures. The book begins with excellent advice on what to do and most importantly, on what to do when unsure and out of one's depth. There are boxed 'important points to remember' in each of the areas under consideration.

The text is divided into five main sections. The first section looks at medicolegal aspects, the operating room and equipment, sterilization, pre- and post-operative care, and precautions against the human immunodeficiency virus (HIV) and hepatitis B infections. The second section covers local anaesthetics, steroid injections, aspirations and sclerosant techniques. Surgical techniques, including incisions, wound closure, cautery, curettage and cryotherapy, and wound healing and complications are dealt with in the third section. The fourth section covers all minor surgical procedures on the minor surgical list and some of the more complex procedures for the more experienced doctor. The final section covers minor casualty work, including the management of wounds, burns, abscesses and foreign bodies.

For me, the highlights of this excellent book are the illustrations. These have been drawn personally by the author and are very clear. Sections of note are those on surgical instruments and on local anaesthetic techniques, especially steroid injections into joints and soft tissues.

Apart from the unusual way of citing the references, I have no problems with this book. There is a great deal of good, sound advice. *Minor surgery in practice* deserves to become a standard work on the subject.

DAVID WALL

*General practitioner, Sutton Coldfield
and regional adviser in general practice,
West Midlands region*

THE INCOMPETENT DOCTOR: BEHIND CLOSED DOORS

Marilynn M Rosenthal

Open University Press, Buckingham (1995)

192 pages. Price £37.50 (h/b), £12.99 (p/b)

This book is one of a series that contributes to the debate about major issues in the health service and explores future policy directions. It is well written and researched by an American

sociologist who takes an impartial look at how we in the United Kingdom deal with the 'problem' or 'incompetent' doctor. It is readable and full of anecdotes that illustrate the reluctance of the medical profession in the UK to pass judgement on fellow doctors and to take steps to confront incompetent colleagues.

The book begins by setting the scene, examining why the incompetent doctor is allowed to practise for so long before action is taken. A range of problems and examples of incompetence are described: inexperience and work pressures, inter-personal or personality conflicts, ageing and impairment, apparent lack of knowledge or skill and criminal behaviour. The examples given show how doctors collude with an incompetent colleague to deny the existence of a problem, and resist taking action.

Rosenthal follows the informal mechanisms brought into play once a doctor has been identified as a 'problem' — a quiet chat, protective support from colleagues or diverting patient flow away from the incompetent doctor.

After reading the book one questions whether the present system of self regulation of the medical profession is appropriate. However, I doubt that the profession would be willing to embrace Rosenthal's proposed solution of a total, integrated, peer review system linked to a self-regulatory mechanism.

RUTH CHAMBERS

*General practitioner, Stone
and Royal College of General Practitioners/Department of
Health joint general practitioner stress fellow*

THE EYE IN CLINICAL PRACTICE

Peggy Frith, Roger Gray, Sally MacLennan and Phillip Ambler

Blackwell Scientific Publications, Oxford (1995)

226 pages. Price £17.95

The authors of this fine book begin by acknowledging that most doctors have minimal exposure to practical, ophthalmological training, both at an undergraduate level and after they have qualified. Who better then to address this problem than a group of general practitioners with a special interest in ophthalmology?

This book admirably covers everything general practitioners need to know to enable them to deal with the 2% or 3% of consultations related to eye problems that occur in primary health care. It also covers the sort of questions that patients ask and practical matters that may not occur to a consultant ophthalmologist writing a textbook aimed at a non-specialist readership.

Advice is given on the use of basic equipment, with suggestions on what conditions can reasonably be managed by the average general practitioner who has no specialist interest in eye

conditions. There are warnings about which symptoms can herald more serious problems and there are clear guidelines as to what conditions to refer and their degree of urgency.

The book is sufficiently comprehensive to cover the medical and surgical management of most eye problems. The text has clear illustrations and highlighted key points for the busy reader wanting a quick reference. Also included are details on recent developments such as radial keratotomy which is practised in some centres to correct myopia and to reduce the need to wear spectacles.

For many doctors, the relative clinical isolation of general practice makes it difficult to become confident in ophthalmology. All the more reason, therefore, for a book such as this, written by and aimed at general practitioners. I would recommend it highly.

P D PERKINS

General practitioner, Bournemouth

PRACTITIONERS AND PRACTICES: A CONFLICT OF VALUES?

Julian Pratt

Radcliffe Medical Press in association with the King's Fund, Oxford (1995)

104 pages. Price £16.50

The King's Fund primary care group has long been a melting pot of ideas, particularly where they affect inner London. This book arose from a series of 'capital conferences' in which conflict of professional values emerged as an important issue.

The values of the practitioner (whether general practitioner, nurse or counsellor) reflected in the one-to-one relationship with the patient are likely to differ from the values of the team, the practice and the harsh world outside.

Different health care systems have encouraged different values. In 1976, Brian Abel-Smith wrote about the doctor as a tradesman or priest (*Value for money in health services*, London: Heinemann). The former accepted fees and worked for profit; the latter was the salaried doctor not directly answerable to the patient. Both extremes on the Abel-Smith scale have proved unsatisfactory. In the United Kingdom we have a hybrid system, which many countries have copied. Now it is undergoing change.

Making general practitioners the purchasers of secondary care has given them power, but has also cast them in the role of rationer. If someone has to ration scarce resources, should it be the politician, the manager, the doctor or the patient? Nobody yet has the answer. When battling against rationing, will core values be a sufficient defence, or will they just be brushed aside as idiosyncratic?

Pratt has made a serious and original analysis of core values for the practitioner and the practice population. He has subdivided them according to whether the practitioner is in a biomedical, healing, caring or biographical mode. But values cannot operate in a vacuum. They need to be linked to explicit goals and tasks, and expressed in standards of professional competence. These are a much more powerful protection against future adversity.

PETER PRITCHARD

*Former general practitioner,
Dorchester on Thames, Oxfordshire*

SURGICAL PROCEDURES IN PRIMARY CARE

M J V Bull and Peter Gardiner

Oxford University Press (1995)

118 pages. Price £35.00

This is an excellent, well-illustrated guide on minor surgery for general practitioners. The sections on premises, instruments and equipment, control of infection, administration, and medicolegal considerations are all well researched and informative, and yet are practical and concise. They are well referenced and include names and addresses of equipment suppliers. Basic principles are well set out, detailed, clear and appropriately illustrated.

All this information provides a helpful background to the instructions provided in the book for each minor surgical procedure appropriate to the general practitioner contract. The stepwise instructions are accompanied by excellent, practical, colour illustrations. The instruments, equipment and dressings required for each procedure are also included as a useful check list.

There is no substitute for adequate clinical instruction and experience in carrying out minor surgical procedures in primary care. This publication should, however, enable most general practitioners, whatever their previous experience, to follow safe guidelines and to maximize their minor surgery skills in treating their patients.

The format of the book makes it a little cumbersome to handle. However, it allows the procedures to be superbly illustrated and to be set out in a simple, clear style. At £35.00, this is a book that every practice should have in its library for reference, whether setting up minor surgery clinics or extending the surgical sideroom procedures that the practice can offer patients.

ARTHUR JACKSON

*General practitioner, Holmes Chapel,
and clinical assistant in dermatology,
Leighton Hospital, Crewe*

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CONFERENCE ON ADOLESCENT CARE IN PRACTICE

This conference, to be held on 19 October 1995, is designed by the RCGP Working Party on Adolescents to consider initiatives on how primary care can respond more effectively to the unmet needs of teenagers. It is aimed at all who work in primary care, including medical, nursing and administrative staff. The conference will be opened by Dr Kenneth Calman, the government's Chief Medical Officer. Topics covered will include confidentiality, the adolescent consultation, emergency contraception, substance abuse and care of young people with disabilities. The working party hopes to receive ideas and support from those who attend and to stimulate discussion about the role of the RCGP.

The Working Party is keen that some adolescents should attend the conference and take part in the discussions. There will be a reduction of £10.00 for delegates who are accompanied by a teenager (places for teenagers are free, but available by pre-booking only as numbers are limited).

This Conference is supported by a grant from the Department of Health and therefore the delegate fee has been reduced from that previously advertised.

Delegate fee (inclusive of VAT): £35.00 for GPs and £25.00 for other health professionals.

PGEA applied for.

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