

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*

RCGP COURSES . RCGP COURSES . RCGP COURSES.

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.

RCGP COURSES . RCGP COURSES . RCGP COURSES.