

### **CARDIOLOGICAL DILEMMAS**

*Roger Blackwood and Bev Daily*  
*Beaconsfield Publishers, Beaconsfield (1995)*  
 88 pages. Price £10.95

Roger Blackwood and Bev Daily have set out to write an easily accessible little book in a question and answer format for general practitioners. Bev Daily puts the questions about the management of cardiological problems and Roger Blackwood provides the answers. Some of these 100 questions can seem contrived and some are there for padding but I found myself enjoying the chatty and opinionated responses by the consultant. Squash players are 'barmy' and overweight patients are told to '...eat less bread'. It is reminiscent of the pithy sort of teaching from ward rounds when an amiable consultant would chat over coffee and biscuits.

The book is at its best when discussing the changes in cardiology over the last 10 years or so, and what the general practitioner and the patient can now reasonably expect from hospitals. It presents this with brevity and utmost clarity. Updates are included on hypertension and hormone replacement therapy, anticoagulants in atrial fibrillation, the use of echocardiography in the investigation of heart failure and the aggressive use of coronary angiography in coronary heart disease.

This is not a book for reading at one sitting but more for dipping into from time to time. In such a slim book there is no room for discussion in depth of the important issues raised nor unfortunately for a bibliography.

If you like answers in black and white, and opinion rather than detailed research findings, then this little book may be for you.

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*and clinical assistant in cardiology,*  
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### **CUTANEOUS CRYOSURGERY: PRINCIPLES AND CLINICAL PRACTICE**

*R Dawber, G Colver and A Jackson*  
*Martin Dunitz, London (1992)*  
 176 pages. Price £39.95

Although cryosurgery (the destruction of tissue by means of freezing) is a widely accepted method of treatment of superficial lesions, it is probably underused in primary care. The reasons for this are twofold. First, formal training in the technique is rarely included in the medical curriculum although some practitioners gain experience when they hold a postregistration appointment in a dermatology department and, secondly, there are often considerable logistic problems concerned with supply and

storage of freezing substances. The result is that cryosurgery is used somewhat empirically by general practitioners and results are not as satisfactory as might be expected.

*Cutaneous cryosurgery: principles and clinical practice* is an excellent foundation for both training and practice. It starts with a brief history of the subject and considers the scientific basis. Equipment and techniques are then comprehensively described. Liquid nitrogen is clearly the cryogen of choice since the boiling point is sufficiently low to ensure reliable tissue destruction in a wide range of circumstances, and other forms of refrigeration, although listed, are not considered in great detail. Lesions amenable to cryosurgery are then grouped into those that are benign, pre-malignant and, after discussion of patient selection, method of application and prognosis, each chapter is profusely illustrated with an 'atlas of clinical practice' containing numerous excellent colour photographs. There follows a discussion of side effects, complications and contraindications and the final chapter gives advice on the setting up of a cryosurgery clinic in a practice. For general practitioners who may have taken a somewhat tentative approach to cryosurgery in the past, this book is essential reading.

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### **DRUG EDUCATION IN GENERAL PRACTICE**

#### **Occasional paper 69**

*M M Kochen (ed)*  
*Royal College of General Practitioners, London (1995)*  
 46 pages. Price £13.20 (RCGP members £12.00)

The challenge of educating doctors to prescribe cost effectively and rationally is tackled by this occasional paper. Administrators are usually looking for cost savings above quality as a priority. Good prescribing, as Michael Boland says, depends on doctors applying their knowledge compassionately and skilfully. He also asserts (and I agree) that specialists need to have had generalist experience in the community.

Analysis of prescribing via prescribing analyses and cost (PACT) data (or its equivalent) provides data but not interpretation and, as Colin Bradley points out, many of the dilemmas of prescribing are psychological and stressful. Flora Haaijer-Ruskamp and Petra Denig, together with Margaret Maxwell and John Howie, explore the effect of feedback on general practitioners' prescribing. Hugh McGavock's highly practical 'compass' report for any practice asking for advice on prescribing, together with his jigsaw of interacting factors, illuminate the benefits of feedback.

The summation of knowledge and ideas by practical and practising general practitioners is contained in drug formularies and, as Philip Reilly says, the volume and range of information in such formularies are so great that the average general practitioner can greatly benefit from less detailed, off-the-peg, adapted formularies.

Much education on prescribing is 'preaching to the converted'. It remains a major problem as to how to get to the doctor who prefers as a guide the drug company representative to the educator. Michael Kochen has edited a useful volume with the ideas of many of the foremost thinkers on prescribing within its pages. It is a challenging paper and I commend it to all general practitioners and pharmacists interested in prescribing.

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#### SIGNIFICANT EVENT AUDITING

##### Occasional paper 70

*Michael Pringle, Colin P Bradley, Catherine M Carmichael, Heather Wallis and Anne Moore*  
*Royal College of General Practitioners, London (1995)*  
*71 pages. Price £16.50 (RCGP members £15.00)*

Significant event auditing is a formalization of medical 'shop talk'. The authors of this paper reasonably propose that it differs from conventional audit in that it is based on single cases or incidents, is more wide ranging and is concerned with outcomes, and is less labour intensive. It complements conventional audit.

Significant event auditing is outlined elegantly in this occasional paper and its practicalities are clearly set out. However, 20 pages are devoted to a study of the feasibility and potential of significant event auditing. This method of auditing appeals most strongly to rationality and might have been more effectively presented in essay form, with the study as an appendix. Although compelling, the essay elements are fragmentary and sometimes repetitive. The remaining pages of the paper are accounts of the work done by the practices in the study and may be useful reference material.

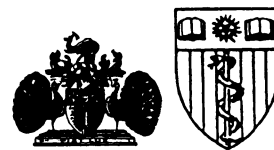
The wide ranging potential of significant event auditing is not adequately explored. It seems to offer a precious opportunity for working doctors to assign a formal place in their practices to consider questions of value. For example, a conventional audit will tell a practice how many tablets of diazepam the repeat prescription system manages but helps not at all in standard setting. In contrast, by starting with the constellation of loose ends that is an average patient's humanity, rather than by starting with statistics, significant event auditing might encourage doctors to question their legitimizing the use of diazepam.

Significant event auditing appears to deserve the attention of all general practitioners. This paper contains an excellent practical guide, a well-argued but fragmented discussion and a less than soaringly imaginative assessment of its potential. The rest of us need not be bound by that, and we should thank the authors for laying the matter before us.

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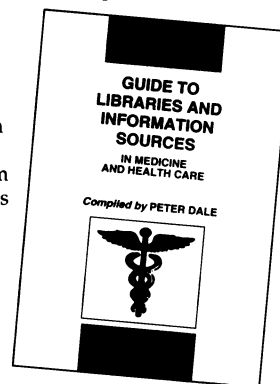
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