

matter. Are data entered routinely at every consultation? Are they stored in a classified form, whereby they can be used for epidemiological purposes? Are data linked appropriately — for example, prescribing and morbidity? These are the features which will advance telematics in primary care.

The second and third chapters are concerned with linkage between practices in other healthcare organizations. Here we find the following: In most countries, the transmission of medical prescriptions from general practitioners to pharmacists is the most widely used message and is often subject to national regulations. This statement is of great interest, but it is a great disappointment to see that the paragraph ends with this. there is no description of the development or operation of any such system in any country, although we learn subsequently that 8% of prescriptions in Denmark were processed in this way.

The potential of telematics in a provision of epidemiological data is considered in Chapter 4. This contribution is linked to the activities of a specific working group and provides a useful summary of the situation in 1994. A philosophical consideration in the assessment of health care technology is presented in Chapter 5. The major concern is the possible conflict between the advance of telematics and decline of the doctor–patient relationship. Although the arguments seem rather academic at times, it is right to be reminded that telematics only has a place if patient benefit can be demonstrated.

The final, summarizing chapter is short, to the point and useful. For most doctors and communication specialists, this summary is sufficient. However, the complete book is of interest to those who see themselves at the forefront of computerization in primary care.

D M FLEMING

Director, Birmingham Research Unit

PSYCHIATRY AT A GLANCE

Cornelius Katona and Mary Robertson

Blackwell Science, Oxford (1995)

80 pages. Price £9.95 (pbk). ISBN 0865428735

This slim volume is targeted primarily at clinical undergraduate medical students, but the authors recommend its usefulness to most workers in the psychiatric field, including general practitioners. The format is accessible and one can easily dip into this book. Each of the 35 chapters consists of one double-page spread displaying the essentials of the topic in the form of an algorithm and an accompanying descriptive text. If a topic stirs the interest of the reader, it is unfortunate that there is no list of references to aid further investigation.

On the whole, the subjects of particular interest to general practitioners are well-described. I would single out the chapters on 'Stress reactions', 'Disorders of personality', 'Anxiety disorders', 'Alcohol abuse', 'The Mental Health Act' and 'Depression' as being very readable and packed with information.

However, the confusion, both political and clinical, that exists in primary care psychiatry is reflected in the chapter on 'Psychiatry in the community'. 'To recognize and care optimally for the submerged iceberg of psychiatric morbidity' is the familiar challenge to those working in primary care. The lack of uniformity and consensus regarding these muddy waters highlights the limitations of a concise chapter on the subject. This criticism could also be levelled at such topics as the talking treatments, somatization and cross-cultural psychiatry, which are

all covered, but with little hint of the existence of contention and differing schools of thought.

In conclusion, it would be fair to say that this book presents the essentials of psychiatry in a form best suited to the undergraduate reader. As for general practice, I would certainly recommend it to general practitioner trainees who have little experience of clinical psychiatry.

SIMON SHEPHERD

General practitioner, London

INNOVATION IN COMMUNITY CARE AND PRIMARY HEALTH; THE MARYLEBONE EXPERIMENT

Patrick Pietroni and Christopher Pietroni (eds)

Churchill Livingstone, Edinburgh (1995)

284 pages. Price £22.50 (pbk)

ISBN 0443052964

This is a *pot pourri* of papers and presentations from the Marylebone Health Centre, which is founded on an interdisciplinary, holistic approach. Set in an underprivileged area, it is an unusual mixture: an NHS general practice incorporating community care and outreach programmes, research and audit, complementary therapies, and patient empowerment.

Many of the papers have already been published in a variety of journals from the mid-eighties onwards, and some will already be familiar. You don't often see such diverse chapter headings as 'Spiritual interventions in a general practice setting' and 'Interprofessional and interagency work: theory, practice and training for the nineties'. However, it doesn't claim to have all the answers — one chapter describes how research into acupuncture had to be abandoned because of ethical problems over 'sham needling'.

The language and perceptions of healthcare professionals are examined, the effects of massage, relaxation and traditional Chinese medicine on health care compared, and the impact of a volunteer community care project is described. These are real patients with standard general practice problems, but their management is innovative and often successful.

General practitioners will find plenty to think about, if not always to agree with, in this extensively indexed and referenced book. We are promised a series, which will also be used as material for various masters programmes at the University of Westminster.

MELANIE WYNNE-JONES

*General practitioner,
Marple, Cheshire*

COT DEATH: THE TASKS FOR PRIMARY HEALTH CARE IN PREVENTION AND MANAGEMENT

Duncan Keeley

Royal College of General Practitioners, London (1995)

14 pages. Price £6.50 (RCGP members £6.00)

ISBN 0850842166

Deaths caused by sudden infant death syndrome in England and Wales have fallen steadily since 1988, but this problem remains the biggest single category of deaths between the age of one

month and one year. Any health care professional encountering this problem will find this book an immensely powerful aid to their work. In 1993, there were 536 sudden infant deaths in the UK: about one in 1400 live births. This is sufficiently uncommon that, when encountering this problem, the health care professional is unlikely to have all the necessary information immediately to hand. In 14 pages, the author rapidly and clearly describes the problem and its history, reviews the theories of cause and the evidence for these, and gives clear and important instruction as how to respond to the problem acutely and in the longer term.

Despite the infrequency of sudden death syndrome, we are involved in advising on its prevention every week and knowledge of the background evidence is invaluable for getting this message across.

The problems of early diagnosis of significant illness in infants, apparent life-threatening events and apnoea alarms are all dealt with clearly with reference to the available literature. References to background papers, sources of patient leaflets, and other work on sudden infant death syndrome and experiences of cot death and grief are listed. I have no hesitation in recommending this inexpensive volume packed with crucial information for inclusion on the shelf of every practice library.

TONY WRIGHT

*General practitioner,
Somerset*

THE PARADOX OF PROGRESS

James Willis

Radcliffe Medical Press, Abingdon (1995)

152 pages. Price £15.50 (pbk). ISBN 1857750632

Those who want to know what the art of general practice is about will enjoy this book. The author started gently distilling his ideas over 10 years ago. *The Paradox of Progress* is about how general practitioners think and what they have to endure; of the subtleties of patient care in the community seen through the eyes of an old-fashioned intensely committed doctor. The account is sensitive, humorous and eminently readable, and offers the accumulated wisdom and vision of a deeply concerned doctor.

A dramatic change in family doctoring came in 1990. A new contract for general practitioners working within the National Health Service was imposed without agreement. The second theme of this book gives voice to the inevitable indignation that these changes evoked. The author becomes transformed into a paranoid reactionary resisting the 'central controllers' who try to direct his deeply personal patient care. The book turns into a one-sided polemic against the new management of the Health Service. Whereas earlier the descriptions of general practice are multifaceted and subtle, here the argument is black and white. The author just tilts his lance against the windmills of Quarry House in wild frustration. This should be essential reading for Health Service administrators to help them try to understand what it feels like to struggle against the difficulties and frustration of modern practice.

OLIVER SAMUEL

Retired general practitioner, Pinner

towards a Primary Care Led NHS.....

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