

The book offers advice on the routine 'work up' for new patients with some major diagnosis, for example hypertension, but is weak on protocols for continuing care. In particular it offers no protocols for 'Well Man' clinics and geriatric screening which might be valuable additions to the next edition.

I used this book after every patient during one morning surgery and found it quick to refer to and informative. The pages are excellently laid out, and the assertive text leaves you in no doubt as to what the authors recommend. It will be invaluable to trainees and will probably find its way onto the desk of many an established principal.

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**Prevention of Coronary Heart Disease and Stroke (a workbook for primary care teams), J.T. Hart & B. Stillwell.** Pp xii + 244. Faber & Faber, London, Boston, 1988. £5.95.

By now, most of us are well aware of the unenviable position of the UK as it sits unhappily near the top of the World Coronary Heart Disease League. Unfortunately the impressive reductions in CHD mortality experienced over the last ten years by the USA and Australia have not been mirrored in Britain. The rallying call for intervention is not a new one, but as the authors of this very welcome book note, there has been much talk but little action, so far.

While controversy continues as to who should do what, it is clear that primary care occupies a pivotal position. As such, the general practitioner and other team members have a definite need for clear guidelines.

The authors of this book are well known activists in the field – general practitioner, nurse practitioner and community physician – with a diverse readership to address. As they point out, local circumstances and therefore strategies differ and they are right to avoid a 'cookery book' approach.

The book is systematically divided into four sections: The first defines the problem and its associated risk factors (hence the mnemonic 'sex, fags, cops'). The second discusses what can be done about it – as might be expected, hypertension is dealt with thoroughly but cholesterol fares less well (the account of cholesterol-lowering drugs, in particular, is inadequate). The third deals with the mechanics of prevention – the need for good quality records is emphasized although the potential of computers is not discussed. The final section, 'divisions of labour', is invaluable, underlining the need for adequate communication and cooperation and containing useful material for patient advice sheets, with a final list of useful addresses.

Overall, this is an excellent little 'workbook' which readily fulfills the authors' designs. At minimal cost, it will provide the primary care worker with the essential background for tackling the pressing problem of preventing coronary heart disease and stroke in our community.

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**Slide Interpretation for the MRCP, H.J. Kennedy, T.W. Evans & A. Suggett.** Pp 214, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, £9.95.

This is a valuable book for candidates working for the MRCP examination of the Royal College of Physicians. The preface is mandatory reading for it outlines the aims of the authors in writing this book. Slide interpretation is perhaps the most difficult section of the written paper of the MRCP Part II examination. In a book of this size it is impossible to present slides to cover the whole field of clinical medicine. However, the topics covered are diverse and include common and unusual conditions which students should find invaluable.

The 100 questions in this book are divided into papers with 20 photographs in each with appropriate questions, answers and short explanatory notes. The colour photography and reproducibility of the slides are good, in particular in haematology and dermatology, and students will have no cause to complain. The index is comprehensive.

Slide interpretation tests are akin to learning to play a musical instrument. Both require solid grounding in knowledge of the subject and frequent practice. However, if the photographs are not of the highest quality then the practice becomes meaningless. I would like to take issue with photographs 1.11 p 23 and 4.2 p 131. I am convinced there are better examples of Paget's disease and hereditary haemorrhagic telangiectasia in the archives of the Medical Illustration Departments of the John Radcliffe Hospital, Oxford and Hallamshire Hospital, Sheffield from where most of these photographs are obtained. I also had great difficulty in diagnosing the photograph 1.19 on p 39 which is supposed to depict  $\beta$ -thalassaemia major.

Apart from these minor criticisms this book must be essential reading for anyone intending to sit the MRCP examination. At £9.95 it is a bargain!

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