successes can be celebrated and poor performance acknowledged and improved on. Thus I propose than a basic annual report should contain the information given below. Where relevant, local and national figures should be given for comparison (table II).

TABLE II—*National figures on practice activity*

Variable	Value
Basic practice data	
Average list size of unrestricted principals in United Kingdom, 1987[13]	1965
Average No of ancillary staff (as whole time equivalents) employed per principal, 1986[14]	1·16
% Of practices computerised, England and Wales, 1989[18]	25
Practice activity (NHS general practice)	
Consultations (1987)[9]:	
Average No of consultations/patient/year	5
% Of consultations carried out:	
In surgery	78
At home	15
By telephone	7
Prescribing:	
% Of patients consulting doctor who obtained prescription (1987)[9]	72
Average net ingredient cost/patient (1987)(£)[14]	33·17
Average net ingredient cost/prescription (1987)(£)[14]	4·54
No of items prescribed/patient (1987)[13]	7·3
Annual prescribing costs/general practitioner, England (1989)(£)[17]	80 000
% Of items prescribed generically (1989)[17]	39
Hospital services (as % of all patients consulting):	
Investigation performed[15]	17·4
Outpatient referrals[16]	11·0
Inpatient referrals[16]	2·3
Immunisation of children:	
Diphtheria, tetanus, polio (% of children born 1985 immunised 1987)[13]	87
Pertussis (% of children born 1985 immunised 1987)[13]	72
Measles (% of children born 1985 immunised 1987)[13]	76
Rubella (% of schoolgirls vaccinated at age 14)[11]	86

National demographic data are available elsewhere.[9 11-13]

Patients—List size, breakdown of patients by age and sex (using the age bands 0-4, 5-14, 15-24, 25-64, 65-74, ≥75), numbers of temporary residents seen, and description of locality. Annual turnover should be calculated as described above.

Practice—Numbers of clinical and administrative staff, including hours worked each week. Information about meetings held, equipment (including computers), records and appointment systems, and premises.

Practice activity—Total numbers of consultations in the surgery and at home, the practice consultation rate, and prescribing information (from the prescribing analyses and cost sheet). Figures on contraception and related work, maternity care, night visits (from family practitioner committee returns), use of deputies (from company receipts), childhood immunisation (at 2 and 5 years), and uptake of five yearly smear tests (women aged 25-64, excluding those who have had hysterectomies).

Sadly, the annual report proposed by the government, based on cost effectiveness rather than quality of care, is rather different.

I thank Professor Brian Jarman, Dr Lesley Morrison, Dr Paul Wallace, and Dr John Watson for their help.

1 McGuinness BW. Why not a practice annual report? *J R Coll Gen Pract* 1980;**30**:744.
2 Secretaries of State for Health, Wales, Northern Ireland, and Scotland. *Working for patients*. London: HMSO, 1989.
3 Department of Health. *Terms of service for doctors in general practice*. London: Department of Health, 1989.
4 Gray DJP. Practice annual reports. In: Gray DJP, Gray JP, eds. *The medical annual 1985*. Bristol: Wright, 1985:282-300.
5 Urquhart AS. Practice annual reports. *J R Coll Gen Pract* 1987;**37**:148.
6 Cembrowicz S. How to write a practice annual report. *Br Med J* 1989;**298**: 953-4.
7 Wilton J. Wanted—practice annual reports. *J R Coll Gen Pract* 1988;**38**:522.
8 Jarman B. Identification of underprivileged areas. *Br Med J* 1983;**286**:1705-9.
9 Office of Population Censuses and Surveys. *General household survey 1987*. London: HMSO, 1989.
10 Anonymous. Practice memorandum. *Medeconomics* 1989;**10**:130.
11 Department of Health and Social Security. *Health and personal social services statistics for England 1989*. London: HMSO, 1989.
12 Office of Population Censuses and Surveys. *Population Trends 46*. London: HMSO, 1986.
13 Central Statistical Office. *Regional Trends 24*. London: HMSO, 1989.
14 Economic Research Unit. *General practice; some background information 1988*. London: BMA, 1988.
15 Office of Population Censuses and Surveys. *Morbidity statistics from general practice. Second national study 1971-2*. London: HMSO, 1979.
16 Office of Population Censuses and Surveys. *Morbidity statistics from general practice. Third national study, 1981-2*. London: HMSO, 1986.
17 Prescription Pricing Authority. *Prescribing analyses and cost sheet*. Aug 1989.
18 Statistics and Management Information Division. *Computing Survey*. London: Department of Health, 1989.

Screening in Practice

The 1990 contract: its history and its content

John W Chisholm

A key point in the new GP contract is the requirement to carry out a variety of screening procedures. This article, which looks at the evolution of the contract and the changes that are being introduced, is the first in a series aimed at giving a balanced view of screening in general practice.

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The new contractual arrangements for general practitioners that are to be introduced on 1 April 1990[1-4] constitute the most significant change to the structure, ethos, and morale of general practice since the implementation of the 1965 charter. But whereas the Family Doctor Charter was prepared by general practitioners, supported by the profession, and negotiated with the government the 1990 changes are being imposed on an unwilling profession.

The 1965 charter resulted in improved morale and increased recruitment to general practice, the establishment of the General Practice Finance Corporation to provide funds for improved premises, and the direct reimbursement of expenditure on staff and premises. It provided a secure foundation for nearly 25 years of sustained development in primary care. The introduction of mandatory vocational training for new entrants to general practice,[5] the development of primary health care teams,[6] and the increasing emphasis on prevention and health promotion in general practice[7-11] all helped to increase standards and to widen the scope of services to patients.

Nevertheless, the profession saw a need to negotiate contractual changes that would also promote a better primary care service. The report of the New Charter Working Group[12] made detailed proposals that built on the strengths of the 1965 charter, and, as a result of decisions of general practitioners at successive annual and special conferences the profession sought by 1985 to negotiate a wide range of improvements in primary care.[13] These proposals included extending the cervical cytology screening programme, introducing a scheme for paediatric surveillance, encouraging minor surgery, developing the ancillary staff scheme, funding the development of premises, stimulating the introduction of computers into general practice, and reducing the maximum list size.

The government's proposals for change developed more slowly, with the result that for many years the profession's constructive proposals for specific contractual changes to develop general practice were blocked by the government's intention to develop a comprehensive strategy for the future of primary care. In July 1982 the Department of Health and Social

Security appointed a firm of consultants to carry out a study of the feasibility of applying cash limits to family practioner services. The inquiry was completed in 1983 but its findings were never published. In April 1986 a much delayed green paper[14] was published as a discussion document forming part of a comprehensive review of the primary health care services, and after wide consultation the department published a white paper[15] in November 1987 as the outcome of that review exercise to set out the government's programme for improving primary health care.

The government was therefore in a position to open negotiations with the representatives of the medical profession in March 1988, based on the profession's and the government's proposals[13 15] for the development of general practice and with the objective of improving services to patients by introducing agreed changes from 1 April 1990. These discussions continued until January 1989, when the government published its white paper *Working for Patients*[16] as the result of a review of the National Health Service. Many of the proposals in that white paper concerned the future of general practice, and some were of direct relevance to the negotiations on contractual changes. In particular it was proposed that the average remuneration of general practitioners accounted for by capitation fees should rise from 46% to at least 60%, and that the basic practice allowance, which recognised the standing expenses incurred by every general practitioner, could in some cases be reduced to zero.

In the new circumstances created by the publication of these plans the General Medical Services Committee (GMSC) of the BMA wished to consult the profession on the negotiations.[17] Meanwhile the Secretary of State for Health sent to general practitioners in England and Wales his own proposals for contractual change.[18] At a special conference on 27 April 1989 the representatives of general practice were almost unanimously opposed to those proposals, which were considered ill thought out, impractical, and likely to limit patient choice and reduce standards of care.

At a meeting with the general practitioner negotiators on 4 May 1989 the secretary of state indicated that he was willing to make concessions on condition that the negotiators commended any resulting package to the profession. Significant concessions were made,[19] but the compromise proposals were narrowly rejected at another special conference on 21 June 1989; later they were decisively rejected by 76% of those voting in a ballot of all general practitioners, the result of which was announced on 20 July.[20]

The secretary of state met the general practitioner negotiators on 24 July and refused to reopen discussions on the contract, although he agreed to consult the GMSC on the detailed changes to the regulations and the statement of fees and allowances. In August 1989 he sent a revised document to all general practitioners, setting out his proposed changes to the terms of service and remuneration system.[21]

The GMSC responded fully to all the proposed amendments to the regulations and statement of fees and allowances and achieved a number of significant improvements. None the less, the totality of the contractual changes remains unacceptable to most general practitioners. The amendments to the regulations were laid before parliament on 16 October 1989 (for England and Wales)[1] and 1 November 1989 (for Scotland), and the new terms of services[2] and the statement of fees and allowances[4] were subsequently sent to general practitioners.

The avowed intentions of the 1990 contract proposals were to provide better choice for patients and more competition among doctors, to make the terms of service more specific and the remuneration system more related to performance, to strengthen the contractual relation with family practitioner committees in England and Wales and health boards in Scotland, and to ensure greater value for money.[21] Better choice for patients is to be secured by the availability of local directories of family doctors and practice leaflets giving information about the services provided by the practice team; by easier procedures for changing doctors; and as a result of consumer surveys that will be conducted by family practitioner committees and health boards. Changes in the patient complaints procedure are also planned.

Changes in terms of service

Main changes

- Child health surveillance services
- Minor surgery services
- Health promotion obligations
- Health checks:
  - Newly registered patients
  - Patients not seen within three years
  - Patients aged 75 and over
- Checks on qualifications and competence of employees
- Doctors' availability to patients
- Provisions for flexible working including job-sharing
- Requirement to notify change of place of residence
- Practice leaflets
- Inquiries about prescriptions and referrals
- Annual reports to family practitioner committees or health boards

The changes in terms of service are intended to make more specific the services that general practitioners are expected to provide and to increase the flow of information to family practitioner committees and health boards to help them plan improved local services.[21] Annual reports will be produced by general practitioners and must include information about staff, premises, referrals, prescribing, and the doctor's other medical commitments. Doctors will also have to answer inquiries about their prescribing or referral behaviour that will be made by medical advisers on behalf of family practitioner committees or health boards.

Health promotion and disease prevention are included within the definition of general medical services, through both opportunistic screening and regular checkups. Child health surveillance and minor surgery services are to be specifically remunerated so long as they are carried out by appropriately qualified doctors who have been admitted to the child health surveillance list or minor surgery list.

Doctors will normally have to be available to patients for 26 hours a week (spread over five days for 42 weeks a year) in their surgeries, in health promotion clinics, and on home visits. Commitments can be reduced to 26 hours over four days to accommodate health related activities in the public service, or to 19 or 13 hours, and jobsharing to fulfil a 26 hour commitment jointly will be allowed.

The old ancillary staff scheme has been modified. Cash limiting of the funds available for reimbursement is being introduced, with family practitioner committee or health board discretion to reimburse directly any proportion of staff costs. All restrictions have been removed on the range and numbers of staff permitted for reimbursement and on the reimbursement of related staff salaries, but family practitioner committees and health boards will have discretion to determine the minimum qualifications and experience

that newly appointed practice staff may be required to hold.

The intention of the changes in the remuneration system is that general practitioners who provide high quality services should be better remunerated. In particular, the greater emphasis on capitation is intended to reward general practitioners who give a high priority to attracting, satisfying, and keeping patients.[16,21] The profession, however, fears that the result of this emphasis will be to encourage large patient lists, decrease the number of general practitioners, and reduce the amount of time available to each individual patient on a doctor's list.[17]

Fees and allowances

Abolished fees and allowances

- Group practice allowance
- Vocational training allowance
- Supplementary practice allowance
- Supplementary capitation fees
- Item of service fees:
  - Immunisation of children aged 5 years and under
  - Cervical cytology
- Postgraduate training allowance

In addition to the fees and allowances that are to be replaced, the arrangements for seniority payments, basic practice allowance, and night visit fees will be modified. Seniority payments will be reduced by the value of the new postgraduate education allowance. The basic practice allowance is to become a capitation based payment calculated on average list size for those general practitioners in partnerships and weighted to take account of standing expenses. It will be paid to general practitioners with more than 400 patients and in full to those with more than 1200. A higher level of night visit fee will be paid if the visit is made by the patient's doctor, a doctor from the patient's own practice (except for a trainee during the first three months of employment), or from a non-commercial rota of up to 10 local general practitioners; but a lower fee (one third of the higher rate) will be payable in all other circumstances.

New fees and allowances

- Associate allowance
- Deprivation payments
- Child health surveillance fees
- Registration fees
- Target payments:
  - Immunisation for children aged two years and under
  - Preschool booster immunisation
  - Cervical cytology
- Health promotion clinic fees
- Postgraduate education allowance
- Fee for taking part in the education of undergraduate medical students
- Fees for minor surgery
- Locum allowance for singlehanded practitioners in rural areas attending educational courses
- Computer costs

Several new fees and allowances are to be introduced. Fees are to be payable for some of the activities specified in the new terms of service.[2] Advertised dedicated health promotion clinics can qualify for a sessional fee. A fee will be paid whenever a newly registered patient over the age of 5 receives a health examination. Doctors on the minor surgery list carrying out at least five surgical procedures, either in a single clinic or on separate occasions, will receive a fee. General practitioners on the child health surveillance list will receive fees for each child under 5 years registered with them for surveillance.

The old item of service fees for childhood immunisation and cervical cytology are to be replaced by a scheme of target payments intended to encourage higher levels of cover (box 4). There will be two levels of acheivement and the upper target payment will be three times the lower. The profession has expressed grave concern about the ethics of introducing pressures on general practitioners to undertake procedures in doubtful clinical circumstances[17] and about the effect on the uptake of these procedures in practices that cannot easily achieve these targets because of high patient turnover or patient attitudes to preventive measures.

Target payments

Cervical cytology	Higher payment: 80% uptake
	Lower payment: 50% uptake
Childhood immunisation	Higher payment: 90% uptake
	Lower payment: 70% uptake

The existing training allowances will be replaced by a new postgraduate education allowance designed to encourage continuing medical education. Doctors will be eligible for the full allowance if they attend an average of five days' training a year with a balance between courses in disease management, health promotion, and service management. Because travelling and subsistence expenses will no longer be reimbursed separately rural practitioners will be financially disadvantaged.[17]

Singlehanded practitioners in rural areas attending educational courses will be able to receive reimbursement towards the costs of employing a locum, irrespective of their list size. List size will not restrict reimbursements for employing a locum during prolonged study leave or maternity leave.

A new allowance will be paid to general practitioners who teach undergraduate medical students. General practitioners providing services to deprived areas will receive a deprivation payment in respect of each patient who lives in such an area. The new associate allowance scheme will allow a singlehanded general practitioner practising in a very isolated area to employ an associate doctor in conjunction with another isolated doctor to give them opportunities for time off duty and for training.

There will be partial direct reimbursement of computing costs, including the costs of purchasing, leasing, upgrading, and maintaining a system, and for the initial staff costs of setting up a system. This reimbursement, like those for the costs of staff and construction and improvement of premises, will be subject to a cash limit.

Although the profession has expressed strong opposition to important elements of the new contract—particularly the increased workload, the availability requirements, the health checks on patients who have not been seen within three years, the target payments scheme, and the introduction of cash limits—there are other features of the new arrangements that will be welcomed. The profession has long campaigned for remuneration for child health surveillance and minor surgery, for a registration fee, for deprivation payments, and for the direct reimbursement of computer costs.

The introduction of the new contract has been

extremely unsettling for general practitioners and health service administrators alike. The profession will now be monitoring the operation of the contract, exposing its defects,[20] striving to counteract any harmful effects on patients, and seeking improvements in the regulations and the remuneration structure.

1 National Health Service, England and Wales. *The National Health Service (general medical and pharmaceutical services) amendment (No 2) regulations 1989*. London: HMSO, 1989.
2 Department of Health. *Terms of service for doctors in general practice*. London: Department of Health, 1989.
3 General Medical Services Committee. *NHS regulations: the National Health Service (general medical and pharmaceutical services) regulations October 1989*. London: General Medical Services Committee, 1989.
4 Department of Health and Welsh Office. *National Health Service general medical services: statement of fees and allowances payable to general medical practitioners in England and Wales from April 1990*. London: Department of Health, Welsh Office, 1989.
5 National Health Service (Vocational Training) Regulations 1979. London: HMSO, 1979.
6 Department of Health and Social Security. *The primary health care team: report of a joint working group of the standing medical advisory committee and the standing nursing and midwifery advisory committee*. London: HMSO, 1981.
7 Royal College of General Practitioners. *Health and prevention in primary care*. London: Royal College of General Practitioners, 1981.
8 Royal College of General Practitioners. *Prevention of arterial disease in general practice*. London: Royal College of General Practitioners, 1981.
9 Royal College of General Practitioners. *Prevention of psychiatric disorders in general practice*. London: Royal College of General Practitioners, 1981.
10 Royal College of General Practitioners. *Family planning: an exercise in preventive medicine*. London: Royal College of General Practitioners, 1981.
11 Royal College of General Practitioners. *Healthier children—thinking prevention*. London: Royal College of General Practitioners, 1982.
12 General Medical Services Committee. *Report of the new charter working group*. London: British Medical Association, 1979.
13 General Medical Services Committee. *Annual report 1986*. London: British Medical Association, 1986.
14 Secretaries of State for Social Services, Wales, Northern Ireland and Scotland. *Primary health care: an agenda for discussion*. London: HMSO, 1986. (Cmnd 9771.)
15 Secretaries of State for Social Services, Wales, Northern Ireland and Scotland. *Promoting better health: the government's programme for improving primary health care*. London: HMSO, 1987. (Cm 249.)
16 Secretaries of State for Health, Wales, Northern Ireland and Scotland. *Working for patients*. London: HMSO, 1989. (Cm 555.)
17 General Medical Services Committee. *Report to a special conference of representatives of local medical committees on 27 April 1989*. London: British Medical Association, 1989.
18 Department of Health and Welsh Office. *General practice in the National Health Service: a new contract*. London: Department of Health, Welsh Office, 1989.
19 General Medical Services Committee. *Report to a special conference of representatives of local medical committees on 21/22 June 1989*. London: British Medical Association, 1989.
20 General Medical Services Committee. *Report to a special conference of representatives of local medical committees on 21 March 1990*. London: British Medical Association, 1990.
21 Health Departments of Great Britain. *General practice in the National Health Service: the 1990 contract*. London: Health Departments of Great Britain, 1989.

BOOKS RECEIVED

Ophthalmology

Myopia Surgery: Anterior and Posterior Segments. Ed F B Thompson. (Pp xiii + 338; figs and colour plates; price not stated.) New York: Macmillan, 1989. ISBN 0-02-420610-5.

Pathology

Biopsy Pathology Series. "Biopsy Pathology of the Pulmonary Vasculature." C A Wagenvoort, W J Mooi. General editors L S Gottlieb, A M Neville, F Walker. (Pp xii + 362; figs; £59.50.) London: Chapman and Hall, 1989. ISBN 0-412-27940-1.

Paediatric Forensic Medicine and Pathology. Ed J K Mason. (Pp xii + 516; figs; £75.) London: Chapman and Hall, 1989. ISBN 0-412-29160-6.

Pathology Annual 1989: Part 2. Vol 24. Ed P P Rosen, R E Fechner. (Pp x + 342; figs; £69.55.) Connecticut: Appleton and Lange, 1989. Distributed by Prentice-Hall International. ISBN 0-8385-7713-X.

Surgical Pathology of the Ovaries. P Russell, P Bannatyne. (Pp xii + 539; figs; £85.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-03585-0.

Pharmacology

Neuromethods. 13. "Psychopharmacology." Ed A A Boulton, G B Baker, A J Greenshaw. (Pp xxiv + 821; figs; $119.50.) New Jersey: Humana Press, 1989. ISBN 0-89603-129-2.

The Receptors. "The Muscarinic Receptors." Ed J H Brown. Series editor D B Bylund. (Pp xviii + 478; figs; $94.50.) New Jersey: Humana Press, 1989. ISBN 0-89603-156-X.

Psychiatry

Crisis Intervention Verbatim. N Kfir. (Pp xxv + 169; £9.95 paperback.) New York: Hemisphere Publishing, 1989. Available from Adlerian Workshops and Publications, 38 The Pastures, The Coppice, Aylesbury, Bucks HP20 1XL. ISBN 0-89116-837-0.

The Neuropsychiatry of Mental Handicap. F E James, M A Cooper. (Pp 124; figs; £8.50 paperback.) Crewe: British Society for the Study of Mental Subnormality, 1989.

Psychology

Cognitive Therapy and the Emotional Disorders. A T Beck. (Pp 356; £6.99 paperback.) London: Penguin, 1989. ISBN 0-14-022860-8.

Dartington Social Research Unit. "Alternative Care Careers: the Experience of Very Difficult Adolescents Outside Youth Treatment Centre Provision." S Millham, R Bullock, K Hosie, M Little. (Pp 32; £6 paperback.) Bristol: School of Applied Social Studies, University of Bristol, 1989. Obtainable from the Research Unit at The Courtyard, Dartington Hall, Totnes, Devon TQ9 6EJ.

Dartington Social Research Unit. "The Characteristics of Young People in Youth Treatment Centres: a Study Based on Leavers from St Charles and Glenthorne Between 1982 and 1985." S Millham, R Bullock, K Hosie, M Little. (Pp 59; £8 paperback.) Bristol: School of Applied Social Studies, University of Bristol, 1988. Obtainable from the Research Unit at The Courtyard, Dartington Hall, Totnes, Devon TQ9 6EJ.

Dartington Social Research Unit. "The Experiences and Careers of Young People Leaving the Youth Treatment Centres: a Retrospective Study of 102 Leavers from St Charles and Glenthorne Between 1982 and 1985." S Millham, R Bullock, K Hosie, M Little. (Pp 125; £16 paperback.) Bristol: School of Applied Social Studies, University of Bristol, 1989. Obtainable from the Research Unit at The Courtyard, Dartington Hall, Totnes, Devon TQ9 6EJ.

Health Psychology: an Introduction for Nurses and Other Health Care Professionals. N Niven. (Pp xi + 380; £8.95 paperback.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-03665-9.

Love is Never Enough: How Couples Can Overcome Misunderstandings, Resolve Conflicts, and Solve Relationship Problems Through Cognitive Therapy. A T Beck. (Pp xii + 323; £4.99 paperback.) London: Penguin, 1989. ISBN 0-14-011429-7.

Radiology

Chest Radiographic Analysis. N Blank. (Pp vii + 673; figs; £95.) New York: Churchill Livingstone, 1989. ISBN 0-443-08658-3.

Emergency Interventional Radiology. Ed M P Neal Jr, J Tisnado, S-R Cho. (Pp xviii + 444; figs; £60.) Boston: Little, Brown, 1989. Distributed by Churchill Livingstone. ISBN 0-316-59927-1.

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Pharmaceuticals in Medical Imaging: Radiopaque Contrast Media, Radiopharmaceuticals, Enhancement Agents for Magnetic Resonance Imaging and Ultrasound. D P Swanson, H M Chilton, J H Thrall. (Pp xvi + 736; figs; $135.) New York: Macmillan, 1989. ISBN 0-02-420780-2.

Respiratory medicine

Lung Biology in Health and Disease. Vol 43. "Clinical Epidemiology of Chronic Obstructive Pulmonary Disease." Ed M J Hensley, N A Saunders. Executive editor C Lenfant. (Pp xvii + 397; figs; $132.) New York: Dekker, 1989. ISBN 0-8247-8087-6.

Progress in Respiration Research. Vol 23. "Hypersensitivity Pneumonitis: a Clinical Approach." O P Sharma. Series editor H Herzog. (Pp x + 186; figs; £72.50.) Basel: Karger, 1989. Distributed by John Wiley and Sons. ISBN 3-8055-4974-1.

The Role of Inflammatory Processes in Airway Hyperresponsiveness. Ed S T Holgate, J B L Howell, P G J Burney, *et al*. (Pp x + 255; figs; £39.50.) Oxford: Blackwell Scientific, 1989. ISBN 0-632-02618-9.

Rheumatology

Brainscan MCQs. "Rheumatology." P Helliwell, H Bird, V Wright. (Pp iv + 178; figs; £11.50 paperback.) London: Springer, 1989. ISBN 3-540-19554-8.

Surgery

Abdominal Wall Hernias: an Atlas of Anatomy and Repair. J L Madden. (Pp xvii + 344; figs and colour plates; £68.) Philadelphia: Saunders, 1989. Distributed by Harcourt Brace Jovanovich. ISBN 0-7216-1288-1.

Aortic Surgery. Ed J J Bergan, J S T Yao. (Pp xvi + 574; figs; £66.) Philadelphia: Saunders, 1989. Distributed by Harcourt Brace Jovanovich. ISBN 0-7216-2914-8.

The Art of Aesthetic Plastic Surgery. Ed J R Lewis Jr. (Pp xxxv + 1109 + suggested readings + indexes; figs; £190 2 volume set.) Boston: Little, Brown, 1989. Distributed by Churchill Livingstone. ISBN 0-316-52344-5.

Biliary Tract Surgery: Tactics and Techniques. J A Glassman. (Pp ix + 390; figs; £72.) New York: Macmillan, 1989. ISBN 0-02-343741-3.

Splanchnic Ischemia and Multiple Organ Failure. Ed A Marston, G B Bulkley, R G Fiddian-Green, U H Haglund. (Pp x + 405; figs; £65.) London: Arnold, 1989. ISBN 0-7131-4583-8.

Ultrasound

Developments in Cardiovascular Medicine. Vol 96. "Echocardiography in Cardiac Interventions." Ed I Cikes. (Pp xvii + 547; figs; £127.50.) Dordrecht: Kluwer Academic, 1989. ISBN 0-7923-0088-2.

Series in Radiology. Vol 19. "Intraoperative Ultrasonography in Hepatobiliary and Pancreatic Surgery: a Practical Guide." Ed G Gozzetti, A Mazziotti, L Bolondi, L Barbara. (Pp xv + 183; figs and colour plates; £60.) Dordrecht: Kluwer Academic, 1989. Distributed by MTP Press. ISBN 0-7923-0261-3.

Urology

Urinary Tract Infection and Inflammation. J E Fowler Jr. (Pp xiii + 339; figs; £55.50.) Chicago: Year Book Medical Publishers, 1989. Distributed by Wolfe Medical. ISBN 0-8151-3265-4.

Urologic Pathology with Clinical and Radiologic Correlations. A Someren. (Pp xi + 755; figs; $125.) New York: Macmillan, 1989. Distributed by Pergamon Press. ISBN 0-02-413750-2.

Virology

The Bloomsbury Series in Clinical Science. "Herpes Simplex Virus." A Mindel. (Pp v + 164; figs; £49.50.) London: Springer, 1989. ISBN 3-540-19549-1.

Progress in Medical Virology. Vol 36. Ed J L Melnick. (Pp viii + 210; figs; £78.80.) Basel: Karger, 1989. Distributed by John Wiley and Sons. ISBN 3-8055-4834-6.

Miscellaneous

Lower Your Blood Pressure in 4 Easy Stages: Natural, Safe Ways to Reduce It. C M Shreeve. (Pp 128; figs; £3.99 paperback.) Wellingborough: Thorsons, 1989. ISBN 0-7225-1635-5.

Medical Palmistry: a Doctor's Guide to Better Health Through Hand Analysis. E Scheimann, N Altman. (Pp 224; figs; £6.99 paperback.) Wellingborough: Aquarian Press, 1989. ISBN 0-85030-806-2.

Medicine, Literature & Eponyms: an Encyclopedia of Medical Eponyms Derived from Literary Characters. A E Rodin, J D Key. (Pp xxii + 345; figs; $39.50.) Florida: Krieger, 1989. ISBN 0-89464-277-4.

The New Self Help Series. "Nerve Troubles: How to Overcome Nervous Disorders by Drug-Free Methods." L Mervyn. (Pp 112; £1.99 paperback.) Wellingborough: Thorsons, 1989. ISBN 0-7225-2235-5.

The New Self Help Series. "Woman's Change of Life: Natural Treatments and Dietary Advice for Easing the Effects of the Menopause." L Mervyn. (Pp 96; £1.99 paperback.) Wellingborough: Thorsons, 1989. ISBN 0-7225-2232-0.

The Nuclear Mentality: a Psychosocial Analysis of the Arms Race. Ed L Barnett, I Lee. (Pp xiv + 176; £7.95 paperback.) London: Pluto Press, 1989. ISBN 0-7453-0393-5.

Pesticides in Sri Lanka: Documentation of Selected Literature and Legal Aspects. Ed R Fernando. (Pp ix + 255; figs; paperback, price not stated.) Colombo: Friedrich-Ebert-Stiftnung, 1989. ISBN 955-607-001-X.

Pharmacy: Freedom or slavery? Facts, Opinions, Philosophy. E A Jensen. (Pp iv + 64; UK £4.95 paperback including postage and packing, overseas £5.95.) 1989. Obtainable from E A Jensen, 6 Attree Drive, Queen's Park, Brighton, Sussex BN2 2HN. ISBN 0-9507437-5-5.

A Picture of Health: Hospitals and Nursing on Old Picture Postcards. C O'Neill. (Pp 106; £5.95.) London: Sidgwick and Jackson, 1989. ISBN 1-870708-23-7.

Planning a Professional Curriculum: a Guide to Understanding Programme Design. L A Fisher, C Levene. (Pp xix + 217; Canadian $19.95 + $2 postage and packing, paperback.) Alberta: University of Calgary Press, 1989. ISBN 0-919813-21-6.

Saudi. G Henderson. (Pp 253; £9.50.) Lewes: The Book Guild, 1989. ISBN 0-86332-327-8.

Scientific Reasoning: the Bayesian Approach. C Howson, P Urbach. (Pp xiii + 312; £14.95 paperback.) Illinois: Open Court, 1989. Distributed by Eurospan Publishers. ISBN 0-8126-9085-0.

Stronger Love, Safer Sex. C Haddon, T Prentice. (Pp xi + 272; £6.99 paperback.) London: Macmillan, 1989. ISBN 0-333-48514-9.