

# Some Emergencies of General Practice

M. D. BORLAND



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# Some Emergencies Of General Practice

**George Szmukler**

## Some Emergencies Of General Practice:

Emergencies in General Practice A. J. Moulds,P. B. Martin,2008-11-07 This featherweight volume packs a heavyweight punch It s a how to guide to emergency general medical practice which omits no important subject the most practical book ever for general practitioners the ideal book to keep by your side when on call Update 1997 Here is the fully revised fourth edition of this unique book that provides general practitioners with an easy to read easy to use guide to the management of the vast majority of emergencies The first contact a GP has with an emergency case is almost always a telephone call and the advice given here by the doctor is of paramount importance in the subsequent management of the case A unique feature of the book is that each topic begins with advice on how to handle the initial telephone call Each presenting problem is then approached logically with concise notes on assessment advice and management necessary when the patient is seen The emphasis is on practical primary care with discussion of differential diagnosis taken as far as is needed to decide the best immediate course of action Tables are used liberally to summarise useful information For each emergency the ultimate advice and strategy is emphasised within heavy horizontal lines Emergencies in General Practice is an indispensable book for the practising GP whether in the practice on call or working for the co op or deputising service It is also a valuable teaching text for GP registrars

### **Index-catalogue of the Library of the Surgeon-General's Office, United States Army**

National Library of Medicine (U.S.),1912

**Essays in Good Practice: Lecture notes in contemporary General Practice - Second Edition** Chris Heath,2023-07-24 This is a text book for all doctors but especially GPs appraisers and registrars It is written by a 40 year plus front line NHS doctor who for most of his career worked twice to three times the current doctors Working Time Directive limited week Chris Heath has been a Paediatric Lecturer in a teaching hospital an Anaesthetist various junior specialists and a GP over 30 years in 3 different practices He has been a GP Trainer and Appraiser and has seen politics and political correctness harm patients interests constantly over the last half of his career From the way it selects young doctors to the way they are educated and assessed the best interests of the patient are largely ignored This is a text book but it also contains home truths insights and a warts and all appraisal of how to be a good doctor as well as an unbiased assessment of what is wrong with today s NHS It also explains why today s politicians medical schools and doctors will resist the changes that are needed to put the patients needs first again

*Some Emergencies of General Practice* Douglas Borland,1946

*General Practitioner* ,1953-07

*Resilience Engineering in Practice* Jean Pariès,John Wreathall,2017-05-15 Resilience engineering has since 2004 attracted widespread interest from industry as well as academia Practitioners from various fields such as aviation and air traffic management patient safety off shore exploration and production have quickly realised the potential of resilience engineering and have became early adopters The continued development of resilience engineering has focused on four abilities that are essential for resilience These are the ability a to respond to what happens b to monitor critical developments c to anticipate future threats and opportunities and d to learn

from past experience successes as well as failures Working with the four abilities provides a structured way of analysing problems and issues as well as of proposing practical solutions concepts tools and methods This book is divided into four main sections which describe issues relating to each of the four abilities The chapters in each section emphasise practical ways of engineering resilience and feature case studies and real applications The text is written to be easily accessible for readers who are more interested in solutions than in research but will also be of interest to the latter group The Lancet

,1889 **The American Journal of the Medical Sciences**,1910 Men in White Coats George Szmukler,2017-11-16 Mental health laws surrounding psychiatric treatment under coercion have remained largely unchanged since the eighteenth century The grounds for involuntary treatment in psychiatry are first that the patient has a mental disorder that warrants treatment and second that the patient needs to be treated in the interests of his or her safety or for the protection of others Men in White Coats Treatment under Coercion is an accessible and timely resource on medical treatment under coercion and its justifications Split into thirteen chapters George Szmukler examines the current grounds for involuntary treatment of patients with mental disorders He argues that the existing laws are both discriminatory and morally unacceptable and that they should be replaced by an entirely different approach for over riding treatment refusals Using case studies and real life experiences Men in White Coats Treatment under Coercion discusses how involuntary treatment in psychiatric practice affects patients their families and society and looks to potential solutions to the current legal frameworks surrounding coercion that could be made applicable across all medical specialties and settings Training schools for nurses in small cities Alfred Worcester,1893 A System of legal medicine v. 1 Allan McLane Hamilton,1900 Medical record,1897

**Medical Record** George Frederick Shrady,Thomas Lathrop Stedman,1897 **Endocrinology** P. Marsden,A.G. McCullagh,2013-03-09 DDDDDDDDDDDDD Effective management logically follows accurate diagnosis Such logic often is difficult to apply in practice Absolute diagnostic accuracy may not be possible particularly in the field of primary care when management has to be on analysis of symptoms and on knowledge of the individual patient and family This series follows that on Problems in Practice which was concerned more with diagnosis in the widest sense and this series deals more definitively with general care and specific treatment of symptoms and diseases Good management must include knowledge of the nature course and outcome of the conditions as well as prominent clinical features and assessment and investigations but the emphasis is on what to do best for the patient Family medical practitioners have particular difficulties and advantages in their work Because they often work in professional isolation in the community and deal with relatively small numbers of near normal patients their experience with the more serious and more rare conditions is restricted They find it difficult to remain up to date with medical advances and even more difficult to decide on the suitability and application of new and relatively untried methods compared with those that are old and well proven vii Their advantages are that because of long term continuous care for their patients they have come to know them and their families well and are able to become familiar with

the more common and less serious diseases of their communities     Some Emergencies of General Practice Douglas M. Borland,2004-02 Emergencies are one of one s greatest difficulties when beginning to practise Homoeopathy In an acute emergency one has to do something immediately we cannot spend time hunting for a drug     *Journal of the American Medical Association* American Medical Association,1884 Includes proceedings of the Association papers read at the annual sessions and list of current medical literature     *Boston Journal of Chemistry and Popular Science Review* ,1889     *The Boston Medical and Surgical Journal* ,1887     **International Record of Medicine and General Practice Clinics** Edward Swift Dunster,Frank Pierce Foster,James Bradbridge Hunter,Charles Eucharist de Medicis Sajous,Gregory Stragnell,Henry J. Klaunberg,Félix Martí-Ibáñez,1922     *Southern Medicine and Surgery* ,1950

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