

well organized format the book provides an excellent introduction to developmental and emotional problems commonly encountered. The enthusiasm of the authors is reflected in its presentation.

For those who are already involved in paediatric clinics this book provides additional ideas and insights that may be added to their repertoire. General practitioners and other members of their primary care teams will find it very helpful because much of the advice applies to the management of problems commonly encountered in practice. It is a suitable introduction for general practice trainees, with its guidelines for differentiating normality from abnormality and when to refer. Its empathic approach reminds us of the common conceptions and misconceptions of parents and the sensitivities that we as family practitioners must maintain.

*Child health clinics* does not replace the standard books on developmental assessment and screening but it must be considered as a useful addition to the practice library for reading and reference.

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# SCREENING FOR HEARING IMPAIRMENT IN YOUNG CHILDREN

Barry McCormick  
Croom Helm, London (1988)  
110 pages. Price £8.95

This book sets out to be a practical basic manual on screening for hearing impairment for professionals. Basic acoustics, physiology and pathology, the concept of hearing screening and the use of parents' suspicions are covered before quite detailed accounts of testing procedures in three main age groups. The best section is that in which the author questions the use of the distraction test as traditionally carried out, but goes on to explain, with clear photographic illustration, how its performance may be improved. The use of concise chapter summaries, good layout and a reasonable index allow rapid familiarity with the book, and there is a comprehensive reference list for those who wish to look further afield.

I do have a few minor quibbles. The book is claimed to be aimed at health visitors, general practitioners, paediatricians, audiological scientists and teachers. It is difficult to meet the needs of all these groups in one book and this is reflected in the level of explanation offered for technical terms. For example, although Septrin (Wellcome) is defined as an antibacterial drug, van der Hoeve's disease appears without explanation. Secondly, a substantial part of the book is devoted to the author's own research. While this is highly relevant in some cases, for example, the McCormick toy discrimination test, in others it is not. Finally, in the last section of the book, dealing with the future, middle ear impedance measurement is touched upon, but given less credit as a screening instrument than it deserves.

All in all, however, this is a clear, authoritative and helpful book which would be an asset to any practitioner carrying out preschool screening.

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# EAST END DOC Hospices and the dying

Richard Lamerton  
Lutterworth Press, Cambridge (1986)  
105 pages. Price £3.95

The hospice movement now has its place in history. No longer are dying patients told 'Nothing more can be done for you', and just left. Now, where necessary, continuing care ensures pain relief and spares the indignities of incontinence. But many would

prefer to die at home, if these advantages could be organized there. In this pocket sized paperback Richard Lamerton describes vividly how the home care side of hospice work was set up in 'cockney country' east of Tower Bridge. Now it has grown to be an essential service for a large stretch of inner London.

Initially the home care team comprised Lamerton (a north country Quaker) with a small bunch of Irish Roman Catholic nursing sisters from St Joseph's hospice, and a mini car. The author aptly describes some of their work as coal-face medicine. Success came the hard way, with the group never shirking any tasks, however menial or unpleasant, literally round the clock, and sharing in the patients' griefs, joys and humour. Important factors were the shock-proof religious faith of the team, dealing with a kaleidoscope of colours and creeds, buttressed by the indomitable cockney spirit.

This inspiring little account of what should and can be done for the dying is a must for all general practitioners.

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# ICPC

International classification of primary care  
Henk Lamberts and Maurice Wood (Eds)  
Oxford University Press for WONCA (1988)  
201 pages. Price £15.00

Classification in general practice has attracted a number of individuals and corporate bodies to the task of slotting the multifarious undifferentiated problems of patients into diagnostic boxes.

The Royal College of General Practitioners (RCGP) and the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (WONCA), although both starting from the same point with the RCGP's first code, have subsequently travelled along different lines. The WONCA committee's *International classification of health problems in primary care* is now in its third edition (*ICHPPC-2 defined*) and together with the *International classification of process in primary care (IC-process-PC)* has been developed to produce the *International classification of primary care (ICPC)*.

The new classification, which has been developed and field tested for almost 10 years, enables encounters with a patient to be classified in three areas: the presenting reason for encounter; the diagnosis of the problem; and the diagnostic and therapeutic actions taken including test results, treatment and administrative aspects. As an information or educational tool, *ICPC* thus allows tabulation not only of the general practitioner's diagnosis but also the patient's own expressed reason for consulting and how the primary care system dealt with the problem.

The code may be used in whole or in part, but if used in its entirety maintaining the classification system would require considerable secretarial support and/or computing facilities. Only short term or selective use could be made of *ICPC* by practices which do not have these resources.

In creating *ICPC*, the authors have produced an elaborate system of classification which is designed specifically for use in primary health care. Time will tell whether or not the classification will be widely adopted. It is now markedly different from the *International classification of diseases (ICD)* and this may deter potential users. The multiplicity of classification systems available in general practice is a barrier to progress in the provision of good quality information about primary health care systems. *ICPC* is a brave attempt to provide a method of recording data which can be used legitimately to compare both the content and process of primary care activities in different parts of the world.

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