



SCREENING AND SURVEILLANCE IN GENERAL PRACTICE

C R Hart and P Burke (eds)

Churchill Livingstone, Edinburgh (1992)

416 pages. Price £49.50

Screening for disease is becoming an increasingly familiar aspect of health care, with new procedures and protocols regularly being presented and debated in the medical press. *Screening and surveillance in general practice* provides a welcome overview of the subject; its 41 contributors mainly comprise general practitioners who have practical experience of delivering this care in a variety of settings.

The first section of the book covers the general principles of screening, including its history and economic and ethical aspects. Organizational and administrative issues are considered, including the use of computers and health teams. Subsequent sections review screening and surveillance techniques in a more specific, age based, structure. Topics covered range from preconceptual and antenatal care through childhood issues such as development surveillance, to surveillance in the elderly, including the identification of mental illness and functional impairment. Cardiovascular, gastrointestinal, urological, metabolic and breast and cervical cancer screening are discussed, as well as a miscellany of lifestyle issues such as alcohol and drug abuse. Attention is also paid to occupational and ethnic factors in screening.

Despite such a wide range of topics covered, there is a comprehensive discussion of the relevant aspects of Wilson's original criteria for screening for disease in relation to specific areas and programmes, as exemplified by the chapter on screening for cervical cancer. In doing so, the book fulfils its aim of providing a valuable resource to which individual practices can refer when considering screening programmes in the light of local resources and needs.

A Z KADRI

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THE DOCTOR, THE PATIENT AND THE GROUP: BALINT REVISITED

E Balint, M Courtenay, A Elder, S Hull and J Paul

Routledge, London (1993)

162 pages. Price £11.99

This slim volume is the latest work arising from the continuing work in general practice inspired by Michael and Enid Balint in the 1950s. As in education, there are the three Rs by which a book is judged, namely readability, relevance and writing. This book encompasses all three and although the difference in styles of each chapter reveals its multi-authorship, each chapter is equally readable, relevant to general practice and clear and con-

cise in its writing, which is a tribute to its overall editorship.

Its subtitle *Balint revisited* is apt. Balint's original book *The doctor, his patient and the illness*, revolutionized general practice and its influence on medicine as a whole. Its principles are now integrated into undergraduate and postgraduate teaching and inevitably, 40 years on, there has been much misunderstanding of what Balintism truly means. Too often it is equated with group teaching and an understanding of the emotional needs of patients but it is much more than this. It explores, and helps general practitioners to understand, their own negative feelings in many consultations. These feelings can either be dealt with by denial that they exist or analysed and understood with a view to offering patients a greater understanding of their own problem. It shows that the hospital principle of therapy, to which we are first exposed in our training, that diagnosis precedes treatment, has to be adjusted in general practice to the recognition that management can be more important than diagnosis. An over-vigorous pursuit of a diagnosis can leave a patient in a therapeutic vacuum. This book attempts to understand and answer negative feelings.

The book also looks back on some of the earlier publications involving Balint research. It demonstrates that qualitative research is as important as quantitative and a new dimension must be found to measure this qualitative aspect of our work rather than rely on the traditional quantitative specialist approach to research work.

It has been said that hearing is to do with the ears, listening with the mind. Those who are hard of hearing can be helped with a hearing aid and those of us who are hard of listening will find this book helpful. It should be read by all general practitioners who aspire to a greater awareness of the hidden agenda in every consultation which otherwise might become no more than a daily chore to be endured between the health promotion clinics which have overtaken our discipline in recent years.

JAMES CARNE

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LONDON AFTER TOMLINSON: REORGANISING BIG CITY MEDICINE

Jane Smith (ed)

British Medical Journal, London (1993)

127 pages. Price £8.95

Through the winter weeks of 1992-93, the *British Medical Journal* did us all the considerable service of extending and deepening the debate which followed the publication of Tomlinson's *Report of the inquiry into London's health service, medical education and research*. This was achieved by commissioning a series of articles from a variety of experts about the likely impact of the report on their particular field of expertise. The result was

a series of well-informed and powerfully argued papers which have now been brought together in a single volume together with a selection of vigorous contributions from the letters pages.

I most enjoyed David Metcalfe's contribution from general practice entitled 'Care in the capital: what needs to be done'. This is wonderful stuff and alone is worth the purchase of the book. Here is someone who understands the essential nature of general practice and how much is at risk as the role is stretched and distorted by demands from all sides. He writes 'It is important that managers, administrators, politicians and specialists should understand the basic transactions of general practitioner care, lest, failing to value it properly, they make demands on it which will damage it still further while trying to bail out the secondary sector.' Is anyone listening?

This book is topical and primarily concerned with London but as Robert Maxwell points out in his chapter 'Other cities, same problems', London's problems are echoed in many other large cities both in this country and throughout the world. The debate contained in the pages of this book will have lasting relevance to all of us who are striving to deliver a high standard of care to the often multiply-disadvantaged populations of our big cities.

IONA HEATH

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ENT PRACTICE FOR THE GP'S SURGERY

*Andrew N Coley and Nicholas J Kay
Churchill Livingstone, Edinburgh (1992)
98 pages. Price £12.50*

'Children cry through their eyes and adults through their noses' – this is one of the gems of wisdom from a new pocket guide to ear, nose and throat practice. The book is authoritative and combines the insights of a general practitioner and a specialist, and will undoubtedly prove popular.

ENT practice for the GP's surgery is well laid out, with a lecture notes format. The approach is inevitably fairly directive, with large bold instructions to refer at various points. Sometimes the shorthand goes too far: abbreviations such as LKKS deserve explanation. As the authors acknowledge, they use illustrations liberally 'to reduce the presence of text which takes time to read'. Though the illustrations are good, valuable space is wasted by duplicating them; at one point two illustrations seem to have been transposed. The technique shown for use of the otoscope is not ideal.

In a book of this size one should perhaps not be too upset by the number of omissions. However, I was surprised to find no reference to assessment for tonsillectomy. The authors assume that general practitioners will not use a pneumatic otoscope, Thudichum's speculum or head mirror, which is a pity.

In some areas I might quibble with the advice given. The authors advise against prescribing antibiotics routinely for otitis media, which is still a controversial issue. On the other hand, they advocate early review and a low threshold of referral, for example, for discharging ears. Other controversial suggestions include routine referral of patients with presbycusis and the choice of cefuroxime as a first-line antibiotic for tonsillitis.

Despite the quibbles, this is an informative book and deserves a place in every good practice library.

PETER BURKE

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HELPFUL ESSENTIAL LINKS TO PALLIATIVE CARE (HELP)

*Centre for Medical Education, Ninewells Hospital and Medical School, Dundee (1993)
367 pages. Price £12.90*

The care of patients with incurable or terminal disease is an increasing part of the primary health care team workload and there is a need for an authoritative text dealing with the principles and practice of palliative care. This book goes some way to meet the need and is part of an important initiative by the Cancer Relief MacMillan Fund to improve skills in palliative care among doctors and other health care professionals. It is to be distributed free of charge to every new house officer in the United Kingdom over the next five years, and its influence over the new generation of vocational trainees will be of interest.

The book is divided into four principal sections dealing with pain, communication, distressing symptoms and the context of care. Each page is divided into two columns, the first dealing with key issues set out in the form of a clinical or communication problem and the second providing more in-depth information and numerous quotations from definitive texts. The section on pain is comprehensive and practical, with a detailed, illustrated description of the indications for and use of syringe drivers. The communication section is problem based and is a most helpful text on breaking bad news, denial and exploration of feelings. Distressing symptoms are dealt with in a practical manner and include a helpful discussion on the difference between acceptable sadness and clinical depression. The section on the context of care covers spiritual needs, complementary medicine and also pays attention to the setting of death.

Although written primarily for junior hospital doctors, this is a book that is readable and immensely practical.

DAVID SEAMARK

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LIBERATION MANAGEMENT

*Tom Peters
Macmillan, London (1992)
834 pages. Price £20.00*

Business management is an integral part of modern general practice. If general practitioners are to continue to deliver high quality care with compassion, we need to respond to the challenges of the medical market place.

Tom Peters, an American management guru, suggests that to meet the changes of the future, managers must change in fundamental ways. Barking orders to subordinates is out. Empowerment and respect for autonomy are the ways of the future, fostering curiosity, innovation and imagination throughout the organization. Using examples from industry around the world, Peters argues for decentralization of the management structure by developing work to group projects. Teams of individuals form to work on a specific project. These teams then break up and reform into different groups, depending on the skills required to cope with the next project.

Flexibility means that everyone in the team is free to question decisions, and a change of mind is not perceived as a weakness. Project teams are not allowed to degenerate into committees, since committees deliberate and project teams act. Peters makes a plea for everyone in the team to be a business person, to cut out paperwork and to be perpetually trained. Training is an