

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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and chair of the RGCP inner city task force*

#### 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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General Practice, University of Exeter*

#### 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