

The video highlights the benefits of a multiprofessional approach when learning about and helping people with such a condition. It shows what could be done by physiotherapists and occupational therapists and discusses wider issues such as the decision to have children and counselling relatives of sufferers. I found the section relating to the problem for affected children in the home and at school particularly informative and I doubt such information could easily be found elsewhere. Inevitably, such matters could only be dealt with superficially but there is enough here to act as a starting point for the general practitioner wishing to learn more.

It is not clear for whom this video is made. It would appear to be aimed at the generalist and, as such, the rather specialized section on the Carter Wilkinson scoring system for joint mobility seems out of place. Perhaps more could be gleaned from the hard won experience of sufferers of Ehlers–Danlos syndrome.

We may only deal with this condition once in our professional lifetime and if we can avoid making some of the basic mistakes then all the better. This video will help.

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PAIN RELIEF IN ADVANCED CANCER (2nd edition)

Robert Twycross

Churchill Livingstone, Edinburgh (1994)

592 pages. Price £40.00

Palliative care is a discipline in which there is blurring of the distinction between the specialist and the general practitioner. The principles of pain management as practised in specialist palliative care units are transferable to the community setting. Although primarily intended for senior registrars and specialists in palliative care, Robert Twycross' book is essential reading for the general practitioner with a particular interest in palliative care.

The primary goal of management is to enable patients to gain control over their pain. The ultimate goal of complete relief may be difficult to achieve. We need to be aware of our own 'opiophobia' and remember that the dose and duration of opioid treatment should be determined only by the needs of the patient. There is clear advice on how to avoid the 'one-step-behind syndrome' where most of the right things are done, but just too late.

Excellent case histories illustrate the particular difficulties encountered in managing different types of pain. The concept of 'total pain' in all its dimensions has now become familiar to most doctors. For those interested in neurophysiology, there are succinct accounts of recent developments. Cancer pain syndromes such as those resulting from metastases to the base of skull and vertebrae, and spinal cord compression are clearly defined. Techniques of evaluating pain, including the place of computerized tomography and magnetic resonance imaging scans, are discussed. There is a practical message for evaluating the patient in pain: 'review, review, review'.

A chapter is devoted to the problems of opioid-resistant pain and a clear clinical protocol for managing neuropathic pain is suggested. Recent developments, including the use of transdermal fentanyl and alternative strong opioids such as tramadol are described. However, such developments can only help if the drugs are prescribed to patients. 'Misunderstandings about morphine' is the title of a chapter which helps to dispel the myths and enable more doctors to prescribe opioids appropriately. The author describes the recent use of nebulized

opioids to relieve the distress of breathlessness. This is potentially of great benefit to those of us working in the community.

The general practitioner who is interested in palliative care will learn much by dipping into this book. It is clearly written and offers a practical approach to managing the patient with advancing cancer.

DAVID JEFFREY

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WHAT IS GOOD GENERAL PRACTICE?

Occasional paper 65

Peter D Toon

Royal College of General Practitioners, London (1994)

55 pages. Price £11.50 (RCGP members £10.00)

This paper leads us out into an ideological maelstrom. A rigorous intellectual approach is applied throughout using moral theory and philosophy. The exploration is highly analytical in content and helpfully iconoclastic; for example where doctors pretend to have a right to make decisions but in fact have no particular expertise. The main appeal of the paper for me lies in its wide research base and its questioning approach to professionals' knee jerk responses to moral argument.

The author appears to advocate a search for a moral 'grand unified theory' of good practice, based on various models. But even if this were possible would this be a solution or a precise definition of the problem? The problem that springs to mind is framed by Viola in *Twelfth night*:

'We men may say more, swear more, but indeed
Our shows are more than will; For still we prove
Much in our vows, but little in our love.'

I found this paper stimulating and insightful and hope it provokes much discussion of so crucial a question, to which metaphor, parable, and medical story telling might also contribute.

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THE FIRST STEPS IN GENERAL PRACTICE

Derek Gallen, Warwick Coulson and Glynis Buckle

Blackwell Scientific Publications, Oxford (1994)

149 pages. Price £9.95

The informative chapter headings of this excellent little handbook for trainees reveal that it contains more than the 'first steps' the title suggests. Trainers and course organizers will also find it invaluable. The book covers the end of the trainee year, how to find the right practice and how to settle in. The chapter on choosing a practice and the interview process is particularly good. There is a useful summary of how to read the practice accounts and understand the practice agreement, and helpful information on what to do if the new partnership fails. It is thus also essential reading for any partnership appointing a new partner.

In a second edition of this book the following suggestions could be incorporated: the main points could be listed at the end