



### **ABC OF BREAST DISEASES**

*JM Dixon (ed)*

*BMJ Publishing Group, London (1995)*

*74 pages. Price £13.95 (pbk). ISBN 0727909150*

This latest addition to the excellent ABC series collects articles on breast diseases originally published weekly in the *British Medical Journal*. Specialist authors from centres of excellence in the UK, and two others from the USA and Australia, contribute an overview of the subject, including practical guidelines for referral of patients with breast symptoms and an account of the current consensus on management of breast cancer at all stages from screening to care of those with advanced disease.

The book is attractively presented with excellent illustrations and flow charts. Its 70 pages of enjoyable reading provide a rapid update and clarification of a field of medicine where practice has changed considerably over recent years. I particularly valued the information about treatment of breast cancer in the elderly, and on risk factors and genetics, all areas in which I now realize my knowledge to have been deficient. There is an excellent chapter on psychological aspects, which is refreshingly free from dogma. I totally endorse the comment made there that 'it is what treating clinicians say about diagnosis and treatment that is critical in determining patients' psychological adaptation.'

In a short book on such a large subject, it is inevitable that there will be omissions. I would have welcomed further information on public health policy in the UK and elsewhere in relation to screening for and treatment of breast cancer, and more discussion of the management options which may be available. Media interest in health and widespread access to information technology increase the likelihood that general practitioners will be approached by patients, or more often their relatives, enquiring about further or alternative treatments they may have seen on television or learnt about from the Internet. It would be helpful for the doctor to know where to find help in answering such questions and to have some knowledge of the international context in which to set the didactic consensus presented here.

This book has been designed to help all doctors, particularly general practitioners, and to be useful to other health professional who have contact with patients with breast problems. It should be a welcome addition to any practice library.

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### **RURAL GENERAL PRACTICE IN THE UNITED KINGDOM**

**Occasional paper 71**

*Jim Cox (ed)*

*Royal College of General Practitioners, London (1995)*

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Vaughan Williams, Howells, Bridge and other British composers, inspired by their rural heritage, were famously derided as 'the cowpat and watercress school'. The snooty inference that rustic culture is romantic but retarded is alive and well. At least, this was the thread of insecurity I thought I detected in this, the seventy-first Occasional Paper of our College. Primary care teams in rural Britain certainly labour under a prejudice that their working conditions are idyllic. In truth, Arcadia is as real as a rainbow's dampcourse.

The report of the Rural Practice Working Party, convened by the College and chaired by Jim Cox, sets the record straight. Pockets of deprivation, poor amenities, high cost of living, low-quality housing, fractured public transport — the catalogue of problems faced by our rural communities is easily as depressing as that confronting those who live in our inner cities. In fact, this Occasional Paper is intended to articulate with the 1994 report of The Inner City Task Force, although the rural committee responds differently. The country cousins produce a descriptive report where the street-wise inner city team are prescriptive and issue specific recommendations, having recruited a high-ranking member of the GMSC to their deliberations.

I wonder how many suburban doctors, Bosanquet's fat cats, will feel the need to read this publication? Why should they fret about recruitment difficulties and professional isolation when they have been best able to capitalize on the dubious reforms of 1990 using their economy of scale. Any complacency is misplaced. The inevitable reaction to unscientific 'health checks' and other proactive paperchases will put rural practitioners in a good light. Forced by circumstances, perhaps, they will have nevertheless continued to provide good reactive care to patient's real needs as this paper reveals.

Our political masters would also benefit from reading this paper and I hope they will. But if they do they will be looking for ('on one side of foolscap' by Churchillian dictum) a blueprint for action. Unhappily, they won't find one. Jim Cox's team have missed an opportunity to establish an agenda. Rural practice may remain disenfranchised despite this otherwise excellent report.

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