

already in place and the pace of further change currently occurring it is hard to turn the clock back, nor indeed might it be appropriate on health, economic, or current political grounds to even try.

So it seems to me that English general practice had a good and worthwhile life which is now ending.

At the end of my time in the UK both my parents died. They too had good, long, and worthwhile lives but the quality of life in their last few months was not good. Such rationalisations do not seem to make the loss any easier to bear though.

My father died 8 days after my mother — I had not come to terms with the loss of one parent before I had lost another. For now, I have returned to a style of general practice in rural Australia that, by chance,

remains closer to the ideals that inspired me during my UK training in the 1980s. But where English general practice goes, Australian practice tends to follow (like my parents' intertwined destinies) and I do not think it will be long before I have more mourning to do.

Adrian Elliot-Smith

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Book review

**JOSEPH'S BOX
SUHAYL SAADI**

*Two Ravens Press, Scotland, 2009
pp670, £13.99, ISBN: 9781906120443*

This is a big book, in every way: it is excessive, extravagant, exuberant, exhilarating, erotic, esoteric, entertaining, entrancing and eccentric; and like the boxes that give it a structure, of sorts, it contains layer upon layer of allusions and connections. The narrative sweeps across continents, and the cultural references include everything from hip hop to classical verse forms of the Moghul emperors. The psychological landscape ranges from the hard realities of what we are used to calling, rather primly, 'the doctor-patient relationship' (transgressed in the most shocking way) to hallucinatory meanderings along the wilder shores of the subconscious.

Zuleikha Chasm Framareza MacBeth (Zulie for short) is a middle-aged GP grieving the loss of her Afghani mother and, some years earlier, of her only son Dhaoud. On an evening of despair she wanders along the banks of the Clyde and finds, bobbing in the current, a strange box. With the help of another recently bereft wanderer, Alex Wolfe, she retrieves the box, and they take it back to her flat. There they begin the adventure of unravelling the spells that lock each of the seven nested boxes, deciphered through Alex's magical mutating lute and his computational skills.

Other significant characters include Archie McPherson, once an aircraft engineer, now a patient of Zulie's, dying of mesothelioma yet imbued with a power over his doctor that she can neither explain nor resist; Laila Asunsi, 'ageing hippy' extraordinaire who lives in an old house near a Lincolnshire aerodrome where Archie once worked, danced, and made love; Peppe Ayala, Sicilian cousin of Laila and an archaeological historian; Petrus Dihdo Labolka, a juggler and impresario of Russo-Punjabi parentage, ex-lover of Laila living in Lahore; and young Zulfikar Ali Lobsang, a Baltistani guide who takes Zulie and Alex on their final enlightening journey to the high mountains of Ladakh, where their weird

COMMENTARY

'Don't worry about the world coming to an end today. It's already tomorrow in Australia'. Charles M. Schulz US cartoonist (1922–2000).

'A final g'day to general practice' is a poignant and thought-provoking commentary on modern general practice.¹

As a young GP myself, I see disillusionment among my peers. The emerging two-tier system and a sense of 'tick-box medicine' create dissatisfaction among new and old doctors alike. It is little wonder that many young doctors are following the author's lead and emigrating to Oz.

Interesting too are the comments on communication with our hospital colleagues. Last week I met a paediatric oncologist who reminisced mournfully about GPs phoning for 'a bit of advice' and expressed a real enthusiasm for more human contact. Choose and Book has yet to reach Scotland but clearly it may widen the communication gap further.

Despite this, general practice remains, I think, a highly rewarding job with much hope and promise for the future. The RCGP publication *The Future Direction of General Practice* states that 'The generalist who can provide holistic and patient-centred care is needed now more than ever'.²

Perhaps then it is not time to mourn for the loss of general practice but rather to fight to keep it alive. With the words of Thomas Jefferson, 'A little rebellion now and then ... is a medicine necessary for the sound health of government'.

Faye McCleery

GP Retainer, Wishaw Health Centre.

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experiences culminate in the strangest of all stories.

If you ask what the book is about, the answer would have to include: the power of music to communicate across cultures and epochs; the ramifications of colonialism and its mindset; the nature of grief and loss, and ways to their resolution; the significance of origins, migrations, class stratifications, and political affiliations; the transcendence of love — and, I suppose, the evolution of the lute. As the author more lyrically puts it:

'Zuleikha at last was able to hear and understand all the tongues of her forbears and to comprehend the love that bound people together and the pain which they felt when they were cast apart by time, place or circumstance — and above all, by death. And in all this epic song of the earth and the stars, Zuleikha felt that maybe she was a single complex note [...] and that contained within it was the music of an infinitude of songs, all accompanied by the plucking of a stringed instrument.'

If you want to avoid overloading your bookshelf, the novel will be published as an e-book at www.josephsbox.co.uk where you can also find background material, some of it informative, some, such as the author's pre-emptive footnote aimed at potentially bemused reviewers such as myself, more playful. In the book itself I could have done with a glossary of the many foreign words of varied and uncertain origin referring to music, architecture, and poetry, but perhaps this is asking too much from a multilingual author writing for a mixed readership; less excusable from a medically trained author is the repeated use of 'enervation' for 'innervation' and the misspelling of minuscule. These though are tiny quibbles. This is emphatically not one of those earnest books which reviewers in these pages deem worthy of inclusion 'in every practice library', but I hope it will find itself on the holiday reading lists of the curious and the open-minded looking for something quite different.

Dougal Jeffries

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The Research Paper of The Year Award 2008

It's a decade or more since pavement cafes and *al fresco* dining started to become widespread. The press celebrated this phenomenon, either as an embracing of continental culture or a beneficial side-effect of global warming. At the time, a few chill summers soon got the furniture back indoors. Travel around England in the past 2 or 3 years, though, and every pub you pass has its outdoor tables, umbrellas, and space heaters. It's nothing to do with global warming or that last holiday in the Med, and everything to do with the ban on smoking.

Perhaps living in the North East, where smoking rates are the highest in England and women are 50% more likely to smoke than in London, makes the impact of the ban more evident.¹ There is certainly more to it than a suburban sprawling of our legendary ability to dress for midsummer in mid-February. It is remarkable, but the ban on smoking in public places seems to have been absorbed into popular culture. Contrast this with countries such as Spain, where a similar ban was imposed at the same time and is an affront to be ignored or subverted at every turn.

Tackling a public health problem such as smoking requires a multifaceted approach, but population measures and legislative actions seem increasingly to be favoured over those directed at individuals. Indeed the World Health Organization in its Framework Convention for Tobacco Control doesn't include help for individuals in its six key provisions.² Intuitively, this makes sense. The returns for the UK from a policy based on smoking cessation services have not been impressive.

In general practice we see many people whose health would benefit if they stopped smoking. We have all lost count, for example, of the number of patients with early COPD to whom we have given such advice. To see a patient stop on your advice is a gratifying experience, but often tinged with an uneasy feeling of not being quite sure how you did it or whether it'll work with the next patient. This year's RCGP and Merck, Sharp and Dohme Ltd Research

Paper of the Year gives us a useful tool to back up that advice, one that could easily be applied in clinical practice.

Gary Parkes and his colleagues took a formula, first described over 20 years ago, that generates a measure of lung age. Lung age is the age of the average person who has an FEV1 equal to the individual, and is a way of making spirometry results easier for patients to understand. They developed a feasible method of applying it in general practice and then targeted a higher-risk group within the smoking population, those over 35 years of age. Communicating this information to smokers in this age group resulted in an absolute reduction in smoking rate at 12 months of 7.2% (NNT 14), at an estimated cost of £280 per successful quitter.³

This rigorously conducted study showed that the simple intervention of telling smokers their lung age is as effective as, and likely to be cheaper than, the approaches to smoking cessation that are in current use. Why does it work, and in particular why does it work for people with normal as well as abnormal lung age? Parkes offers the observation that some participants were relieved that their results were normal and that it was 'not too late' to try to quit. The study was underpowered to relate quitting to Prochaska's 'stage of change', but intuitively it seems that something else is going on that can only be fully explained by a different psychological model. But then perhaps on this occasion the mechanism is less important than the effect.

Greg Rubin

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