Books

Back pain in the Workplace. Management of Disability in Nonspecific Conditions

A report of the Task Force on Pain in the Workplace of the International Association for the Study of Pain. Edited by Wilbert E Fordyce. Pp. xiii + 75. US\$25. Seattle: IASP Press. 1995. ISBN 0-931092-11-6.

The slim volume represents a collaborative effort involving an international task force of spinal and rehabilitation experts. The list of members and consultants to this task force reads like a 'who's who' of the back world: Alf Nachemson, Gordon Waddell, Wilbert E Fordyce, among others.

The book is important in that it brings together the results of many studies; knowledge that has been around in journal and opinion articles and discussed at conferences, but until now has not been formalised into a single strategy.

The authors emphasise that there is a rising epidemic of non-specific low back pain disability in the industrialised world, but no corresponding increase in the prevalence or severity of low back problems *per se*. Clearly, it is society and its attitudes to the problem that have changed. The evidence that chronic, non specific low back pain is influenced more by psycho-social issues than by the almost



ubiquitous structural changes that are so hypnotically represented on current imaging techniques, is compelling.

A new paradigm for the management of low back pain disability is discussed and presented. These techniques and recommendations are based firmly on a solid body of research.

If implemented, the policies outlined in the book will hopefully be instrumental in curbing the present disability epidemic. There is every indication that the USA, UK, Canada, Japan, Australia and New Zealand are serious about doing just that. It remains to be seen whether South Africa can muster the collective, interdisciplinary resolve to respond likewise.

The book should find an indispensable place on the shelves of all doctors who deal with low back pain as well as those in the rehabilitative disciplines. The only criticism is that the prose often falls into a heavy, formal style that characterises much of American medical writing. As a result, the odd paragraph approaches near impenetrability. That said, however, the book is undoubtedly a landmark and represents a highly encouraging approach.

Michael Simon

Quality Improvement by Peer Review*

By Richard Grol and Martin Lawrence, Pp. xii + 159. R247.99. Cape Town: Oxford University Press. 1995. ISBN 0-19-262521-7.

Richard Grol and Martin Lawrence have extensive hands-on experience with quality improvement, Richard in the Netherlands and Martin in the UK. They are both leaders in EquiP, the European working group on Quality Assurance in Family Practice.

In this book they present peer review as the preferred means for systematic quality improvement in general practice and as a method for learning and changing. It is CME with specific criteria and evaluation that culminate in action for improvement. Although such activities may be required by governments or funders, it is essentially an internal process by health workers for developing themselves.

It is a practical book that is a valuable guide for all who wish to do or promote peer review. Not only do they take the reader through the multitude of options in peer review step by step but they also review the literature on the most important themes. Their apt examples help to make the book lively and lucid. In one such example 43 GPs were evaluated after an average of 1.5 years in a monthly peer review group. A significant improvement was found in their history taking, patient education, prescribing of medication and clinical performance.

My overall impression is that this book reflects admirably the advances and research base developed by many in the area of quality assurance and peer review. It lets me say, 'yes this is a mature book in comparison to its predecessors'. If enough of us in South Africa start now to use this book in practice and teaching we might get peer review going before it is imposed on us.

R250 for 171 pages seems a lot of money. If it makes us more effective and increases job satisfaction, it is a small price to pay. It will help you to get started, choose a group, lead a group if you wish, measure and review whatever activity you wish to in family practice/primary health care, be it a clinical or a management problem. A book well worth getting whether you are a generalist or not.

Sam Fehrsen

Differential Diagnosis in Otorhinolaryngology. Symptoms, Syndromes and Interdisciplinary Issues*

By Hans Heinz Naumann (with contributions by Frank Martin, Hans Scherer & Karin Schorn). Pp. x + 454. Illustrated. DM155. Stuttgart: Georg Thieme Verlag. 1993. ISBN 3-13-113501-8.

Time is of the essence and the ability to reach a definitive diagnosis as quickly and cost-effectively as possible is clearly very important. With this in mind a well-written text on the differential diagnoses such as the one currently under review is most helpful.

There is a worldwide tendency towards restructuring medical curriculae on a 'problem related' basis, i.e. how the patient will present as a result of the disease. This makes sense seeing that this is exactly what happens on a daily basis. A person will not present with 'otitis media' per se but with earache, a discharging ear or hearing loss.

Medical students are taught to use all their facilities in seeking evidence and then to prioritize the information so that a logical and definitive diagnosis can be made in the shortest possible time. It is often seen that symptoms and signs are in fact properly gleened but their significance may be undetected. A book such as Differential Diagnosis in Otorhinolaryngology is an ideal and practical reference to consult so as to rapidly and accurately identify the particular pathology and hence decide on the necessary special investigations and treatment. It contains valuable information on the main symptoms, subsidiary symptoms, differentiating features, pathogenesis, special screening tests and finally diagnosis based on differential evaluation.

The illustrations used are easy to interpret and are well annotated. This in conjunction with synoptic lists and tables makes it particularly easy to read and understand. A clear effort has been made to ensure good logical flow in the content. Information is given special relevance by the system used for priority rating and contextualizing. Good cross-referencing and indexing makes it a pleasure to consult. Specialized fields are well attended to and are more than comprehensive enough.

This book will certainly be of value to otorhinolaryngologists, registrars, general medical practitioners and medical students. Aspects of it will also be of significance to audiologists and speech therapists. Books may seem to be expensive but a good book, like good wine, is worth the investment and needs to be savoured repeatedly.

J G Swart

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