Those of us who conduct numerous consultations every week of our working lives may well consider ourselves as experts. But how good are we, in reality? Do we satisfy the wants and needs of the patients? Do these consultations afford us any satisfaction? Meetings between doctors and patients are the bedrock of any healthcare system, and the manner and efficacy of these meetings are principal determinants of the system’s success. Since the end of World War II, there has been a lot of interest in the analysis and improvement of consultation skills. Balint was one of the first to explore this subject in *The Doctor, His Patient and the Illness* (1957), and Pendleton and colleagues published the first version of their book in 1984 (*The Consultation: an Approach to Learning and Teaching*), which proved to be very influential. Consultation skills are now an established part of every medical school curriculum, usually taught early in the course and considered as important as traditional subjects such as anatomy and pathology.

A second edition of Pendleton’s classic 1984 text has been a long time coming. It is timely, in that it deals predominantly with the manner in which we might provide more patient-centred consultations, and patient-centredness has become somewhat of a mantra of the 1990s and the new millennium, in the face of the rise in consumerism and ‘patient power’. It is quite a short book, aimed at ‘practitioners and their teachers’. Summaries at the end of each chapter enable the book to be ‘read’ very quickly, but they do not offer an adequate picture of the breadth of content. To my mind, the most interesting chapters are those which deal directly with understanding the doctor, the patient and the consultation process, and this new edition has put more emphasis on factors influencing the doctor’s performance, which is illuminating. The later chapters on how to put knowledge into action will be of especial benefit to trainees (e.g. specialist registrars in hospital specialties as well as general practice) and to their teachers. The writing style is clear and much of the content is authoritative (as one might expect) and thoroughly grounded in the knowledge gained from running courses on this subject, which have been attended by over 1000 doctors in the past 20 years.

The difficult of dealing with this sort of subject in a book is that, in many ways, it is much more suitable for a discussion group where the concepts are mulled over and bounced off colleagues. However, this book is ideal as the fodder for such a discussion, and I can see why the courses run by these authors have been so successful. There is no denying that the subject deserves close attention, and the book offers tools for the analysis and assessment of consultation skills which could be readily used by any practising doctor who was prepared to take the trouble. Such tools deserve to become more widely known, in view of the advent of appraisal and reaccreditation. We should all ask ourselves why patient-centred consultations still are not the norm (e.g. 85% of candidates for the MRCGP exam espouse patient-centred consultations, but only 10% demonstrate the techniques in their video’d consultations). More fundamentally, researchers should address the questions as to whether more enabling consultations do, in fact, lead to better health and more appropriate use of health services. Surprisingly, there is little evidence to support or refute this basic contention: although it may seem a socially desirable *modus operandi*, this will not convince all doctors in an age of evidence-based medicine. Nevertheless, much of the book is plain common sense, and it deserves to have a wide readership.

**Nick Dunn**

Primary Care, University of Southampton School of Medicine, Aldermoor Health Centre, Aldermoor Close, Southampton SO16 5ST, UK

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**Neonatal Respiratory Disorders**

Editors: Anne Greenough, Anthony D Milner


London: Arnold, 2003

Of the numerous advances in neonatal medicine over the past 25 years, better understanding of neonatal lung disease has probably had the greatest impact on survival and quality of life. The development and use of therapeutic surfactant, the harnessing of microprocessor technology to neonatal ventilators, elucidation of developmental physiology and pathological mechanisms, as well as responses to treatment, have all helped to improve outcomes for newborn infants. The second edition of Greenough and Milner’s *Neonatal Respiratory Disorders* tells us where we stand today. The editors, two of the UK’s leaders in this area, have recruited a host of well-respected international contributors.

The book is presented in four sections—development and physiology, antenatal and postnatal investigation, clinical management, and finally in section 4, eighteen chapters about specific pulmonary disorders. The coverage is certainly comprehensive, including both common and rare conditions affecting babies’ lungs as well as the effects on lung function of immaturity and of cardiac and neurological disease. Wider aspects of neonatal care which
are important to lung function, such as fluid balance, circulatory support and nutrition, are also dealt with. So while this book focuses on the subject of the title, it does so in a very holistic manner.

In terms of the depth of coverage for individual topics there are some surprises. In a book over 500 pages long only 56 pages are devoted to ‘respiratory support’. Given the scope of high-frequency oscillation, different modes of patient-triggered ventilation, volume guarantee, and the resurgence of interest in CPAP this initially seemed too little. However, despite its brevity the chapter proved to be a useful summary of the advantages and limitations of some of the older and newer techniques. It is also exceptionally well referenced (451 references), so the way to further information is clear. By contrast, chapters on control of breathing and measurement of lung function offer sufficient depth to form the basis of understanding for engaging in research. Surfactant has been one of the major developments in neonatal respiratory care, providing very effective prevention and treatment for respiratory distress syndrome. The first section of the book contains a whole chapter devoted to surfactant physiology; this is helpful since many aspects of function, particularly of surfactant proteins, are only now being recognized. In the section on clinical management, however, surfactant is hardly mentioned: one has to go to the chapters on individual conditions such as ‘respiratory distress syndrome’ to find a summary of meta-analyses of the therapeutic options, and to chapters on meconium aspiration and pulmonary haemorrhage for alternative uses. Corticosteroids were widely used for treatment of bronchopulmonary dysplasia for two decades but this strategy has been undermined by concern about the increased risk of cerebral palsy in treated infants. This topic, of great concern to neonatologists in recent years, gets hardly a mention. It must be emphasized, however, that the whole book is efficiently cross-referenced, and that all chapters make excellent and comprehensive reference to relevant publications. The clinical and physiological areas that are explored in greatest depth are those for which published summaries and systematic reviews are otherwise less easily available.

So who is this book for? I would say that almost all those involved in neonatal care, from student to consultant, will find topics of interest. The day it arrived on my desk we were investigating a preterm infant with a mass in the thorax—suspected pulmonary sequestration. I decided to test the book, and there indeed were 4 pages devoted to the anatomy, pathophysiology and management of this rare condition. Apnoea, aspiration, airway problems, pulmonary hypoplasia, congenital abnormalities, pneumonia, air-leaks, pulmonary haemorrhage, pulmonary hypertension, broncho-pulmonary dysplasia—all are dealt with in a succinct yet detailed manner. This will be a welcome addition to any neonatal unit library, and in another ten years we shall be able to look back and say: well, that is how things were in 2003.

Alison Leaf
Southmead Hospital, Bristol, UK

A Physician Reflects—Herman Boerhaave and other Essays
Christopher C Booth
London: Wellcome Trust, 2003

As doctors grow older and shed clinical responsibility, they become uneasily aware that the craft that they once practised is no longer relevant to the health problems of today. Perhaps the most satisfying way of demonstrating that the volcano is not extinct is to attempt an expertise in medical history. This tends to provoke a confrontation with the historians, who are skilled in analysing data but know little about medicine. Each side regards the other as a bunch of amateurs. The dual credentials of Sir Christopher Booth, however, are impeccable. As a physician, he has fulfilled numerous impressive chairmanships and presidencies, and his professional interest in medical history goes back nearly fifty years to when he was a young medical registrar.

A Physician Reflects offers a collection of lectures and essays given over many years. The central theme is the transformation of British medicine from an art to a science, as illustrated by the superbly scholarly essay on Boerhaave, which is the best thing in the book—although Chapter 8, ‘From Art to Science’ is perhaps the one of which the author is most proud. Likewise, the pieces on the Fothergills (1980) and Samuel Gee (1993) are illuminating additions to medical history. On more recent events, Booth is on less sure ground. The chapter on ‘Gastroenterology in Britain, a Study of a Specialty’, which is largely a description of forgotten heroes of the 1970s, is of little general interest and would be best left undisturbed in the archives of some learned society. ‘The Royal College of Physicians Enters the Modern World Or “The Gold-Headed Cane”’ represents a valiant attempt to credit the denizens of Regent’s Park with the discovery of the cause of lung cancer, and will cause much innocent merriment among surgeons and others. Readers may also be troubled by his lapses into banality—for instance, ‘Medical journalism has been of vital importance for the international diffusion of knowledge and new ideas’ (p. 69), ‘Throughout the centuries, physicians have carefully studied the illnesses that they encountered’ (p. 100), ‘Computers have entered the clinic providing a useful adjunct to diagnosis’ (p. 143). But, there is much to enjoy here, not least the account of a
professorship to tour Australia and New Zealand, described with elegance and vigour.

Booth concludes: ‘Whatever the Jeremiads may say, there is little doubt that the pace of advance in medical science and technology will continue to accelerate’. Well, maybe. But first-world research has focused more and more on the expensive illnesses of affluent people, and isn’t it possible that, in the face of the huge political changes that threaten our ‘western civilization’, the poorer but more populous parts of the world will refuse to continue bankrolling these inequalities, and, using simple communication techniques that they have learned from us, will overturn the entire system? It’s worth a thought.

Adrian Marston
London SW7, UK

Experiment: Conversations in Art and Science
Editors: Bergit Arends, Davina Thackara
London: Wellcome Trust, 2003

sciart (no capital letters) is the name of a Wellcome Trust funded scheme which is also supported by the Arts Council of England, the British Council, the Calouste Gulbenkian Foundation and the National Endowment for Science, Technology and the Arts. Its object is to explore and show the links between art and science in many different areas. Some 32 projects were awarded grants during the period 2000–2002. This publication gives an account of seven of them. The result is a collection as diverse as might be imagined. They include a study of jellyfish, which was made into a film; an appreciation of cognitive behavioural techniques (called ‘How to Live’); an illustrated review of the epidemiology of malaria in Kenya and Uganda; a rather strange account of organ music, concentrating on the low-frequency vibrations/sounds produced by so-called 32 foot organ pipes (described by the authors as ‘soundless music’); drawings and paintings by seriously disabled young people (entitled ‘Navigating Memories’); a description of a 4-minute piece of music by the French composer Marais, inspired by the operation (endured by Pepys) of being cut to remove a bladder stone; and an introduction to the mathematics of juggling, called ‘Baby Epsilons’. In each of these diverse fields the authors found artistic inspiration which is appropriately illustrated. No consistent theme emerges. For example, there are photographs of the old Southwark operating theatre, the surgical instruments used in it, and a manuscript of music describing the bladder operation. The first chapter contains coloured photographs of exotic jellyfish.

For most of these projects the adjective ‘self-indulgent’ springs to my mind. Clearly the grant holders have enjoyed themselves and the book conveys their enjoyment quite successfully. Much the most interesting chapter (to this reviewer) contained brief life stories of seriously disabled children, alongside some of their paintings and drawings. I found this chapter inspiring—a reminder of how human beings can overcome appalling handicaps.

There are some irritations. Some of the black and white photographs are poorly reproduced. Artistically small type (? 8-pt) is used unnecessarily in many places, with large blank spaces between lines and around paragraphs. The book illustrates almost too well what one of the editors calls ‘randomness in scientific method’, leaving the reader with the impression that the ‘sciart’ scheme will fund almost anything, however bizarre. But I would have to admit that the authors have given an account of some decent science which has also inspired some attractive art.

C J Dickinson
Wolfson Institute of Preventive Medicine,
London, UK