Table 2 Investigations most commonly performed in 94 patients with pure anterior uveitis, 1992

Investigation	No (%) of patients (1992)
Full blood count	18(19)
Erythrocyte sedimentation rate	16(17)
Urea and electrolytes	2(2)
Toxoplasma titre	1(1)
Autoantibodies	3(3)
Syphilis serology	13(14)
Chest x ray examination	9(10)
Sacroiliac joint x ray examination	3(3)
Serum calcium	2(2)
Angiotensin converting enzyme*	3(3)

*Not included in 1990.

was not clear, but anterior uveitis is often diagnosed by relatively junior doctors in casualty departments and patients are then followed up in eye clinics led by a consultant. The panel of tests may have been ordered either "just to be safe," or because it was thought to be expected by the supervising consultant. Through focused teaching on the work of the junior staff a rational approach to investigation was encouraged whereby they stopped responding in a reflex fashion by ordering a panel of tests. In this instance encouraging clinical freedom was a successful approach and may have been more effective than clinical guidelines, which are often perceived as being prescriptive and are thought to remove clinical freedom.

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- 1 Forrester JV. Endogenous posterior uveitis: a brief review. *Br J Ophthalmol* 1990;74: 620-33.
- 2 Dinning WJ. *Systemic inflammatory disease and the eye*. Wright, 1987.
- 3 Austin MW, Clearkin LG. Radiological investigation in the management of uveitis. *Eye* 1988;2:578-9.

BOOK REVIEWS

Rationing in Action. (207 pp; £10.95). London: BMJ Publishing Group, 1993. ISBN 0-7279-0813-8.

Rationing, hitherto a relatively unseen pastime of clinicians, has been thrust into the spotlight as a by product of the 1991 NHS reforms now that health authorities are forced to be explicit how much health care they can buy, and it (or its less upbeat definition "allocating resources") has been hotly debated, defined, dismissed, and accepted over the past three years.

Although everyone wants a say, no one can agree how best to ration. Economists, of course, argue that rationers should spend money to maximise benefits in relation to costs. Doctors want to treat patients without interference but seem to want someone else to tell patients if a treatment cannot be afforded. Patients do not warm to the idea of care being rationed and politicians prefer a system where the blame stays local if care is denied, which is where NHS managers come in – they are caught in the middle and have to fend off the media.

It was this tangled mixture that the BMA, BMJ, King's Fund, and the Patients Association sought to unravel at a joint conference in March 1993 on setting priorities. *Rationing in Action* grew out of that conference, and it contains expanded conference contributions and key articles and letters on rationing which have appeared in the *BMJ* in the past three years. The contributors, who range from ethicists to journalists, politicians to policy analysts, and doctors to economists, provide the most comprehensive coverage of the debate yet published in the United Kingdom. Both the theory and practice of rationing are discussed in short and lively chapters which make for reading which is accessible for anyone interested in the subject and is essential for rationing gurus.

Perhaps the most reassuring aspect of *Rationing in Action* is that, despite the different perspectives reflected, there is surprising degree of consensus on such a difficult topic – namely, that there is no instant solution and that decision making will continue to be messy, emotive, challenging, and distinctly painful. This debate will run and run, and we should expect to see the key interest groups rehearsing similar arguments in public in future. Whether (or, more likely, when) a national core service for the NHS will be defined is not covered, but *Rationing in Action* is otherwise a welcome and timely reflection of current thinking.

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Making Audit Work. Guidelines on selecting, planning, implementing and evaluating audit projects. Walshe K (pp 64; £7.00). London: CASPE Research, 1993.

Making Audit Work is a versatile tool for everyone involved in professional audit. An aide memoire for those experienced in audit, it also illustrates the philosophy and purpose of audit project management to newcomers to the scene; having read this booklet, most staff could manage any project more effectively.

The principles of audit management are clearly defined and the system of project management is logical, simple, and systematic, enabling the booklet to be used as a reference at any stage in the audit cycle. Both audit support staff and

other professional groups will benefit from this section. The methodologies presented should facilitate greater understanding between staff groups involved in the audit process and the possibility of increased discussion among audit support staff and staff undertaking specific audit projects.

Making Audit Work emphasises the importance of selecting projects that will lead to lasting improvements in quality, of ensuring that all staff (and clients?) who will be involved in a project are included early in the planning stage, and of project evaluation. Lessons may be learnt from both successful and failed projects, and evaluating what has happened within a project can provide opportunities to determine the effectiveness of audit, thereby contributing in the further development of the audit culture.

If any criticisms are to be made, they are that the criterion for selecting audit projects does not emphasise ensuring that it complements corporate objectives or the need for managers to be made aware of projects being conducted. Additionally, consumer involvement is not identified as being of particular significance. However, the main purpose of *Making Audit Work* is to provide a framework for conducting audit and therefore the need for local adaptation is encouraged. Indeed, the reference section, which provides worked examples of each stage of the audit project management cycle, includes the performers to facilitate adaptation to local circumstances.

The comprehensive nature and easily accessible style of this booklet make it good value as a practical resource and reference for all involved in audit.

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Audit: a Manual for Speech and Language Therapists. College of Speech and Language Therapists. London: CSLT, 1993. ISBN 0-947589-02-3.

The practical outcome of a study funded by the Department of Health and coordinated by Anna Van der Gaag, this manual aims at clarifying what is meant by audit and giving practical guidance on how audit can be implemented. Following *Communicating Quality*, published by the college in 1991 and providing a comprehensive guide to good practice and professional standards, ongoing audit activities are seen as essential towards implementing an accreditation strategy by the college.

A framework for audit is given to introduce readers to quality issues and some common problems of measuring quality in healthcare services, audit methods and the rationale for undertaking audit in a changing environment are discussed briefly, and useful references are given throughout.