

with the probabilistic basis of diagnosis in particular and clinical medicine in general, he restricts his description of mathematical and statistical technique virtually to Boolean algebra and the visual expression of Boolean classifications in Venn diagrams. These latter are entirely appropriate for three or even four dimensional models but are inadequate for the multi-dimensional situations of clinical medicine. The application of Baye's theorem has been a powerful tool for bringing the benefits of probability theory to medical practice, particularly in combination with computer-based systems. This neglect of Bayesian probabilities is deliberate for the author believes, unlike the reviewer and most general practitioners, that absolute precision can be achieved in diagnosis by such 'para-clinical' evidence as is provided by "a biopsy, a roentgenogram, or a laboratory procedure".

The last part of his book is a plea for a more consistent set of descriptions and criteria for clinical medicine, in particular the standardization of definitions, of signs and symptoms. This can only be achieved by deliberate agreement after discussion by those who use the terms. As the author puts it (p. 345) "The critical quality of scientific data is not accuracy, but reproducibility".

He deals also with the ways in which clinicians can ensure their own clinical efficiency and standardization by exposing themselves to the cross-checking of their findings by others.

He ends this section as follows "Of all man's activities, clinical medicine is the most scientific art and the most humanistic science. The art and science are intermingled, symbiotic, and inseparable. Without the art, there can be no data for the science. Without the science, there can be no reason for the art".

**Appointment systems in general practice.** J. A. BEVAN, M.A., and G. J. DRAPER, M.A. London. Oxford University Press. 1967. Pp. xv+195. Price 12s. 6d.

The establishment of an appointment system is one of the status symbols of a general practitioner who considers himself to be progressive. He will discuss 'my system' with the pride and avidity that a business executive will reserve for his 'Jag' or 'Merc'. On the other hand many older, and not so old, practitioners have conservative fears and prejudices against change. As a consequence discussions about appointment systems have tended to become rather emotional.

The authors of this report have done the profession a service by describing their practical and analytic investigation into the subject. They studied over 200 practices that had established an appointment system, and a further 11 practices in detail before and after introducing one. They have shown that although all that glistens is not gold the percentage of gold in the assay is remarkably high. Ten per cent of appointment systems fail, but the remainder have been notably successful, and liked by both doctor and patient. Partial systems are more likely to fail than those where all consultation is carried out by appointment.

Useful advice is given about establishing an appointment system. Starting off is not as difficult as it might be thought provided that planning has been properly done, the secretarial staff have been consulted in planning, and the patients have had adequate explanation and warning. All concerned must be patient during the first few months of the system, and at this stage an assessment should be made so that minor faults can be corrected.

The costing of appointment systems is gone into in some detail, and there is no doubt that the total practice expenses increase. Many believe that this is a small price to pay for the advantages gained, and in any case much of it can be claimed under the new pay system for general practitioners. The investigation showed

that the establishment of an appointment system does not result in a noticeable change in the total number of consultations nor in the ratio of consultations to home visits. This finding is unexpected and a little disappointing.

This book is essentially a report on a well-conducted sociomedical survey, and, as such, is a model that could well be followed by anyone carrying out this type of research. The final chapter contains much detailed advice that will be of value to anyone who contemplates establishing an appointment system.

**Is there an alternative?** London. British Medical Association. 1967. Pp. v+74. Price 7s. 0d.

In many ways this pamphlet is one of the most significant and important documents published in relation to future developments in the system of medical care in Britain.

Containing, as it does, a collection of 11 chapters, ten of which had been published previously in the *British Medical Journal* and an extra one by Sir Robert Aitken reviewing the others, it examines the question of the feasibility of an alternative system of medical care.

There are contributions from an ex-Minister of Health, Enoch Powell; the chairman of the British Medical Association forward-planning unit, Professor Henry Miller; the late Lord Brain, and economists, journalists, hospital administrators and a parliamentarian.

Various aspects of the problem are discussed. Thus Powell and Miller debate the involvement of medicine with politics, Lord Brain discusses the relations of medicine and government, Professor Jack Wiseman considers a Health Corporation, Professor Colin Clark and Miss Elizabeth Burney consider aspects of decentralization, Michael Ryle, senior clerk to the House of Commons, deals with authority on the subject of a parliamentary committee on the Health Service, Alexander Seldon puts the case for private health insurance and A. McWilliam considers quinquennial grants for regional hospital boards, and Sir Robert Aitken deals ably and critically with some of the unrealistic opinions put forward.

The importance of these papers, written by experts and protagonists of various views and beliefs, is that certain clear and inescapable conclusions emerge.

*First*, that there is no alternative method or system to our National Health Service. It is now so much a part of British life and so much liked by the public that any radical change would be political suicide to any party that introduced changes.

*Second*, that it is not possible to divorce the National Health Service from politics. Any Service accounting for more than £1,000 millions a year out of taxation cannot be separated from parliamentary surveillance.

*Third*, that many of the grumbles and grouses are not related to lack of money but to poor and inefficient management and organization.

*Fourth*, that future changes must be based on scientific and economic principles of planning and we do not yet have enough data on which to carry out such moves.

The lessons to be learnt are that we must accept a continuing imbalance between 'wants', 'needs' and 'resources' and that planning for the future must be based on plans at local levels involving all those in the district, general practitioners, hospital doctors, and public health workers, and that planning must be for the immediate future, 5-10 years, and for the dim, distant and nebulous future.