background are reviewed the births and maternity services. The figures are such as to reveal the relatively heavy involvement by general practitioners in many aspects of midwifery. The section on general morbidity leans very heavily on work from the Royal College of General Practitioners. There are useful sections on the disabled in the community, on health centres, on specialists and hospital services.

The astonishing deficiency, however, is seen in Section 4 and 5 from which the uninitiated would conclude that the health care for children is delivered only through the hospital and local authority school health services.

The moral for this and for certain other aspects of a painstaking piece of work is that there is a desperate need for morbidity and work load figures from general practice to be fed into ' official sources '. If the study does nothing more than to drive this point home, it is still worth while but in fact it is likely also to serve as a useful index for administrators and planners.

J. D. E. KNOX

Psychiatry and Architecture (1972). SEAGER, C. P. London: Society of Clinical Psychiatrists' Special Report. Price: 30p.

This is a review of the literature about buildings for the psychiatrist's patients. It forms part of the work of a study group formed to draw up a brief for architects about to plan new psychiatric units because " there is general dissatisfaction with (the) old fashioned, large, isolated mental hospital . . . many points of view about what is appropriate for the (new) psychiatric unit (and) little systematic examination of different types . . . or of different internal and external arrangements ".

There are 89 sources listed and reviewed under such headings as ' historical perspective ', ' experimental work ' and ' subnormality '. They include references to medical, psychological and architectural books and journals, conference reports and a personal communication. Nevertheless I see serious limitations in this publication as an instrument for its declared purpose.

Its boundaries and the chosen headings suggest that the study group will try to answer the question " What sort of buildings do you want ? " which is tantamount to the patient trying to answer the question " What sort of medicine do you want ? ". No, the briefing process is a dialogue, analogous to medical history taking, and the questions the client must be prepared to answer, concern the aims, processes and constraints of his own organisation as a system—in this case the system for delivery of care to psychiatric patients.

Who will occupy these buildings? What will they do? To what end? What is the acceptable range of sizes for therapeutic groups, for staff communities, for total residential communities? What are the role relationships within and between the various staff and patient communities? Surely it is upon the answers to this sort of question that the siting, the size and the internal circulation pattern of the building should be based?

Dr Seager quotes Bayes and Franklin in support of this view and offers part of an answer to the first question in the section of his review which he concludes by listing characteristics that distinguish psychiatric patients from others. But he offers little to help his group reach a consensus on the other, more controversial, matters. Perhaps he assumes they are familiar with the work of Goffman and Sommer and Townsend and the rest.

An architect recently reviewed the literature in order to equip herself in this field (Curtis, 1972) and of her 303 references only six appear in Dr Seager's list! This suggests that unless both disciplines join forces to study their problem they will, when they do meet, have already formed two different pictures of what they are setting out to do.

RUTH CAMMOCK

REFERENCE

Curtis, J. (1972). *Head Against the Wall: an introduction to environmental psychology with particular reference to the psychiatric institution* University of Liverpool. (Unpublished).