

discussion of the effects of environment and heredity. The management of the asthmatic is then handled under several headings including a chapter entitled "Self-help and some words of advice".

The book can be recommended to general practitioners, other primary care workers, patients and parents alike on the grounds of its thorough but concise treatment of the subject. In addition, it is practical and makes enjoyable reading.

LINDA COLMER

### THE DOCTOR/PATIENT RELATIONSHIP A Study in General Practice

Freda Fitton and H. W. K. Acheson

*The Department of Health and  
Social Security  
HMSO, London (1979)*

111 pages. Price £2.00

How can a doctor comfort or heal if he does not know what is expected of him? Yet why are many of us, trainees too, apparently indifferent to seeking our patients' expectations, let alone their perception of ourselves and of the 'caring' system we impose? By making assumptions, we risk misusing our status and healing powers.

In this carefully planned enquiry, the authors focus on the hopes and expectations of 160 patients waiting to see their doctors, on their experiences during consultation, and afterwards on their recollections and attitudes in the safety of their own homes. Drs X and Y also recorded guesses of their patients' expectations.

The authors' methodology, though far from flawless, will interest those planning similar research. Their findings are seldom surprising; for instance, patients were usually more satisfied when their expectations were fulfilled; many more expected to be examined than were examined; most preferred to divulge personal details to a nurse rather than to a receptionist. That these and other discoveries are thought worthy of mention is a sad reflection of the unkind system in which doctors and patients bind themselves and are bound by society. However, perhaps such findings are not unexpected when the authors write: "Although patients may wait in the waiting room for 10 to 20 minutes or even longer after the time of their appointment, it would seem quite inappropriate for the doctor to apologize,

the National Health Service patient would probably be surprised if he did."

Unfortunately, through their dreary use of scientific jargon, the authors create the very inequality they deplore in the power structure of the doctor/patient 'dyad'. For example: "Responses would be based on the individual's personal construct of the phenomena in question and, as such, are an indication of his collective past experience of this"!

The voyeur may watch a fascinating patient's eye view image of Drs X and Y, their receptionists and their contrasting practice arrangements. Dr X appears somewhat aloof and unpredictable, high-powered, business-like yet sometimes unapproachable in spite of the nine minutes he allows for each consultation. Dr Y appears approachable and personal but is always in a rush nowadays (three-minute consultations).

General practitioners seeking to reconcile their patients' expectations with their own, might perhaps read Stimpson and Webb's delightfully provocative little book before moving on to this one.

PIERS RECORDON

#### Reference

Stimpson, G. & Webb, E. (1975). *Going to see the Doctor*. London: Routledge and Kegan Paul.

### MANAGEMENT OF OBSTETRIC EMERGENCIES IN A HEALTH CENTRE

B. Essex

*World Health Organization (1978)*  
77 pages.

Initially, the title of this book might appear somewhat bizarre—until, that is, one realizes that it is written for midwives working in rural health centres of developing countries.

In this situation the midwife may be faced with obstetric problems normally outside her sphere because of lack of transport, equipment, and other medical help. The book is designed as a series of exercises in problem solving and the management of various obstetric emergencies are described in simple flow diagrams. Commendably, the first 27 pages describe for teachers and students how to use the book to its fullest educational advantage. For self-assessment there are 40 multiple choice questions at the end of the book.

I would imagine that this book may help save many maternal and infant lives in developing countries; the obstetric emergencies covered would usually be managed by doctors in this country, and I believe they would also find many of the flow diagrams useful. However, the majority of the problems would be referred to a consultant obstetric unit, so this will not be a particularly useful book for most general practitioners.

CLIVE STUBBINGS

### HEALTH RIGHTS HANDBOOK: A GUIDE TO MEDICAL CARE

Gerry and Carol Stimson

*Penguin Books  
Harmondsworth (1980)*

188 pages. Price £1.25

I doubt if the authors of this book will be surprised if it irritates the doctors who read it. Written by a sociology lecturer and an art teacher, it exposes some of the uncomfortable shortcomings of our profession. It is largely a grumblers' guide to medical care, with disproportionately large sections on minority issues.

Anyone with an eye for compensation or redress will benefit from this paperback but I feel they will miss the authors' message that health service consumers should attempt to improve the system. The Stimsons' solution to the problem of poor standards is the formation of health pressure groups, which would operate at two levels, national and local. The authors suggest that national bodies such as MIND, the Spastics' Society, and local organizations such as community health councils and, increasingly, patient participation groups should attempt to modify the behaviour of the medical profession. However, I believe that there is a danger here that in these groups it is predominantly the interests of the articulate that receive priority. Nevertheless, this begs the question: "How many general practitioners ever ask their 'consumers' what sort of service they would like?"

It is unfortunate that in this book the 'how-to-improve' message has been swamped by 'how-to-complain' and I am afraid that this may serve to alienate the Stimsons from their small but growing band of allies amongst doctors.

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