

## *Book Reviews*

**The origins of the National Health Service. The medical services of the new poor law, 1834-1871.** RUTH G. HODGKINSON, PH.D. London. The Wellcome Historical Medical Library. 1967. Pp. xvii + 714. Price £6 6s. 0d.

It will always be a matter of debate how the British National Health Service originated. From what did it stem? And what were the forces that brought it into effect at precisely the time when it did arrive on the Statute Book? Was it the result of doctrinaire policies or was it of much deeper origins, arriving when it did because there was a growing need for it? Many of us are too near its beginning to be able to look back clearly and define what was going on. Dr Ruth Hodgkinson clearly sees its origins in the New Poor Law of 1834 but we must remember that little in that Act was changed in so far as medical treatment was concerned. So far as medical care was concerned the Act did little more than tidy up the existing system of medical relief by setting up unions of parishes and establishing boards of guardians, who made the medical appointments which had previously been made by the parishes. Neither the Act itself nor the Royal Commission which preceded it made any recommendations for the institution of a medical service. The guardians in the unions were a law unto themselves and accepted only guidance from the central poor law commissioners. Indeed the conditions under which the poor law medical officer worked in 1834 had changed very little by 1934 when your reviewer first became a parish doctor.

The real value of this enormous work is in bringing to light the large amount of information which had been lying in wait for such a meticulous scholar as Dr Hodgkinson. In the old reports from workhouses, from medical officers and in particular in the annual reports of the commissioners and the reports of special commissions and enquiries, we can obtain a clear picture of the conditions under which the medical officer worked. They convey not only his story, but, also, clearly in these pages we can read of the devoted service to their pauper patients that was given by many medical officers all over the country whose names still remain anonymous. Some only of them are known to us; the stirring work of such men as W. H. Romsey and Joseph Rogers here receives due recognition. Among the less well known was Dr Wallis of Bristol who proposed to the committee of enquiry in 1854 a scheme whereby the whole of the labouring poor would obtain medical relief through universal dispensaries.

Here is a book which no one who wishes to write on the medical services of the nineteenth century can afford to neglect. This is the service which Dr Ruth G. Hodgkinson has most ably performed, and she deserves the thanks of all medical and social historians.

**Patients and their doctors.** A study of general practice. ANN CARTWRIGHT. London. Routledge and Kegan Paul. 1967. Pp. vii + 295. Price 40s. 0d.

This is a study of both patients and doctors. Almost 1,400 patients—a representative sample of people from the electoral registers in 12 areas of England and Wales—were interviewed about their relationships with their general practitioners. The same doctors were also asked to complete a postal questionnaire giving details of their practices and views, and 76 per cent did so.

The book considers the main features of general practice—family, personal, J. ROY. COLL. GEN. PRACTIT., 1968, 15, 228

domiciliary and front-line care—describes the care given in each of these fields, the part general practitioners play in it, the attitudes of the patients and the views of the doctors on the present organization.

This book has two main purposes: first to describe the care given by the general practitioner service and secondly to discover the attitudes of both patients and doctors to this care. The author accepts that patients cannot assess the clinical acumen of their doctor but in every other respect the aims of the study are fully and elegantly implemented. We are used to the care with which studies by the the Institute of Community Studies are mounted and this is no exception. The combination of a strict scientific methodology to establish a clear factual and incontrovertible background with a well written descriptive text is also typical of earlier publications. General practitioners may well be surprised at some of the characteristics which patients attribute to or expect of their general practitioners but on the whole it would seem that they live up to most of the expectations of their patients.

However, the author concludes that "The most obvious flaw in the present organization of the general practitioner service that emerges from this study is the uncertainty about the doctor's role". She concludes that there are two main basic ingredients in the prescription for the cure, namely "... a critical evaluation of the job to be done and experiments with different forms of organization". There is an interesting section on comparisons between members and non-members of the Royal College of General Practitioners.

This is a well written, readable book though containing the minimum of subjective opinion and the maximum of fact. It should be read by all general practitioners, particularly those who think they know what their patients expect of them and believe about them.

**Community as doctor.** R. N. RAPOPORT. London. Social Science Paperbacks in association with Tavistock Publications. 1967. Pp.x+325. Price 25s. 0d.

This book deals with the work of the Social Rehabilitation Unit at Belmont Hospital which is itself an experiment in 'milieu therapy'. The work of the unit in the development of a milieu therapy programme is considered against the following theoretical framework: (1) The formation of a treatment ideology, (2) the organization of staff roles, (3) the organization of the patient role, (4) the involvement of individuals external to the hospital in treatment and, (5) the conceptualization of treatment and rehabilitation as goals.

The authors comment, "Ideologies are formal systems of ideas or beliefs that are held with great tenacity and emotional investment, that have self-confirming features, and that are resistant to change from objective rational reappraisal. Ideologies not only perceive and interpret the world around them in terms of the precepts of their own system of beliefs, but they tend to be especially convinced of the moral worth and special importance of their own particular orientations". The evolution of this ideology by the therapy group of the unit, grew out of a reaction to the obvious deficiencies of a system based on custodial care. The awareness and sensitivity of the unit to ideological concepts has not diminished their insight into their own techniques and there are interesting observations on discrepancies between the methods used and roles taken by the individual therapists and the formal methods and roles as logically elaborated in the ideology. In particular it highlights the inherent discrepancies between Freudian concepts which form the basis for the unit's ideology and the facts of sociological and community life.

In some respects the detailed development of the community care concept of