

option to give his name and address. (Fifty seven per cent of the forms were returned, there being a 3 to 2 majority in favour of the health centre.

We were surprised at the low response rate to the questionnaire, and although this was almost identical to that of Dr Pike, the total cost was £2.40, involving the minimum amount of work.

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REFERENCE

Pike, L. A. (1976). *Journal of the Royal College of General Practitioners*, 26, 204-205.

BOOK REVIEWS

The Doctor-Patient Relationship (1976). BROWNE, K. AND FREELING, P. Pp. 101. Edinburgh: Churchill-Livingstone. Price: £2.25.

During my second year in general practice I discovered in the *Practitioner* a series revealing various exciting and relevant facets of the doctor-patient relationship. Curiously though, I was left feeling a bit more stupid and no more competent. Although brief case histories often showed our splendidly perceptive authors picking out vital clues to elucidate their patients' "whole problems", I wanted to ask "Yes, but now what?" (A new chapter, *Treating the Cause*, is helpful here).

The intention was to illuminate and correct "wrong training", yet I sensed a barrier between ordinary folk like myself and those equipped, after years of special training, with insight and expertise. Re-reading those articles as a book, I realise now how greatly they influenced me. Certainly they stimulated me to join, with some trepidation, a discussion group similar to those from which Browne and Freeling hatched.

Each chapter is a little gem, lucidly analysing and illustrating our relationships from yet another point of view—a moving plea for us to acquire insight and become more disciplined, more objective, less impulsive, less intrusive in some ways, more in others—more carefully sympathetic, more interpretive of everything we see and hear.

The advantages, we are told, are great. The doctor's self-esteem and status increases; he need no longer see himself as a poor relation in the medical hierarchy but as the discerning doctor working in a uniquely difficult, but exciting, atmosphere of uncertainty, using his tools to help his "whole patient," or at least his patient's "whole problem", perhaps even preventing "organic illness."

It is rightly suggested, in the second edition, that these attitudes have now enhanced the status of general practice as a "discipline" (nasty pretentious word), may certainly have precipitated an epidemic of academic chairs, and may have changed society to expect "whole patient care". Yet, paradoxically, I suspect that at no time have we enjoyed a lower status from the rank and file of our patients especially in urban areas. Could there be a link? Can we really deliver the goods?

Beware, lest in reaching upwards we lose

contact with our roots and strengths, with the main bulk of practitioners and patients, lest our language and vision outstrip too far those with whom we must live and work, lest we become so objective we lose our spontaneity and honesty, lest we set goals and standards we cannot, perhaps should not, attain.

Snags? We are told without tact and warmth that insight can be untherapeutic. Our powers may assert a "negative placebo" or "discredo" effect. But there are other snags, some of which are mentioned, which occur when ordinary people, unlike saints, dabble in psychology—snags not only for the patient, but for the doctor as a person. Guggenbuhl-Craig (1971) is mentioned, but his powerful and meaningful message is not. Perhaps a third edition . . . ?

Meanwhile, even when taken with a pinch of salt, here is one of the most worthwhile and entertaining books anyone might wish to read.

P. RECORDON

REFERENCE

Guggenbuhl-Craig, A. A. (1971). *Power in the Helping Professions*. New York: Spring Publications.

Aspects of Sexual Medicine (1976). Pp. 90. London: British Medical Association. Price: £2.

It is not every day that the general practitioner is faced with giving advice on sexual problems, but changes in public attitudes have led to patients expecting that their doctors should be able to give such help.

Although we should all have read the original articles published in the *British Medical Journal* in 1975, many of us missed some. This collection of a series of 11 papers provides a useful handbook for the general practitioner.

Contemporary management of sexual disorders has changed in parallel with society's acceptance of the range of normal sexual behaviour. While every doctor must decide for himself where he personally stands, it is equally important that the advice he offers to his patients should show a reasonable tolerance of sexual attitudes and practices which may differ from his own. It is often said that normality in sexual behaviour is that which