

his symptomatic recovery advice was given to take soluble aspirin and to have a tepid sponge-down. Arrangements were also made for provision of fluids and supervision.

The following morning he felt well apart from minor upper respiratory tract symptoms and temperature and pulse had returned to normal. He was the same the next day and had no recurrence of febrile symptoms, which lead to the conclusion that these symptoms were directly related to the fact that he had taken a sauna bath.

Sauna bathing has been shown to raise the body temperature to over 39°C in 20% of healthy individuals after 20 minutes.¹ Clearly when thermal regulation is already compromised by a minor febrile illness, such as the common cold, hyperthermia becomes a distinct possibility. When, as in this case, exposure to cold water and then cold air causes vasoconstriction of the skin the rise in core temperature is likely to be excessive. Fortunately this case had a happy outcome but it serves as a timely reminder of the possible dangers of sauna baths in which temperatures can reach 80°C to 100°C.²

Previous papers have also drawn attention to the effects of the stress of sauna bathing on circulatory control and the myocardium³ and severe dehydration induced by prolonged exposure.⁴

Medical advisers must ensure that adequate warnings are displayed at sauna baths and should be aware of the possible deleterious effects even in the presence of only minor illness. Perhaps sauna bathing should be regarded as a form of relatively vigorous exercise and not as a gentle form of relaxation.

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References

1. Sohar E, Shoenfeld Y, Shapiro Y, *et al.* Effects of exposure to Finnish sauna. *Isr J Med Sci* 1976; 12: 1275-82.
2. Josse SE. Hazards of the sauna. *Br Med J* 1977; 1: 1660.
3. Taggart P, Parkinson P, Carruthers M. Cardiac responses to thermal, physical and emotional stress. *Br Med J* 1972; 3: 71.
4. Dean S, Green DJ, Melnick SC. Hazards of the sauna. *Br Med J* 1977; 1: 1449.

Does the name matter?

Sir,
Our group practice in Barnsley of five doctors has separate premises serving two areas. When we began to plan a new purpose-built surgery for half of the practice we decided to ascertain from our patients what name should be given to the

Table 3. Patients' response to questions.

	Age (years)						Total	(%)
	15-24	25-34	35-44	45-54	55-64	65 +		
Question 1								
Doctor's surgery	48	47	44	30	44	40	253	(50.6)
Medical centre	9	13	9	10	7	4	52	(10.4)
Health centre	6	15	10	5	4	2	42	(8.4)
Clinic	4	10	2	0	1	4	21	(4.2)
Group practice	16	28	24	20	21	15	124	(24.8)
Don't know	0	2	1	1	2	2	8	(1.6)
Total	83	115	90	66	79	67	500	
(%)	(16.6)	(23.0)	(18.0)	(13.2)	(15.8)	(13.4)		
Question 2								
Doctor's office	0	2	2	4	1	3	12	(2.4)
Doctor's surgery	29	36	28	29	34	29	185	(37.0)
Medical centre	25	27	21	13	11	16	113	(22.6)
Health centre	14	18	9	7	6	5	59	(11.8)
Clinic	2	3	1	0	3	3	12	(2.4)
Group practice	12	29	28	13	21	11	114	(22.8)
Don't know	1	0	1	0	1	2	5	(1.0)
Total	83	115	90	66	77	69	500	
(%)	(16.6)	(23.0)	(18.0)	(13.2)	(15.4)	(13.8)		

building. The practice population of 5000 who would attend the new building consists mainly of working-class council-house dwellers in a community which until recently, was dependent on the mining industry as its main source of employment.

The project was simplified by using questions asked by the doctor at the end of the consultation; these needed to be easy to understand so that they could be answered quickly, and so that the results could be easily interpreted.

In our group practice 500 consecutive patients were asked the following questions: (1) If you were to move to a new area and had to find a new doctor which of these would you choose to go to: a doctor's surgery, a medical centre, a health centre, a clinic, or a group practice? (2) We are about to start building a new building across the road. Which of the following do you think we should call it: doctor's office, doctor's surgery, health centre, medical centre, clinic, or group practice? Patients who could not make a choice were scored as 'Don't know'.

The results in Table 3 show that 'doctor's surgery' was the most popular name, followed by 'group practice' and 'medical centre'. 'Clinic', 'doctor's office' and 'health centre' were considerably less popular. Different results were however obtained when patients were asked to consider a change of name for their existing doctor's premises compared with choosing a new and unknown doctor.

It would appear that people still prefer the traditional name of 'surgery' when choosing a new doctor. However, when a

change of name of an existing practice is contemplated, although 'surgery' is still the most popular name, it is no longer chosen by the majority.

Although we were unable to ask patients for explanations of their choices, a few patients did volunteer further information. We are therefore able to suggest some possible explanations for the results. The term 'medical centre' is used for the treatment room in the colliery and is therefore well known to miners and their families. Several patients said that they preferred a group practice because it gave them a choice of doctors. Clinics and health centres were thought to be impersonal and to contain too many doctors. Surgeries were familiar, old fashioned and friendly: obviously important qualities to most patients.

Further study of the reasons for the choice of names could be extremely useful to doctors intending to move to new premises. The name of the building may be almost as important as its appearance.

It is well known that a change of practice premises may both attract new patients and cause existing patients to leave the list. The name chosen for the new building would seem to be important to patients choosing to join or leave and should therefore be considered carefully.

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