Editorials

THE SURGERY

Last year we received a letter from a consultant friend asking whether there was no better word than " surgery " for the place in which the family doctor works. Since then we have been wondering what the small word really implies. First we sought out its antiquity. Murrary's *Dictionary* defines it as " the room or office, often in a general practitioner's house, where patients are seen and medicines dispensed " and dates it 1846. Not so great in antiquity as we expected for a word so universally applied. Further research confirmed our suspicions. Smollett in *Sir Lancelot Greaves* (1762) wrote, in describing the prison of the Kings Bench,

> The streets are crowded with passengers. Tradesmen of all kinds here exercise their different professions. Hawkers of all sorts are admitted to call and vend their wares as in the open streets of London; here are butchers stands chandlers shops, a surgery, a tap-house, well frequented, and a public kitchen in which provisions are dressed for all the prisoners gratis at the expense of the public.

Bailey's *Dictionary* of 1721 has the word in the sense of " a room where surgeons keep their medicines and instruments and perform their operations ". The " surgery " was thus known by its present name throughout the seventeenth century. We have no right to discard it out of hand.

To the doctor not so very long ago the surgery was a sort of den, usually decorated with sporting trophies of his student days and other personal trivia. It was here that he made up his day-books and ledgers, saw his poorer patients, and concocted his medicines. " Saw his patients" is the apt expression—and it is still used—for there was likely to be no couch on which a full examination could be made; when this was required it would be done at home. To the patient it was a place where he could come for a bottle of medicine or a tonic—often in his mind the terms were synonymous—he was unwell and he wished for the remedy. To strip and be examined in the cold surgery was not really part of the ritual. Doctor's stuff was always reckoned to be better than what could be got at the chemists. There was an unmistakable odour—an indescribable mixture of spices and volatile oils, of ether and chloroform and tincture of iodine—which no doubt helped to give the mixture its potent power of cure.

All this is gone now. What has taken its place? Is it a consulting-room resembling the office of a top executive? Our American

cousins always refer to the office, and seldom or never use the term " surgery ". Is it an examination room modelled on a hospital outpatient department? We do not know. In truth there are as many different surgeries as there are doctors; for we are all individualists and the surgery is our workplace into which we wittingly or unwittingly project our personality.

There has recently been much talk of better working conditions for doctors and a better deal for patients. Change, however, is not always welcomed with the joy that might be expected. One partnership built new waiting-room and surgery accommodation incorporating many improvements. Patients from afar, architects and other doctors were very complimentary; yet the patients on the partnership list, those who employed their time as patients, missed something—" very nice " they would remark, if they condescended to make any, " but we preferred the old place ".

Conferences in Torquay last May and in London in November discussed at length the subject of practice accommodation, equipment, and management. We published the papers read at the Torquay meeting in the August *Journal*. Less emphasis was placed on the design and furnishing of the surgery itself than might have been expected. The use of special examination rooms was strongly —too strongly—advocated, but consideration of the actual layout of the room to achieve the most efficient use of time and effort was not really discussed. Should there be books in the room handy for reference? The old school would probably be against their presence for there has always been a feeling that the doctor should know without the need to refer to any literature—for one doctor at least this ideal is unattainable. What instruments are required and where should they be kept? What kind of wash-basin? What kind of heating? Where should the lighting be? What kind of flooring? There are so many problems compressed into one small room; a small room though where many hours of working life are spent.

At both conferences we heard trenchant arguments in favour of an appointment system which more and more practitioners appear to be adopting. We are not yet fully convinced of its merits and some of those who employ it have reservations. We will not here debate the pros and cons of the matter, but one of the consequences which followed from the argument for making appointment systems was the provision of much smaller waiting rooms. Here we have reservations. A waiting room should be bright, airy,

and warm. To make it small and confined is bad. It is not only the claustrophobic who feels ill at ease in a small space. The anxious and the nervous need room to fidget, sometimes even, when alone, to pace about. A lady with a severe anxiety state, addicted to sedatives came into the surgery today and said laughingly "we have had so much talk in there—it all started with that man who has just gone out and then another girl came and joined in. I hope I did not disagree too much with what he said". Part of this girl's psychotherapy had been administered before ever she reached the doctor. A lonely wait—for even those with an appointment have to wait a little time—in cramped surroundings would have done harm, whereas she had undoubtedly benefited.

With so many matters undecided, careful study and the collection of many personal experiences and points of view are needed. Surgery accommodation cannot be drawn on a master blueprint. The Ministry have been wise in stating only broadly what it considers to be minimum requirements and in allowing the development of the surgery to progress through individual endeavour. But "surgery" it will remain for some time yet, whatever shape or size or colour the rooms may be.

ACCIDENT AND EMERGENCY SERVICES*

In 1962 in England and Wales there were 23,120 deaths from accidents of all kinds. About one third were from road accidents and a similar number occurred in the home. The total was about four per cent of deaths from all causes, and represented a loss of working life of males under 65 equal to one eighth of the total loss. The loss of work from incapacity due to non-fatal accidents is not known.

Five million new patients are seen annually in hospital casualty departments, a figure which has increased by 24 per cent between 1953 and 1960, and 60 per cent of these were suffering from the effects of injuries, though less than one in ten needed inpatient care.

Such is the measure of the problem which the subcommittee tackled, and its findings and recommendations were published early in September. Many sources of information were tapped, and the College of General Practitioners among others gave evidence. There are several ways in which the report has an impact on general practice and it is worthy of detailed study.

The main recommendations included the following: That the

*(Report of the Sub-Committee of the Standing Medical Advisory Committee of the Central Health Services Council. London: H.M.S.O. 1962. Price 3s. 6d.)