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medicine at the Royal Hampshire County Hospital, Winchester. The emphasis throughout is practical and directed at the restoration of the patient's independence in the personal, domestic, and financial spheres.

Dr Grant concerns himself not so much with the various disorders that produce handicaps, as with the appliances, gadgets, and adaptions to home furnishing which make independence possible for the handicapped person, and with the principles underlying their use. The sources, both statutory and voluntary from which help can be obtained are described and—a very useful point—the cost of most major items is given.

A particularly interesting article describes how the various aids to rehabilitation are integrated in the "Daily Living Department" and the "Handicapped Housewife's Hostel" which are under Dr Grant's control in Winchester.

The booklet is well illustrated both with photographs and diagrams and can be thoroughly recommended.

The General Practitioner. Kenneth F. Clute, B.A., M.D., F.R.C.P.(C). University of Toronto Press and Oxford University Press. Lond. 1963. Pp. v + 566. Price 96s.

This book presents the results of a four-year study of general practice, based on 86 practices throughout Ontario and Nova Scotia. The study was carried out at the instigation of the College of General Practice of Canada, with the object of gaining knowledge on which to base its future work in the education of the general practitioner.

The work is addressed to both medical and non-medical reader, and there is little doubt that it will cause a reaction amongst the Canadian profession. Unavoidably in such an investigation, the bad parts of general practice, parts which are present in all fields of medicine, tend to attract attention rather than the good parts. A study such as this is part of the North American's habit of self-criticism. He resents disparagements from foreigners, but has the courage to look into the darker corners of his own closet—and what he finds there is probably no better or worse than we would find in ours, if we had the same courage.

The practitioner is studied personally, as an undergraduate, as a physician, as a member of the community, and as a technician. His work is assessed as to quality, the criteria being history taking, physical examination, laboratory work, treatment, obstetrical care, preventive measures, and record keeping. To the British reader, the report reflects the differences in practice between our two countries. The general practitioner in Canada is a general physician, carrying out what to us would be many more hospital procedures than does his British counterpart. He does relatively little of the sociopsychiatric work of the British family doctor.

Here is the rub; the yardsticks used, while they may measure the quality of technique, do not necessarily reflect the quality of medical care afforded. The author admits that he found it impossible to measure psychiatric treatment, and not surprisingly, he found no method of measuring the

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positive or negative interpersonal relationship between doctor and patient, which some might say is the paramount factor in personal medical care.

Both the author and the College of General Practice of Canada are to be congratulated on having carried out this study, which will prove of inestimable value in planning future action in education, and which may play no small part in the shaping of future Canadian medical care. It is especially recommended to those who are contemplating pastures new across the Atlantic.

Polio is not for Pity. IRENE HOLDSWORTH. London. George Allen & Unwin Ltd. 1963. Pp. xi + 131. Price 20s.

This is the story of a woman who contracted poliomyelitis whilst on holiday in Morocco and became completely paralyzed on her return home. It is told by her friend who daily visited her in hospital. The emotional side of the illness is not overdrawn and the story gains much from this. We, who are so intimately mixed up with illness, its tragedy, its discomforts, and its pains, are not always as understanding as we might be of the feelings of the patient's relatives and friends. In this book the medical staff of the hospital receive praise: the nursing staff whilst on the whole good are sometimes wanting in their reactions to emergencies and, even, to the patient's lesser needs. This may well be due in part to the type of nurse which could be recruited to the hospital but it seems also to have been due to a lack of training in the techniques and knowledge necessary in a special hospital using mechanical respirators, and other uncommon nursing appliances.

A most readable book and valuable to all who have to care for the sick and disabled in whatsoever capacity.

St. Thomas' Hospital. E. M. McInnes, B.A. London. George Allen & 'Unwin Ltd. 1963. Pp. xiii + 230. Price 30s.

Miss McInnes is the archivist to St. Thomas's, and the history which she has written is "a lay history and . . . she hopes at least to find a few readers interested in an intimate picture of life in hospital in the past and the changes through which the infirmary of a small priory became a great modern teaching hospital". In this she has succeeded most admirably, for a hospital is surely far more the refuge and the succour of those in need than it is the emporium of the surgeons and physicians whose lives and works so often bring to it fame and glory. Every big hospital is indebted also to skilful administrators, lay and medical, who have spared their time and energies in its service, but the raison d'être of the hospital remains those anonymous beings around whom and because of whom all the busy life of the institution revolves. Yet patients come and go in a never ending stream and almost never leave their mark on the hospital that serves them so well. It is this that makes the true picture of the sociomedical life of the hospital so difficult to draw. Miss McInnes,