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The Doctor's Surgery. Edited by WILLIAM A. R. THOMSON, M.D. London. The Practitioner. 1964. Pp. x+150. Price 27s. 6d.

Ten years ago, the Nuffield Trust published Stephen Taylor's (now Lord Taylor) Good General Practice. At the time it was heralded, quite rightly, as the only authority on general practice; indeed, some went so far as to call it the "Bible of General Practice". Since then, many advances have been made in medicine, particularly in the clinical field. The business side of general practice, its administration and organization, to take advantage of these advances has lagged behind. More recently a resurgence has taken place and a great deal of study has been devoted to it, especially to the design of general-practitioner premises and the staff needed to run efficiently the developing pattern of modern general practice. McLachlan stresses this pattern of the future and the means to attain it in the final chapter of this excellent study of the doctor's surgery.

It has gradually become apparent that the home combined with a surgery is no longer acceptable. For, if general practice is to survive, it must set its sights high, both clinically and administratively. A purpose-designed building allows a more complete service to be given more economically. Further advantage accrues when general practitioners group to share such a building, for this enhances the possibility of integration of the public health and general practitioner services.

Fry points out both the strength and weakness of general practitioners, especially the weakness of an individual approach in a world where teamwork has become essential. The wide range of his work is described covering as it does general and preventive medicine and environmental illness. He makes the point stressed by McLachlan in a later chapter, that the present load of work will have to be accepted. But, by a reappraisal of working methods and the organization to implement them, it can be eased considerably. No mention is made of the training necessary to enable the general practitioners to administer the organization thus built up, or of the larger problem of continuing education to enable him to keep abreast of the times. Each one of us starts on our career full of ambition, only to find it blunted against the difficulties and emotions of life.

Alfred Lester is the first architect to have made an academic study of general practitioners' premises. He first visited 33 selected practices to obtain general information and then spent some time studying the actual working of a group practice. His chapters are the kernel of this book. They are written for general practitioner consumption and are excellent, giving the fundamentals underlying the design of premises and completing all the information a doctor will require to think about prior to briefing his architect.

It is a well-known fact that conversion of a building is a difficult and expensive undertaking. Yet it is the method of choice of many practitioners. There are better examples of these than the one published, and the method of identifying the rooms does not help. Of greater interest is the pattern of the work that is revealed. Here is an example of the integration of consultant, general-practice and preventive services under one roof, an ideal that could be adopted in many areas. This chapter, and those on

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prefabricated and new buildings, reveals the highly individual approach of general practitioners to their job.

It is good to see so much emphasis placed on appointment systems. The three described, working in different types of practice, justifiably indicate that general practitioners who claim that "an appointment system won't work in my type of practice" are really saying "I don't want one".

Crombie's chapter on Diagnostic Methods should be read by all embryo general practitioners. It should be a great help to them in bridging the gap between hospital training and general practice. It is well known that it takes five years to assimilate.

This is a most timely publication with some evidence of hurried preparation. The plans in Lester's chapters are not up to the standard of architectural draughtsmanship, making them more difficult to follow. But it is a book that all general practitioners should study.

Human Relations and Hospital Care. ANN CARTWRIGHT. London. Routledge & Kegan Paul. 1964. Pp. x + 262. Price 30s.

This is a further report produced by the Institute of Community Studies and deals with hospitals, patients, doctors, nurses, etc., in all the various sociological situations connected therewith. Such a large field obviously needed a large team and this is shown by the fact that 40 people are named as assisting in the project; among them (no titles being used) one is able to recognize well-known social workers, general practitioners and consultants. In any statistical review such as this 'tables' play an important part and in fact it can be said, without being unduly critical, that the tables can tell the tale by themselves and that a lot of the letterpress, though it makes interesting reading, only seems to elaborate the tables. In other words it is a book for reference but not one which the family doctor should keep in his own library.

The family doctor will learn a lot about the need for taking the patient into his confidence and treating him as a human being and not merely as a National Health number. This theme runs throughout the book and one of the main difficulties with which the patient is confronted is learning enough about his progress and ultimate fate to be able to co-operate fully in his treatment.

Oliver Wendell Holmes once said, "Your patient has no more right to all the truth than he has to all the medicine in your saddle-bag—he should get only so much as is good for him". Nevertheless it is obvious that one of the shortcomings of our hospital services is the difficulty of the patient or the relatives being able to discuss matters with either a doctor or sister. After reading this book it is abundantly plain that there is a shortage of hospitals and staff; this we all know, but if this book helps to accentuate this fact it may well stimulate further pressure upon the powersthat-be to remedy it.