

postgraduate development and identity, and the flowering of his own speciality of gastroenterology, sets high standards for medicine as a university preoccupation within the essential historical meaning of the term 'university'. In a culture which myopically diminishes the relevance of the historical process – the meaningful understanding of where we are today and where we are going tomorrow – I wholly recommend the essay on 'How concepts of health and disease changed during the twentieth century' as obligatory reading for the promising baccalaureate student and undergraduates in medicine, science and the humanities.

A physician reflects by Christopher Booth refreshes the intellect. It is written with 'head and heart and hand'. These are strong, welcome and well-articulated essays. It is a privilege to read them. Although I greatly enjoy the essays of Bacon and Montaigne, the language has a stiffness and the metaphysics and conceits have a hint of the archaic. Christopher Booth's essays are of the modern variety; of their own time. They make a nice gift to further enlighten an enlightened friend; a pleasing antidote to the ecstatic boredom of the diaries of André Gide and Arnold Bennett.

References

- 1 Booth CC. *A physician reflects*. London: Wellcome Trust, 2003.
- 2 Porter R. Yes, Minister. *BMJ* 1987;**194**:1681.

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The healing environment: without and within

Edited by Deborah Kirklin and Ruth Richardson. The Royal College of Physicians, London 2003. 221pp. £15.

Over recent years there has been a gradual realisation that the arts can play a significant role in shaping the environment in which individuals experience illness. This role encompasses all aspects of the arts from literature and poetry, through the visual and performing arts, to architecture and the design of treatment centres. In the space of 12 chapters, often with interesting and evocative colour illustrations, these matters are discussed by several medical practitioners as well as by experts in the arts.

The authors examine the importance of a healing environment through the arts. In 1845, the counties and boroughs of England and Wales were required to finance the building of asylums, and during the Victorian period many large hospitals were built for the care of the sick. Although the motives of the founders of these institutions were essentially good, the buildings were drab and depressing. Thankfully, in recent times we have seen an emphasis on attractive architecture with open designs. This dramatic change is well-illustrated – for example by the Chelsea and Westminster Hospital, opened in 1993. On the advice of patients and staff, works of art are selected and then hung around the hospital for general enjoyment. Many other hospitals have now implemented similar schemes including, for example, the Royal Devon and Exeter Hospital.

Other initiatives being developed include taking groups of young patients who are mobile to art galleries and – part of the National

Gallery's same 'Take Art' project – taking good reproductions of art to hospitals for discussion with those young patients who are less mobile.

But apart from enjoyment, do the arts affect clinical outcome? The results of several carefully designed studies seem to indicate that they do. For example, anxiety and depression levels in patients have been found to be reduced and, in an antenatal clinic, blood pressure levels are lowered.

Such approaches are not necessarily limited to the hospital environment but can also benefit those with mental health problems being managed in the community by helping in rehabilitation and raising self-esteem, and improving the ability to deal with stressful environments.

Jane Duncan, an artist herself, considers the physiological effects of colour, a subject with a long history. Some colours are clearly associated with particular responses and this information can be employed in designing therapy centres.

The value of the arts also extends to literature and poetry. Claire Elliott, a general practitioner, demonstrates how the study of the novel *Trainspotting* can help students and health carers better understand the world of certain patients whose background can be very different from their own. To any who question 'Why bother?', I would suggest that they read this illuminating study.

There are of course other works written by authors whose experiences might help a carer better appreciate particular problems in certain patients; for example Joyce Cary, Mervyn Peake and Virginia Woolf. Writing about a fatal illness in a loved one can be a cathartic and healing process. This is movingly illustrated in the essay by Michael Rowe, a sociologist whose son died at the age of 19 following life-long illnesses which culminated in several major operations.

I have only given a selected summary of the book, but it will be sufficient, I hope, to encourage others to read it and thereby be convinced of the role of arts in clinical care. As Kenneth Calman writes in his thought-provoking epilogue, the role of arts in the healing process is at last beginning to be accepted. Carers and administrators should now be encouraged to pursue the subject further. I hope they will.

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What is the real cost of more patient choice?

By John Appleby, Anthony Harrison and Nancy Devlin. King's Fund, London 2003. 64pp. £6.50.

One of the criticisms of the Government's plan to modernise the NHS has been that it attempts to right too many of the perceived wrongs simultaneously. A result is that some initiatives may be incompatible. Allowing patients greater choice is intended not only to reduce the feeling of totalitarianism in NHS care but also as a way of introducing healthy competition between providers, so as to drive up quality, efficiency and responsiveness. The Treasury, however, emphasised the antithesis: that promotion of choice might prejudice equity and efficiency. Osler pointed out that the desire to take medicine was one of the features which distinguished man