

1970 meant part of the proceedings fell naturally into paying tribute to Michael Balint, with eight speakers from different nations each expressing a personal tribute. This culminated in Philip Hopkins presenting a recorded interview with Michael Balint a month before his death, so that the audience had a unique and moving experience of hearing again the founder as faithfully recorded in this book.

The book also records the successful experiment where experienced members of seminars under Enid Balint, with another co-opted from the front row, gave a demonstration of a spontaneous seminar in front of an audience of 400. This was undoubtedly a technical *tour de force* and a tribute both to the participants and the empathy of the audience. However, I do not feel Dr van Zanten's question "As a group we would like to know whether it is sensible to try such a Balint-like seminar" was wholly answered and I feel his later challenge "... it is possible during a conference to be split into small Balint-like groups of ten each—and after such a conference many (new) groups are formed..." was never taken up. Indeed my only major criticism of the proceedings is in the topics omitted, rather like the dog which did not bark in the night!

There is little dealing with the problems of overall spread of the Balint groups or evaluation of the efficacy, but no doubt the second conference in Brussels May 24–26 1974 will deal more fully with this and perhaps experiment splitting the conference into multi-national small groups.

I am not a fully Balint-trained general practitioner so I may not comprehend the full significance, but felt the technical discussion over the 'flash' of insight of less relevance than superb papers on the general practitioner's problems of dealing with the difficult patient, abortion, the dying patient, and repeat prescriptions. I was interested to hear a French doctor irritated with 'a thick envelope' or an American Chief of Department who brushed aside attempts to speak to him about a Balint group, or Belgians asking, "Does the general practitioner suffer from an inferiority feeling?" The papers ranged from dealing with amputees in Vietnam, to psychodrama: to the doctor as patient (V.I.P. syndrome or Murphy's law—everything that can go wrong will go wrong), to the problems of district doctors in Hungary: From epebiatrics to re-education and relaxation, or non-verbal interaction in the unintegrated personality, to increasing medical students' sensitivity.

Although there is a superfluity to stimulate or with which to disagree, there is little to quibble about. Mr T. aged 44, had epigastric pain diagnosed as psychosomatic: an emergency call revealed "severe anxiety and a pressing need for help". The Balint group doctor "did not answer his second emergency call when he was admitted with a coronary". Follow up shows Mr T. prefers treatment by a senior physician and the patient conveyed to the author non-verbally that the

senior physician was more skilful. Critics may feel it does not need Balint training to perceive this and could ask does emphasis on the psyche minimise attention to the soma.

I cannot imagine a clinician who would not find something to start him or her thinking in this book, except those blinkered exclusively to organic disease. Any reader of this *Journal*, who found nothing of interest, must be, in Dr Johnson's words, "tired of life". Above all, this book is a worthy tribute to Michael Balint himself, whose charismatic qualities gleam through the contributions. On visiting Milan Brevia Museum, Balint asked an attendant where Raphael's Madonna was, the attendant replied "I have only been here two and a half months—I don't know the whole museum", to which Balint replied "There you can see a typical example of a specialist". As the late Lord Rosenheim said in the foreword "By all reckoning Michael Balint was a remarkable doctor and psychoanalyst, a man for all times, whose impact on general practice and on the understanding of the doctor-patient relationship has been felt all round the world".

ROBIN STEEL

**Social Work with Immigrants** (1973). CHEETHAM, JULIET. London: Routledge and Kegan Paul. Price: £2.25.

This short book is written for social workers but is well worth the two or three hours that it takes to read for any general practitioner caring for immigrant families who is not content with giving a purely superficial medical service and who may feel frustrated, as much by ignorance of his patients' beliefs, attitudes and family mores, as by linguistic problems of communication.

For general practitioners the short essays on social and cultural background of each immigrant group (chapter 5) are both the most useful and the most engaging section of the book. They provide a key to insight into family and personal tensions which may bring immigrant patients to the surgery, and a key also to formation of therapeutic relationship with them.

In particular the wide variations in background of different immigrant groups and their direct effect on behaviour, perhaps particularly adolescent behaviour and parent/child tensions, are of major importance to medical practice. These are well illustrated earlier in the book in the case study on pages 44 to 50 (itself a perfect model of the social casework approach).

Of more general interest are the earlier chapters of the book which open with definitions and then concepts of the immigrant in society and go on to give useful information on the numbers of immigrants in Britain classified by country of origin, and a review of recent immigration history and policies.

Special aspects of the problems of immigrants such as housing, education, employment, contact

with the police and characteristics of areas where immigrants have congregated, have direct relevance to medical practice, as have discussion of the strains imposed by the event of immigration on individuals and whole families, including speculation on future tensions as the children of immigrants begin to abandon their original culture for that of their adopted country.

This book will be valuable to general practitioners with immigrant problems in their practice and perhaps equally valuable to paediatricians, psychiatrists, health visitors and district nurses working in these areas. In a wider sense it had educational value for all current and future medical practice in Britain. The guide to further reading and the extensive bibliography are useful and there is a valuable short list of relevant social work agencies with special knowledge and resources.

SHOLTO FORMAN

**About the Illness Alcoholism** (1972). KENYON, W. H. Liverpool: Merseyside Council on Alcoholism. Price: 20p.

The Merseyside Council on Alcoholism has published a re-written edition of their booklet on the illness alcoholism. The author is Mr W. H. Kenyon, who is the Executive Director of the Merseyside Council, and the foreword is by Lord Cohen of Birkenhead.

The booklet describes many aspects of alcoholism and begins with a historical review of the development of the illness in the United Kingdom and the factors which have influenced public reaction to alcoholism. Subsequent chapters describe the nature of the illness, including symptomatology and the effects which the illness has on family and community. The experience of the Council in the management and treatment of alcoholism is described and emphasis placed on the comprehensive nature of the care needed.

The functions of the general hospital, psychiatric hospital, alcoholic treatment units, out-patients, general practitioners, and alcoholics anonymous, are particularly mentioned.

There are two charts. The centre-page chart places in perspective the symptomatology of alcoholism with regard to the severity of the condition. The second chart illustrates the administrative structure of an information advisory centre and indicates those facilities which are associated with such a centre.

This booklet presents, in a concise manner, much of current thinking about alcoholism, and could well make a useful contribution to the general practitioner's understanding of the problem.

Perhaps a criticism that can be made is that the means of public and professional education regarding alcoholism are not outlined in sufficient detail.

Copies may be obtained from the Executive

Secretary, Merseyside Council on Alcoholism, B15, The Temple, Dale Street, Liverpool L2 5RU.

GARETH LLOYD

**A Survey of Health Centres in the South-west** (1972).

EDWARDS, J. R. Pp. 19. London: Update Publications Ltd. Price: 75p.

General practice is at once the newest and the oldest branch of medicine. Its antiquity may go back to Hippocrates, but its newness is a product of the National Health Service and the Royal College of General Practitioners. New sciences need new bases for measurement, so that it is perhaps unfair to criticise Dr Edwards' study for being unbalanced and halting.

He set out to enquire into the nature and functioning of health centres in South-west England. He visited 31 of the 35 and amassed a huge amount of data, not all of which are very clearly or sensibly presented. It would, for instance, surely have been better to compress or omit a table showing car places which takes up half of one of his 19 pages. The space gained by this and other compressions would have been better used to show plans of the centres; as it is he is obliged to describe the centres, e.g., "a relatively long corridor in the consulting suites. . . ." However, his remarks about how they are found to work in practice are good, even though without the plans the reader is hard put to it whether to agree or not. Presumably to have included plans would have made an expensive report priceless.

But the pity is the greater in that Dr Edwards' best section is that in which he comments on accommodation, and the best remark in this section is his feeling that "it is impossible to follow this line of reasoning [the Department of Health's plaintive cry that comparative data on health centres cannot be collected]. . . . From the limited individual effort . . . it is apparent that a vast amount of data on the good and bad points of many design features could be rapidly assembled and tabulated. The right questions have only to be asked and the results collected, but this could only be done by some central organisation". One can only hope that the Department, or the Royal College of General Practitioners, or the B.M.A. may be stung into activity.

"Give me a place to stand and I will move the earth" said Archimedes. Dr Edwards is one of our Archimedes, and general practice has in his report gained a small fulcrum with which to lever itself further forwards.

SIMON L. BARLEY

**Health Services in a Population of 250,000.**

CARSTAIRS, VERA and HOWIE, VIDA. Scottish Health Service Studies No. 24. Edinburgh: Scottish Home and Health Department.

This study is based on Government statistics, mainly for 1969, and sets out to give a picture of the health resources that exist to meet the health demands of a population of 250,000. Against this