

handed general practice in this part of the world is alive and well!

At a conference on teaching in general practice in Brussels in October 1970, Professor P. S. Byrne, UK, was asked the following question:

"In your postgraduate training scheme for general practitioners do you ask for the co-operation of senior general practitioners in 'one-man' practices or in group practices? Please comment on the number in each category, and the advantages and dis-

advantages of specialization within a one-man or a group practice."

Professor Byrne is quoted as replying: "Single-handed practices—three; group practices—90. Seventy-five per cent of general practitioners in the UK are in groups of two or more. Some experience in single-handed practice may be provided, but such practices are dying out in the UK. Group practices, usually in purpose-built premises, are alone able to show the full extent of the health team, and this method of practice is

rapidly becoming the norm."

What do other members of the College feel?

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#### Reference

European Conference on Teaching in General Practice (1970). Report. Belgium: WVVH.

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## BOOK REVIEWS

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### A SHORT TEXTBOOK OF GENERAL PRACTICE. 3rd EDITION

Denis Craddock

Lewis,  
London (1976)  
74 pages. Price £12

If Denis Craddock had bitten off less and chewed more the results of his labours would have been more valuable. As it is, we have a superficial account of general practice which is ultimately little more than an incomplete shopping list for the MRCP.

The book is divided into sections on the practice, normal development, doctors and patients, preventive medicine, and applied medicine and surgery. There is good coverage of fringe subjects, with manipulation techniques, acupuncture, and biofeedback all getting a mention, and a useful chapter on trivial complaints such as thin legs and minor ailments of the feet.

Throughout the book there are pithy comments and pieces of advice born of experience. For example, in dealing with bed wetting the author comments: "Fluid restriction is the only treatment which is said by parents invariably to have failed."

The consistent emphasis on the incidence and presentation of diseases is very helpful. Two other features are particularly worthy of mention: firstly, the many references in the text to the relevant research, and secondly, the addresses of organizations like the Coeliac Society and The National Council For One-Parent Families.

However, this is not a definitive or comprehensive textbook. Craddock is the first to accept the limitations imposed by his sole authorship. He has to

be selective in his material. For example, in the introduction to the longest section in the book, which deals with applied medicine, he identifies his reader as a graduate of at least two to three years' hospital experience. In fact, such a doctor would be familiar with most of the information and that which was new to him would require more introduction than is available here. He would incidentally be unfamiliar with terms like anodynes, macroscopic for macrocytic, inunction, and hyperpiesis, which appear as ghosts of the book's 1958 edition.

Finally this is an account of general practice which only hints at the possibilities and future direction of the speciality.

STEPHEN HALL

### BETWEEN LIFE AND DEATH

Harry Grant-Whyte

Shuter and Shooter,  
Pietermaritzburg (1977)  
135 pages. Price £3.50

*Between Life and Death* is a dramatic title for a rather undramatic autobiography. The author is an eminent South African anaesthetist with a passion for travel—which should provide interesting material—but with an equal addiction for name-dropping, and unfortunately the latter entirely destroys the potentialities of the former. This is a known pitfall for the autobiographer, and Professor Grant-Whyte falls headlong into it, so that bathos takes over. So often we are led up blind alleys—a message to Winston Churchill? Interesting. We press on eagerly only to find some paragraphs later that it was

formally acknowledged by a secretary. A visit to the eponymous Dr Virginia Apgar? We don't even get the lunchtime score. This sort of thing goes on all the time and the major part of the book reads like a frothy society column and is about as enlightening. The reader is left vertiginous and frustrated by the remorseless flickering of names.

The last part is a different matter. Here the author gives a distillation of the lifelong thoughts of an intelligent and perceptive man on all medical matters. He gives us his views on ethics; the abuse of drugs, both by doctors and laymen; the growing dangers inherent in orthodox medicine; the potentialities of unorthodox medicine; the nasty commercialism of a once altruistic profession; and his defence of that dying breed, the general practitioner. All are intelligent, sensible, provocative and well worth reading. For a man of such eminence he has endearing and unusual qualities of humility and self-examination, for example, his tacit admission that as a professional poisoner he has much to answer for, and his frank admission that he himself would be terrified to have an anaesthetic. One feels that if only he could shed his besetting sin and make use of his sharp and enquiring mind to expatiate more fully upon his opinions, he could write a very interesting book indeed.

JOHN MILES

### SIX MINUTES FOR THE PATIENT

Enid Balint and J. S. Norell (eds)

Tavistock, London (1973)  
182 pages. Price £2.20

Michael Balint was a major illuminator

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<sup>1</sup>Data on file.

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6 weeks to 6 months: 2.5ml twice daily.

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Occasionally, nausea, vomiting, glossitis and skin rashes may occur with normal doses and very rarely, haematological reactions.

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In cases of renal impairment a reduced dosage is indicated and an adequate urinary output should be maintained.

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**Contra-indications**

*Septin* is contra-indicated in patients with marked liver parenchymal damage, blood dyscrasias or severe renal insufficiency. *Septin* should not be given to patients hypersensitive to sulphonamides; should not be given during pregnancy or to neonates.

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**SEPTRIN**

TRADE MARK

of the renaissance of general practice. Today many teachers of general practice use, without conscious attribution, his concepts, such as "the doctor as the drug", "collusion of anonymity", "the child presenting as the mother's illness", "whole-patient medicine", or "patient-centred illness".

To many Balint is epitomized as a central London general practitioner with a small list of social class 1 patients, who spent long interviews delving into their psyche. This canard needed to be demolished and *Six Minutes for the Patient*, edited by Enid Balint and Jack Norell, is the book to do this.

Basically, 'Balint' is a method where a group of established doctors, with continuing responsibility for their patients, meet several times a month over two to four years. During these meetings, lasting one to two hours, they discuss the interactions between the doctors and their patients, attempting to predict and plot future events, so the whole discussions are kept realistic by unfolding problems. The other major problem of such a group is to remain finely tuned to productive group work and not split into factional civil war, and this depends greatly on the group leader's skill.

The original group, which was led by Michael and Enid Balint, met from 1966 to 1971, and seven general practitioners, all fellows or members of the College, contribute to this book. They describe how the earlier lengthy interview has been found to be less productive than the "flash", when the patient and doctor both recognize that a mutual understanding has suddenly developed which is central to the whole relationship. Chapters on "The Patient's Use of His Doctor", "One Patient, Two Doctors", "The Diagnosis", "On Predictions", "Follow-ups", and "The Time Factor" all illustrate both the method and the exciting discovery. Complementing the findings is a research project with an attempt at validation.

As vocational training becomes universal, new young partners will discover gaps in their training, which are possibly best met by Balint groups. To those teaching general practice it is necessary, and to those dissatisfied with their doctor-patient relationships it is a challenge and a signpost. Like many multi-author books its style is uneven, but it can be read chapter by chapter. I am not wholly convinced by all the research; nevertheless, anyone who aspires to practice *caritas* should find this book provoking and rewarding.

ROBIN STEEL