

practitioners being trained per year. It would require a major redeployment of manpower to train any significant proportion of general practitioners and it is fortunate that there is little evidence that this would be worth-while.

St Paul's Cray,
Kent.

L. M. FRANKLIN.

REFERENCE

1. Ross, T. A. (1949). *The Common Neuroses*, 2nd ed. Arnold, London.

Faith versus Fear

Sir,

In your August issue Dr Martyn writes that personality "cannot be altered and it is the prime duty of any doctor as well as a psychiatrist to recognize and appreciate this fact".

While this statement was undoubtedly true at the beginning of this century it is now, in 1962, the prime duty of all general practitioners to recognize that (as Karen Horney has stated) every neurosis is a character neurosis and that permanent success in treatment necessitates a considerable or major change in the patient's personality.

To accomplish this the general practitioner will in future require to be equipped with an understanding of modern psychodynamic theory.

Such a theory will certainly not be based strictly on Freudian thinking which with its genetic, mechanistic, and dualistic orientation is nineteenth century in its outlook.

I am at present completing a paper on psychotherapy describing major personality change in patients in general practice using Horney's psychodynamic theory which is holistic and in accord with the modern scientific concept of unitary process and is in practice an invaluable guide in psychotherapy.

Belfast

S. E. BROWNE.

An Idea in Antenatal Education in General Practice

Sir,

During her first pregnancy, my wife wished to see a confinement. This was difficult to arrange, but we did manage to see a French film in which this event occurred, but the delivery was over so

quickly that my wife could not appreciate what happened. Likewise, I knew that many of my antenatal patients would like to see a delivery as part of their education and preparation for childbirth.

I felt a suitable means would be with colour transparencies because the events could be illustrated and discussed step by step. After numerous enquiries, I approached a firm called Camera Talks* who supplied me with a colour strip on Labour from first to final stage made in a midland hospital, at a cost of £8 0s. 0d. By cutting and mounting I made 70 slides. Before showing these to my patients they were vetted by my wife and friends who had children. Various slides were removed including the episiotomy and the maternal placental surface.

Those invited included expectant mothers plus husbands, mothers of infants, local midwives, teachers, nurses, health visitors. The usual number present is 14—18, and the slides are shown in the waiting room. Patients are invited during antenatal clinics and are sent a reminder card. The slides are shown monthly on a Thursday night at 8.30 p.m. During the film, I explain simply the process of childbirth, assisted by the midwife and the health visitor who discuss the parts they play. The showing lasts about 40 minutes and then we have questions. I do not necessarily express my own views, but acting as the leader, encourage discussion amongst the audience. Common questions asked are on, "Should husbands be present?" "Should babies be born at home?", "painless childbirth", exercises and relaxation, on personal experiences, and what the audience think of particular slides. The patients appreciate this and frequently ask further questions at my clinic.

In discussion, a balance is kept between hospital and domiciliary midwifery, and all in all it appears at present a successful experiment. (Other organizations such as mothers clubs and welfare clinics have since asked me to show the slides to their groups.)

London, S.E.20.

DAVID RYDE.

*Camera Talks, 23 Denmark Place, London, W.C.2.

TRAINING FOR GENERAL PRACTICE

A second edition of *Memorandum for the Guidance of Trainers* is shortly to be published under the title *Training for General Practice*. This new edition brings up to date the information provided in its predecessor.

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