

district. By arrangement throughout the year.

Clinical attachments—continuous

Full-time or part-time attachments to hospital teaching units to enable general practitioners to increase their experience and keep up to date with recent trends and advances. Fee £1 5s. a week for full-time attachment.

Applications to the *Director of Postgraduate Medical Education, The University Glasgow, W.1.*

University of London

For courses arranged by the University of London and the British Postgraduate Medical Federation, please see the *Postgraduate Diary*, which is circulated to members in London and the home counties, or apply to the *Secretary, British Postgraduate Medical Federation, 18 Guilford Street, London, W.C.1.*

A copy of the *Postgraduate Diary* can be obtained from the *Administrative Secretary, The Royal College of General Practitioners, 14 Princes Gate, London, S.W.7.*

University of Manchester

Courses for general practitioners

November 9–10 *Pain* (at Lancaster).

Information from the *Dean of Postgraduate Medical Studies, The Royal Infirmary, Manchester 13.*

University of Oxford

Programmes of attendance on hospital and public health practice, for one or two weeks, are arranged to suit practitioners' individual requirements. Doctors eligible under Section 48 of the N.H.S. Act (1946) may claim expenses from the Ministry of Health for attendance at these courses. Whole-time or part-time clinical attachments in particular departments can sometimes be arranged. Special arrangements are made for doctors who have not been practising for a period and now wish to return to active work.

Applications for clinical attachments (including resident obstetric attachments) will be considered. Enquiries to the *Director of Postgraduate Medical Studies, University of Oxford, Osler House, 43 Woodstock Road, Oxford.*

Correspondence

The contraceptive pill

Sir,

With the advent of the contraceptive pill and screening for pre-symptomatic carcinoma of the cervix, an increasing number of cervical smears are being carried out by general practitioners in the surgery.

It was suggested to me that the procedure for exposing the cervix was greatly simplified by examining the patient in the left lateral position.

I have found this of great help and have had no trouble in getting a

clear view of the cervix since adopting this method.

E. R. SEILER.

Edinburgh.

The more the patient is turned over, the more easily is the cervix seen. James Marion Sims dealing with vesico-vaginal fistulae over a hundred years ago found that insertion of only a single-bladed speculum with the patient in the genupectoral position gave a remarkable view of the cervix and upper vagina. EDITOR.

Book Reviews

Medical aspects of fitness to drive vehicles. Edited by LESLIE G. NORMAN. London. Report by the Medical Commission on Accident Prevention. 1968. Pp. 52. Price 5s. 0d.

The Medical Commission on Accident Prevention was formed in 1964 with the main purpose of forming "a permanent medical commission" as a recognized authority for advice on medical matters in relation to the prevention of accidents. One of the purposes of the commission is to produce reports on various aspects of safety in relation to medicine. This short booklet is the first of such a series. General practitioners are constantly being asked advice on the fitness of patients to drive a motor vehicle and medical examination of the elderly before insurance cover is renewed is becoming more frequent. One is often presented with problems to which the answers are not easily found in the textbooks. This booklet fills this need extremely well and the reader would suggest that it should be on every general practitioner's desk as a ready handbook for reference. A distinguished panel of experts have contributed and the advice they give is uniformly practical without being dogmatic. The layout is excellent, with a discussion of the pathological conditions, system by system that may affect driving. There is a summary at the end of each chapter of suggestions for advice to patients. There are also excellent chapters on fatigue, boredom and ageing and an appendix on unwanted dangerous interactions between drugs. This is indeed a most valuable document and should be read by every general practitioner.

The basic fault. Therapeutic aspects of regression. MICHAEL BALINT, M.D., Ph.D., M.Sc. London. Tavistock Publications. 1968. Pp. vii + 205. Price 38s. 0d.

The name of Michael Balint is familiar to general practitioners as the author of *The doctor, his patient, and the illness*, a book which has given many a new understanding of their patients' emotional problems and of their own involvement in them. Family doctors must be warned that this is a book of a different nature, written by a practising psychoanalyst and addressed primarily to other analysts. It will not be easily comprehensible to the family doctor who is not familiar with the language of Freud, and terms such as Oedipus situation, regression, narcissism, transference, ego, id and superego.

In this book Dr Balint coins a new term, 'the basic fault,' for a primitive area