

## Correspondence

### The Medical Society of Balint Groups

Sir,

This Society is going to hold its first International Conference at the Royal College of Physicians, Regent's Park, London, NW1 from Thursday, 23 March to Saturday, 25 March 1972. The theme of the conference will be "The Doctor, his patient and the illness".

The Balint Society in Great Britain has as its aim the promotion of research and the dissemination of knowledge in the field of the doctor-patient relationship, especially in general practice. The late Dr Michael Balint was one of the first to discover and describe methods for the scientific study of the doctor-patient relationship and its influence on diagnosis and treatment. He also developed new techniques and teaching methods. Some of his work is described in his classic *The doctor, his patient and the illness*.

The Balint Society, concerned with the further understanding of the doctor-patient relationship, especially in general practice, with its improvement, and with its scientific use for therapeutic purposes, wants to establish a forum to discuss the relevance of Michael Balint's work in the seventies with special reference to new advances and treatment. Many branches of medicine in this country and abroad have taken up Balint's ideas with enthusiasm. It is hoped that the conference will facilitate interdisciplinary and international communication between medical men in this field.

The subjects of the conference will be a discussion on the impact of the work of the late Dr Michael Balint on medical thought and practice, the effect of his teaching on medical techniques, a demonstration of a seminar and discussion, lectures and discussions on patient-centred medicine and on the problems of illness and treatment arising out of recent research in this field.

The Secretariat of the International Conference is: DR M. B. CLYNE, 150 Lady Margaret Road, Southall, Middlesex, England. Telephone: 01-574-2812 8371

### The Modified Essay Question

Sir,

The Multiple Choice Question and the Modified Essay Question (*Journal*, 1971, 21, 373) have another advantage over the more usual essay question in that it is possible for the examination of the examiners to be overt and public. It is an entirely wholesome development that the Board of Censors have published type specimens of the modified essay question and I feel the Board might consider the regular publication of a few random questions of a similar kind from their examination papers.

In the examples given in their report, I feel that

J. ROY. COLL. GEN. PRACTIT., 1971, 21, 739

insufficient attention is given to the candidate's recognition of the importance of full history taking. All the things one wishes to know about headache (position, severity, duration, periodicity, etc.) fail to emerge, and the marking sheet to example 5, while displaying an inadequate symptom-analysis is dangerously preoccupied with psychiatric diagnoses. Whatever diagnosis the other symptoms indicated, I should not be satisfied with a purely psychiatric diagnosis if headache were complained of, and doubt the existence of the 'tension headache' expected in the answer to example 2 as a common type of headache.

N. B. EASTWOOD.

### Clinical trial—Debendox in pregnancy sickness

Sir,

There are several points about this report (*Journal*, 1971, 21, 500) which should be made strongly. First, although the authors refer to an independent observer with training in medical statistics, statistics are thereafter not mentioned, except in relation to "theoretical improvement which would be expected from purely random fluctuations in severity" (random fluctuation would not, in fact, be expected in a condition which remits spontaneously with the passage of time). The fact that the over-all improvement with active tablet compared with placebo does not quite achieve conventional statistical significance is brushed aside in favour of "the trend which seems to be sufficient to justify the conclusions that Debendox is effective". The concluding sentence is quite wrong, for the statistical pattern is *not* sufficiently definite in accepted statistical terms to justify a conclusion that the preparation is effective and useful.

A second point is that, despite using five grades of severity, the only criterion of response was a changing grade of nausea or vomiting at the second visit compared with the first. Why then use five grades? There is, moreover, no indication of whether any of those who were not better were in fact worse at the second visit. It is surely relevant to know this.

The brief dismissal of side effects in the text is hardly borne out by the number of side effects mentioned in table III. Since one is treating merely a self-limiting symptom, some of these side effects may be more than "untoward" in relation to the symptom being treated, and their incidence is of the same order of size as is the improved incidence of therapeutic effectiveness of the active tablet compared with the placebo.

C. BRIDGES-WEBB,

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