

resistant to'. I feel on perusal of the article in question that the word "resistant" should be changed to "sensitive" otherwise there would be little, if any, therapeutic value in using the listed antibiotic agents.

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## REFERENCE

Hulbert, J. (1963). *Journal of the Royal College of General Practitioners*, **23**, 558.

## THE UNPOPULAR PATIENT

Sir,

In your editorial comment (July *Journal*) on Miss Felicity Stockwell's publication you fall straight into the trap which bedevils a scientific approach to handling our patients.

It has become an almost universal fashion to talk in terms of relationships. And we find that in a paper on the 'unpopular patient' we are reading not about a patient at all, but about the idiosyncrasies of nurses and doctors. Unless we have some ability to distinguish between the observer and the observed, we shall remain in a hopeless complexity in our attempts to understand the handling of human beings.

If I am called to see a patient and my diagnosis of that patient's illness is determined by the state of my own health, then the patient has very little chance of obtaining the correct treatment for the specific illness from which the patient is suffering. If the patient has myxoedema and needs thyroid replacement therapy, and I diagnose pernicious anaemia because I suffer from migraine, the patient is not going to have the optimum chance of recovery. If the doctor cannot leave his 'boiling point' on the golf course or wherever, but insists on taking it with him into his surgery, whatever transpires between him and his patient will not be detectably useful.

It is not good enough to say that the doctor is only human himself and therefore cannot control his feelings about his patient. The fact remains that his feelings have no relevance whatsoever to the state of the patient. Just because the patient reminds him of his primary school teacher and brings him out in a rash, is no concern to the patient.

It is possible for anyone, especially doctors and nurses, to do simple drills which free them from the compulsion to react to another human being. It is easy to do these drills up to the point where

one can be calm and collected, even if the house caves in. They give one the ability to keep one's cool under any circumstance. With the degree of objectivity thus acquired, accurate observation of what constitutes the 'unpopular patient' is then possible.

The training drills I have mentioned were developed by L. R. Hubbard for use in counselling.  
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## REFERENCE

*Journal of the Royal College of General Practitioners* (1973). **23**, 453-4.

Hubbard, L. R.—*Basic Study Manual; Professional Auditors Bulletin*. Basic Education Unit, East Grinstead, Sussex.

## PRIVATE GENERAL PRACTICE

Sir,

I really feel I cannot let the statement that, "The demand for private specialist care is growing, yet that for private general practice is diminishing," by Dr J. A. Hall Turner in the July *Journal* go unchallenged.

Every day that passes I discover more doctors in general practice who are willing to provide such a service, coupled logically with more patients who are eager to obtain such a service.

The report states that "reasons began to emerge during the day" for the statement quoted above, yet those very reasons, personal care and independence, are relatively lacking in the NHS.

With the lemming-like rush to health centres and the gross impersonality which these can produce, has come a reverse flow of private patients seeking both time, at a mutually convenient moment, and the personal attention, which they have come to enjoy. It is alarmingly pitiful the number of new patients who are both astonished and delighted to be asked to remove their clothing in order that their chests can be examined—a fact which I find both horrifying and sad in that some standards have been forced so low by circumstances. I would be most interested to know who it was who represented the private general practitioner, as his views seem to be sadly lacking in this report.

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## REFERENCE

Hall Turner, J. A. (1973). *Journal of the Royal College of General Practitioners*, **23**, 570.