

techniques, command a growing support and interest.

I feel that, given appropriate indications, these will give more benefit than a black box ever did, and will not depend upon the neurosis or gullibility of the patient.

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REFERENCE

Moor, F. (1973). *Journal of the Royal College of General Practitioners*, **23**, 588.

TWO COPIES OF THE JOURNAL

Sir,

For some considerable time, I have been receiving two copies of the *Journal*. In spite of letters sent to the publishers and to the Longman Group in Edinburgh, two copies continue to arrive each month.

As this seems to me to be a waste of money, some of which comes out of my pocket, I wish to draw the attention of yourself and perhaps of the readers of the *Journal* to this rather strange state of affairs. May I also ask how many recipients of the *Journal* also receive more than one copy per month?

NORMAN F. LEIGH

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The journal office would also like to hear of any reader regularly receiving two copies—Ed.

CONSULTING ROOM TESTS FOR BACTERIURIA

Sir,

I was interested to read the article by Dr D. W. W. Hendry on *The assessment of two consulting room tests for bacteriuria* in the August *Journal*. I do feel, however, that the results could have been presented more clearly.

In particular Tables 1, 2 and 3 could have been combined in a more meaningful way by comparing the number of false results using the laboratory 'Uricult' with the number of such results using the general-practitioner 'Uricult', as shown below;

	<i>General-practitioner 'Uricult'</i>	<i>Laboratory 'Uricult'</i>	<i>Total</i>
False negative	21	3	24
False positive	42	20	62
Correct	237	277	514
TOTAL	300	300	600

$$X^2 = 41.09, \quad 2d.f. \quad p < 0.001$$

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REFERENCE

Hendry, D. W. W. (1973). *Journal of the Royal College of General Practitioners*, **23**, 365-8.

BOOK REVIEWS

Patient—Centred Medicine (1972). Editor: HOPKINS, PHILIP. London: Regional Doctor Publications. Pp. xvii & 364. Price: £3.50.

I find it impossible to review dispassionately this book as I had already read my personal copy several times and seen at least two of my friends, to whom I lent it, order their own copies. It is the collected papers of the First International Conference of the Balint Society, held on 23-25 March 1972, at the Royal College of Physicians, London. It was attended by 423 delegates from 17 countries, papers being given in up to five rooms and the more than 50 contributions have been most expeditiously and excellently edited. The index is related both to case histories discussed and authors quoted as well as the book having a

subject interest and impeccable bibliography. Having listened to the conference (with the novelty of switching to French or German simultaneous translation on the headphones), I would say it most faithfully records the contributions and catches the essence of this exciting meeting.

Michael Balint and the movement he founded are not topics on which most observers adopt a neutral attitude as either positive or negative attitudes are usually engendered. This meeting, gathering the faithful from all over the world to a conference organised by the London élite, was not likely to attract the critics or the evaluators, but more the expanders or the enthusiasts. Furthermore, Michael Balint's death at the end of

1970 meant part of the proceedings fell naturally into paying tribute to Michael Balint, with eight speakers from different nations each expressing a personal tribute. This culminated in Philip Hopkins presenting a recorded interview with Michael Balint a month before his death, so that the audience had a unique and moving experience of hearing again the founder as faithfully recorded in this book.

The book also records the successful experiment where experienced members of seminars under Enid Balint, with another co-opted from the front row, gave a demonstration of a spontaneous seminar in front of an audience of 400. This was undoubtedly a technical *tour de force* and a tribute both to the participants and the empathy of the audience. However, I do not feel Dr van Zanten's question "As a group we would like to know whether it is sensible to try such a Balint-like seminar" was wholly answered and I feel his later challenge "... it is possible during a conference to be split into small Balint-like groups of ten each—and after such a conference many (new) groups are formed ..." was never taken up. Indeed my only major criticism of the proceedings is in the topics omitted, rather like the dog which did not bark in the night!

There is little dealing with the problems of overall spread of the Balint groups or evaluation of the efficacy, but no doubt the second conference in Brussels May 24–26 1974 will deal more fully with this and perhaps experiment splitting the conference into multi-national small groups.

I am not a fully Balint-trained general practitioner so I may not comprehend the full significance, but felt the technical discussion over the 'flash' of insight of less relevance than superb papers on the general practitioner's problems of dealing with the difficult patient, abortion, the dying patient, and repeat prescriptions. I was interested to hear a French doctor irritated with 'a thick envelope' or an American Chief of Department who brushed aside attempts to speak to him about a Balint group, or Belgians asking, "Does the general practitioner suffer from an inferiority feeling?" The papers ranged from dealing with amputees in Vietnam, to psychodrama: to the doctor as patient (V.I.P. syndrome or Murphy's law—everything that can go wrong will go wrong), to the problems of district doctors in Hungary: From ephebatics to re-education and relaxation, or non-verbal interaction in the unintegrated personality, to increasing medical students' sensitivity.

Although there is a superfluity to stimulate or with which to disagree, there is little to quibble about. Mr T. aged 44, had epigastric pain diagnosed as psychosomatic: an emergency call revealed "severe anxiety and a pressing need for help". The Balint group doctor "did not answer his second emergency call when he was admitted with a coronary". Follow up shows Mr T. prefers treatment by a senior physician and the patient conveyed to the author non-verbally that the

senior physician was more skilful. Critics may feel it does not need Balint training to perceive this and could ask does emphasis on the psyche minimise attention to the soma.

I cannot imagine a clinician who would not find something to start him or her thinking in this book, except those blinkered exclusively to organic disease. Any reader of this *Journal*, who found nothing of interest, must be, in Dr Johnson's words, "tired of life". Above all, this book is a worthy tribute to Michael Balint himself, whose charismatic qualities gleam through the contributions. On visiting Milan Brea Museum, Balint asked an attendant where Raphael's Madonna was, the attendant replied "I have only been here two and a half months—I don't know the whole museum", to which Balint replied "There you can see a typical example of a specialist". As the late Lord Rosenheim said in the foreword "By all reckoning Michael Balint was a remarkable doctor and psychoanalyst, a man for all times, whose impact on general practice and on the understanding of the doctor-patient relationship has been felt all round the world".

ROBIN STEEL

Social Work with Immigrants (1973). CHEETHAM, JULIET. London: Routledge and Kegan Paul. Price: £2.25.

This short book is written for social workers but is well worth the two or three hours that it takes to read for any general practitioner caring for immigrant families who is not content with giving a purely superficial medical service and who may feel frustrated, as much by ignorance of his patients' beliefs, attitudes and family mores, as by linguistic problems of communication.

For general practitioners the short essays on social and cultural background of each immigrant group (chapter 5) are both the most useful and the most engaging section of the book. They provide a key to insight into family and personal tensions which may bring immigrant patients to the surgery, and a key also to formation of therapeutic relationship with them.

In particular the wide variations in background of different immigrant groups and their direct effect on behaviour, perhaps particularly adolescent behaviour and parent/child tensions, are of major importance to medical practice. These are well illustrated earlier in the book in the case study on pages 44 to 50 (itself a perfect model of the social casework approach).

Of more general interest are the earlier chapters of the book which open with definitions and then concepts of the immigrant in society and go on to give useful information on the numbers of immigrants in Britain classified by country of origin, and a review of recent immigration history and policies.

Special aspects of the problems of immigrants such as housing, education, employment, contact