'scientific' environment similar to that provided laying hens on progressive chicken farms—hens who produce eggs industriously and have no disease or other cares."

This book is a must for all teachers in general practice, all practising doctors, and I hope, all undergraduates.

J. S. McCormick

Dutch Balint groups. Le phenomene Hollandais. (1973). STEEL, ROBIN. Pp. 37. St John's House, 28 Bromyard Road, Worcester. No price.

Dr Robin Steel is an English general practitioner with a particular interest in the educational role of Balint groups as part of professional preparation for general practice. On learning that in Holland 15 per cent of its family doctors had experience of such groups (compared to one per cent in Great Bitain) he decided to visit that country to study the movement first hand. He obtained a Council of Europe Travelling Fellowship which allowed him to spend a fortnight in June 1973 visiting Dutch practices, clinics and universities and conferring with family doctors, psychoanalysts, professors, researchers and administrators.

He has entitled his report, Le Phenomene Hollandais, unnecessarily obscure, if exotic, and thereby creating a passing problem for reviewers and a major headache for medical librarians. The account was intended to be an individual one and succeeds in being idiosyncratic. It is written in a racy style, and though the sentence structure is sometimes disconcertingly unwieldy it is totally without pomposity.

The "phenomenon" he describes is the vigorous and sustained growth of Balint and kindred groups throughout Holland, and their acceptance as part of the normal scene in Dutch general practice. This is in contrast to the situation here where the movement, though very active, has about it the air of a minority cult ("The Tavistocracy" it has been called), and where furthermore it is geographically restricted to London and its environs. True, the impact on British medical practice has been out of all proportion to

the small numbers taking part. Yet the demand from general practice for fresh groups has until now been disappointingly modest, though it may receive a fillip from the formation of the Balint Society and from the International Conference held in London.

This study explores two facets of integration. There is the practitioner's need to integrate the separate pieces of information he has about his patients and their families—physical data, psychological, and social. And there is the problem of integrating the varied educational resources available, of harnessing them to meet this need. How the Dutch have tackled this is well described in the pages of the report. They seem to have gone for a less hot-house atmosphere, have not been afraid to experiment and to improvise, and are not over-concerned with keeping the strain pure; it is not always clear whether the term "Balint" denotes a format, a group process, or a task orientation.

In Holland the demand for groups usually emanates from local general practitioners and the organisation is not centralised. A "network" ensures close collaboration with interested Dutch psychiatrists, whose fees and travelling expenses are met by the practitioners. The normal arrangement is for groups to meet fortnightly with a specialist "Advisor" (not "Leader") who is usually a psychoanalyst or a dynamically orientated psychiatrist, but who may be a clinical psychologist, a physician with interest in psychosomatic illness, or a social worker experienced in group work. The natural life of such groups appears to be about two or three years but some continued as topic-centred groups, teaching, research, or as social affairs.

According to Dr Steel the Dutch show more interest than their British colleagues in the knotty problem of evaluation, and he quotes a fascinating account of a study which involved a peripatetic actress tape-recording her way through a series of consultations with Balint-trained doctors. Naturally, there were matched control groups of "role-play trained" and "non-trained" general practitioners.

J. Norell