giving him too many medicines): and the Tavistock Clinic is well-known to make anyone feel like a patient on walking through its doors!

Dr Maycock's aggressive dismissal only underlines his concern for his own role, his own robustness, sensitivity, and professional detachment, and the need for settings with other disciplines in which we can face the real problems of collaboration. We face, for example, the envy of those without open-ended contracts, on whom impossible and unthought-out demands may be put; of those who may well envy us our power and being so needed; and even those, perhaps, who envy us the insights and support we received in this project.

Could we now have Dr Maycock's and others' comments on Graham and Sher's paper?

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### REFERENCES

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### OUT-OF-HOURS WORK

Sir.

With reference to your correspondence (April Journal), on out-of-hours work, Dr Barley may be interested to know that a Cooperative Deputising Service was approved by the Leeds Local Medical Committee in 1968 and would have provided a service to more than 500,000 patients and 200 doctors as did, and still does, the existing commercial service.

It was felt that a service whose first consideration was adequate manning would be preferable to one whose prime motive was profit.

Despite the fact that considerable initial finance was subscribed by would-be participants, the service was never launched because of the very doubts that Dr Barley expresses about continued co-operation, which might have led to undesirable competition for suitable spare medical manpower to keep it operational.

I doubt if human nature has changed much since 1968 and must regretfully consider that syndicalism is a non-starter in this field of human activity and the choice is between commercial or departmental monopoly.

I agree with Dr J. C. B. Thomson about the educational value of the concentrated experience to be obtained by working for a deputising service and hope a way will be found of getting all those involved interested, and all those interested involved, be they trainers, trainees, organisers or operators. Every one involved, even patients, would benefit.

M. Dales

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## REFERENCE

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# PSYCHOTHERAPY IN GENERAL PRACTICE

Sir

It must be a risky business for someone with a specialist background to address his generalist colleagues in your columns, since he is vulnerable to the charge of trying to teach grandmothers to suck eggs. Dr R. A. Johnson (April Journal) does not entirely succeed in avoiding this pitfall. He writes, "I am confident that many general practitioners already use their personality as a major factor in the management of their patients." His confidence is well-founded. A quarter of a century's research by Balint and his co-workers. and a bibliography from general practice, attest Yet your correspondent contrives a to this fairly long letter on this subject without mentioning Balint once: a notable feat in itself.

Not that Balint said the last word on the subject. But he said the first words that made any sense to us, and he achieved this, like Dr Johnson, by eschewing jargon; and also, unlike Dr Johnson, by disclaiming even "the simplest possible theoretical structure". In other words, he knew he didn't know, and the new look in general practice was founded, literally on a new looking.

I find that trainees in particular are receptive to this approach, with its absence of cant and peddling of theories. Balint dropped the term "psychotherapy". His work was really about how we observed patients, how we understood them as people, and how we made ourselves available to them; in short, what was involved in being a proper doctor.

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## REFERENCE

Johnson, R. A. (1976). Journal of the Royal College of General Practitioners, 26, 261-262.

# DIVERS IN THE NORTH SEA

ir.

In a recent letter in the *British Medical Journal*, Dr J. W. Taylor of Dyce, Aberdeen, who I presume is in general practice, draws attention to his observations on divers working in the oil fields in the North Sea. He expresses the wish that doctors working in those areas should exchange their medical observations on divers, who represent a new group of patients working below water, using pressurised air for respiration.

Since this is a field where general practitioners are primarily involved, I suggest that the College