

## COLLEGE OF GENERAL PRACTITIONERS, SINGAPORE

The College of General Practitioners, Singapore, has been visited by Dr Toh Chin Chye, Minister of Health.

This was the first time that a Minister of Health had visited the College, and the President, Dr Wong Heck Sing, showed Dr Toh some of the services the College could offer its members, including the secretariat, the library (books and tapes), the conference room, the videocassette recorder/player. Dr Toh then signed the College's visitors' book.

## EUROPEAN COMMISSION

Professor Brian Abel-Smith has been appointed as part-time adviser to the Commissioner for Social Affairs in the European Commission.

Professor Abel-Smith is Professor of Social Administration at the London School of Economics and Political Science in the University of London and has held an appointment as Senior Special Adviser to the Secretary of State for Social Services on a part-time basis since 1974.

## DR T. STUART MURRAY

Dr T. Stuart Murray PH.D, MRCP, MRCGP, DRCOG, General Accident Lecturer in the Department of General Practice at the University of Glasgow has been awarded a PH.D for his thesis entitled "Developing Methods of Evaluation appropriate to the Undergraduate Teaching in General Practice at the University of Glasgow".

Dr Murray has had 11 articles published from this thesis, four in *Medical Education*, four in *Update*, one in the *Lancet*, one in the *Journal of the Royal College of General Practitioners*, and one in the *Journal of the Royal College of Physicians of London*.

## THE ROYAL SOCIETY OF MEDICINE

The Officers of the Section of General Practice of the Royal Society of Medicine are as follows: President, Dr Margaret Pollak, MD, MRCGP; Honorary Secretaries, Dr St J. Dowling, MRCGP and Dr D. W. Hall, MRCGP.

## The Section of Medical Education

The President is Dr M. H. Day; Honorary Secretaries: Drs John Woodall, FRCGP and Paul Freeling, FRCGP.

## ASSOCIATION OF UNIVERSITY TEACHERS OF GENERAL PRACTICE

### Executive Committee

The Executive Committee for 1977 to 1978 is: Chairman, Professor D. C. Morrell; Secretary, Dr J. G. R. Howie; Members, Dr. H. W. K. Acheson, Dr V. W. M. Drury, Professor R. Scott, Dr N. C. H. Stott, and Dr. H. J. Wright.

### Annual Scientific Meeting

The Annual Scientific Meeting will be held on Thursday and Friday, 13 and 14 July 1978 in London.

All those interested should apply as soon as possible to Professor D. Morrell, Chairman of the Association, at the General Practice Teaching and Research Unit, St Thomas' Hospital Medical School, London SE1.

## SCOTLAND

Dr Joan Sutherland, CBE, MRCGP, General Practitioner, Edinburgh, has been re-elected Chairman of the Scottish General Medical Services Committee.

## GRAVES MEDICAL AUDIOVISUAL LIBRARY

The Medical Recording Service Foundation has been organized for over 20 years by Drs John and Valerie Graves, General Practitioners, Chelmsford, for the Royal College of General Practitioners. Recently its tape-slide programmes have spread to include every kind of medical and paramedical subject in addition to general practice, and the new title of the independent charity is the Graves Medical Audiovisual Library. Its activities will remain the same and its address continues as PO Box 99, Chelmsford CM1 5HL.

The Library is at present working with the British Life Assurance Trust Centre for Health and Medical Education in a pilot experiment in a videotape cassette loan service.

## JOINT COMMITTEE ON POSTGRADUATE TRAINING FOR GENERAL PRACTICE

The Joint Committee on Postgraduate Training for General Practice and the Royal College of General Practitioners have re-approved the vocational training schemes at Hastings, Luton and Dunstable, and Northallerton. These schemes are recognized by the Royal College of General Practitioners for the purpose of the MRCGP examination.

## ELECTRICITY DISCOUNT SCHEME

Mr Bruce Millan, Secretary of State for Scotland, announced that the Government electricity discount scheme would be arranged again in the winter of 1977/8.

A basic payment of £5 will be made in January 1978 to everyone who is receiving Supplementary Benefit or Family Income Supplement. Claimants will not have to apply for this.

The scheme also provides a discount, in addition to the basic payment of £5, on one winter bill for those Supplementary Benefit and Family Income Supplement beneficiaries who receive bills directly from an electricity board. The discount will be a proportion of the amount by which the bills exceed £20 in the North of Scotland Hydro-Electric Board's area, where bills are issued quarterly or, £13.33 in the South of Scotland Electricity Board's area, where bills are issued every two months.

It is estimated that about 300,000 people in Scotland are eligible for assistance under the scheme, which is expected to cost about £3 million.

## EXHIBITION OF CLOTHING FOR HANDICAPPED ADULTS AND CHILDREN

Exhibitions of clothing for handicapped adults and children and for those with problems of incontinence are being arranged by the Disabled Living Foundation in the Seminar Room at the School for Community Health, University of Liverpool, Mount Pleasant, Liverpool 69 on 19 and 20 January 1978 from 09.00 to 18.30 hours, and also at the National Demonstration Centre, Pinderfields Hospital, Wakefield on 17 January 1978 and 2 February 1978 from 10.00 to 16.00 hours.

## EUROPEAN SYMPOSIUM

A symposium on "The Preventive and Medical Care and Social Security of Elderly People in the Country" will be held on 24 to 26 May 1978 at Baden, near Vienna, Austria. Those interested should apply to Dr Gustav Zimmermann, Sozialversicherungsanstalt der Bauern, Wiedner Gürtel 10, Vienna A-1041, Austria.

## CORRECTION

In Dr K. D. Hudson's article in the August *Journal* it was stated that in patients with arterial disease fenfluramine raised serum glucose, cholesterol, and beta-lipoproteins, but this should have read: "Bliss, Kirk, and Newall

showed that when fenfluramine is taken by patients with peripheral arterial disease there is a reduction of abnormal serum glucose, cholesterol, and beta-lipoproteins."

## HEREFORD AND WORCESTER FAMILY PRACTITIONER COMMITTEE

In their *Annual Report* for the year ending 31 March 1977, the Hereford and Worcester Family Practitioner Committee reports that among 232 doctors on the list there were 17 doctors approved as trainers and there were seven vocational trainees in post.

There were 13,166 changes by

patients from one doctor to another within the same area out of a population on the combined lists of the doctors practising in the area of 614,455.

During the year 35 complaints were received, of which in two the contractor was found to be in breach of the terms of service.

The total cost of the family practitioner services was £11,985,230, of which general medical services formed 34.2 per cent. The cost of services per person registered with doctors under the NHS was 6.86p per person for general medical services.

## Reference

Hereford and Worcester Family Practitioner Committee (1977). *Annual Report*. Worcester: Hereford and Worcester FPC.

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# LETTERS TO THE EDITOR

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## BALINT REAPPRAISED

Sir,

I read with interest the article by Dr P. Sowerby (October *Journal*, p.583). As one who had the interesting experience of working in one of his seminars, I am sure that the effect has been to make me constantly question my role as a general practitioner.

The objective of scientific medicine is to make a traditional diagnosis. From that follows the treatment and, we hope, the prognosis. Balint took this a stage further, for an essential part of the diagnosis lies in the communication between the patient and the doctor. This used to be termed "the art of the practice of medicine". Balint attempted to discover a scientific basis (i.e. measurable features) for this interaction. Patients not only have diseases but also by their behaviour demonstrate their reactions to the disease. It is the appreciation of this fact that enables the Balint-trained doctor to enlarge his therapeutic possibilities.

However, this does not seem to satisfy Dr Sowerby. He seems to assume that the diagnosis must be in traditional terms. But is a diagnosis of depression, or psoriasis, or even rheumatoid arthritis, any different from the diagnosis as formed in Balint terms? None of these diagnoses necessarily increases our understanding of the aetiology of the illness—they are simply descriptive terms which have to be supported by

clinical observation. So it is in Balint's approach. Furthermore, there is no reason at all why the significance of the Balint-type diagnosis cannot be compared with other similar cases, and the results of 'treatment' also compared. This is an essential part of the scientific method. The danger is the age-old one of separating psyche from soma. If Balint did nothing else, he demonstrated to doctors that the two were inseparable and needed to be treated as such.

STANLEY ELLISON

79 Fortune Green Road  
London NW6 1DR.

Sir,

How refreshing it was to read Dr Sowerby's article (October *Journal*, p.583). As a young principal in general practice who has been through vocational training and had the ideas of Balint expounded to him at length, I was delighted to read such a clear exposition of objections to his theories—objections with which I fully agree.

I have never been happy that Balint's theory or practice was ever anything more than another contribution towards further understanding of some of the difficulties in general practice. Of course Dr Sowerby is right; some of general practice is intuitive.

The other component of my vocational training is that I am myself a third generation general practitioner who has

watched my family at work. I know that a lot of their skills are intuitive and I realized during the course of my medical training that the population I could serve best was that that I knew best. The patients I knew best were those people of similar character to myself—that is, the natives from the belt of the country from which I originated. Having come back among them I find that my communication with them is much better than it has been with the population I have served elsewhere, even within the British Isles, and I certainly feel that my patients understand me better here. It has also proved true that some of my communication, at least with my patients, is non-verbal.

I must finish by saying that I did participate in Balint-type seminars but I leave it for others to judge whether I contributed fully or showed signs of the emotional insecurity suggested to be the reason why not all of us can fully subscribe to Balint's methods.

B. R. G. FLETCHER

The Health Centre  
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Sir,

Whether we like it or not, patients come to us with tensions and distress of all kinds. We may say that this is not part of our work, or we may try to un-