

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.

LETTERS TO THE EDITOR

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
Sussex Street
Bedale
North Yorkshire DL8 2AH.

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-

derstand it and share it in terms that make sense to the patient, which may help him to change.

Doctors in a Balint group are constantly examining what happens to patients over a period of time and trying to assess and evaluate what part the doctor has played in any changes that occur.

There will be a Balint Memorial Lecture on Tuesday, 24 January 1978 at 20.30 hours at the Royal Society of Medicine, given by Dr Tom Main, on the subject, "Some Medical Defences Against Involvement with Patients". A loaded title? Of course it is, but it implies that all of us are in doubt over what good doctoring should be. Dr Main has spent many years listening to doctors debating this.

I should also be pleased to provide further details of the Balint International Conference to be held at Imperial College, London from 8 to 10 September 1978 on the topic "Aims Achievement and Assessment of Balint Training".

CYRIL GILL
Honorary Secretary
The Balint Society

11 Briardale Gardens
London NW3 7PN.

Sir,

I much enjoyed and sympathized with Peter Sowerby's excellent and timely article (October *Journal*, p.583) on Balint and science, but I think he rather overdoes his claim that Popper was a revolutionary innovator in the theory of science. I quote the following from Bertolt Brecht's play, *The Life of Galileo*, completed in 1947, more than a decade before Popper's view became current: "One of the chief causes of poverty in science is imaginary wealth. The aim of science is not to open a door to infinite wisdom, but to set a limit to infinite error. . . . My intention is not to prove that hitherto I have been right; but to discover whether I am right. I say: abandon all hope, you who enter the realm of observation. Perhaps they (sunspots) are clouds, perhaps they are spots, but before we assume that they are spots, which would be most opportune for us, let us rather assume that they are fishes' tails. Yes, we will question everything, everything once again. And we shall advance not in seven-league boots, but at a snail's pace. And what we find today we shall strike out from the record tomorrow, and only write it in again when we have once more discovered it. And what we wish to find, if we do find it, we shall regard with especial distrust."

Whether such clarity was achieved by

Galileo himself, or later by Brecht through his contact with the physicists preparing the end of the world in California in 1944, I am not scholar enough to know; but to me, Brecht the artist was in all senses more revolutionary than Karl Popper the scientist, not only in art but in the ideology of science. Later in the play, faced by the inquisitors, Galileo recants and in his broken old age confesses to posterity the blight he has cast on science by allowing it to become a tool of the gentry: "As things now stand, the best one can hope for is for a race of inventive dwarfs who can be hired for anything."

"A terrible unrest has come into the world," admits the inquisitor. "It is this unrest in their own minds which these men would impose on the motionless earth. They cry: the figures compel us! But whence come their figures? They come from doubt, as everyone knows. These men doubt everything. Are we to establish human society on doubt and no longer on faith?"

Balint had enough faith in man to have doubts about the established beliefs of his time and was in this sense a great scientist. His discoveries contained errors, magnified by less imaginative disciples and imitators, to the point where Dr Sowerby's article is long overdue. However, I shall persist in an unrepentant confusion of art and science in the grand old cause of returning both to the people.

JULIAN TUDOR HART
Glyncorrwg Health Centre
Nr Port Talbot
Glamorgan
Wales SA13 3BL.

Sir,

I enjoyed Dr Sowerby's article (October *Journal*, p.583) and its well documented criticism and I would like to make some observations.

There appears to be a danger in dividing the medical approach into a scientific one and (for lack of a better description) a psychotherapeutic one. It is difficult to take a person apart and look at his organic illness separately from his emotional involvement; it is the whole personality which should be considered and understood.

When it comes to treatment, there are methods of approach which are acceptable if they relieve the patient of his painful symptoms or even cure his 'dis-ease'. The method depends on the doctor's training and his experience, seldom on scientific papers. Depression, which Dr Sowerby often mentions as a diagnosis, can be treated by ECT, by drugs, or by psychotherapy. Apart from 'endogenous' depression, which is best

treated by ECT or drugs, I have found it difficult to diagnose depression. Depression due to what? If we can discover the reasons for depression, we might not be scientific in our treatment, but we will not need ECT or drugs.

O. E. MANASSE

The Bakehouse
Ashenden
Nr Aylesbury
Bucks.

THE INDEPENDENCE OF THE PROFESSION

Sir,

In a recent letter published in the *British Medical Journal* (Grüneberg, 1977) concerning the Proposals for Regulations, NHS (Vocational Training) Act 1976, I drew attention to two matters of major principle which may be of interest to your readers. They represent my personal view.

1. It has been generally accepted that the essence of a profession is that it is self-regulating. For the medical profession this has meant that for most specialties the requirements for specialist training have been decided by the Royal Colleges. It is now proposed that the requirements for specialist training in general practice should be decided by the Department of Health and Social Security, albeit with the advice of the Royal College of General Practitioners and the General Medical Services Committee. It is conceivable that at some time in the future the Department might dispense with this professional advice. However, I submit that the proper authority in this matter is not the DHSS and that the acceptance by the Royal College of General Practitioners of a merely advisory role may in the long-term destroy the College.

Similar regulations could at some future time be laid down by the Department in relation to other specialties. The Royal Colleges may wish to consider where the interests of the profession lie.

Further, should the Royal Colleges wish to surrender their traditional role as regulators of postgraduate training requirements, I question the desirability of this being taken on by the Department. The DHSS has a strong commitment to staffing the Health Service. This might at some stage be in conflict with the maintenance of satisfactory standards in postgraduate training.

2. The Proposals for Regulations for specialist training in general practice enshrine a new principle (Clause 6), namely, that experience gained is of no value after the lapse of a period of time. This is a principle which has not been ac-