the incidence of otitis externa and consequent time off work.

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LENGTH OF CONSULTATIONS

Sir,

I was interested to read Dr Westcott's article (September *Journal*, p.552), on the lengths of consultation times in general practice, but somewhat surprised to find little or no mention of doctors' behaviour as a possible explanation for the apparently significantly longer consultation time for those problems classified as "psychoneurotic".

Surely, one has to consider what it is about a particular doctor that makes him feel that he has to devote more of his time to this type of problem, or, put another way round, what is it about these patients that seduces doctors into giving them perhaps a disproportionate amount of their time? It is interesting that there is a tendency for trainees to spend more time on these problems (perhaps because they feel they have more time to give) and that there is always a small group of patients only too eager to swallow whatever comes their way, whether it be time or tablets.

Perhaps one works more quickly at 29 than at 79?

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BOOK REVIEWS

DOCTORS TALKING TO PATIENTS

Patrick S. Byrne and Barrie E. L. Long

HMSO, London (1976)
194 pages. Price £2.45

Ashley Montague (1963) states that clinical medicine should be regarded neither as an art nor as a science in itself, but as a special relationship between two persons: a doctor and a patient. Until recently, the social standing of doctors and the utility of medical care was far more dependent on the quality of this relationship than on the efficacy of medicine's remedies.

Since the eighteenth century we have seen the growth of a successful biotechnology and in consequence we have come to think of medical research as taking place within the framework of the biological sciences. The doctor-patient relationship came to be seen not as the active ingredient of medical care, but rather as a vehicle or base in which the active ingredient, technical manipulation, could be made available. The growing realization over the past few decades that the engineering approach to medical problems has a defined and limited success has led to a reawakened interest in the doctor-patient relationship.

Balint was a pioneer in this field, but his work and that of his colleagues has been widely criticized because of its lack of "scientific objectivity". With the development of the behavioural sciences, it becomes possible to develop tools for measuring aspects of the interaction between doctors and patients. That part of medicine which was once patronizingly dismissed as "the bedside manner" can now be scrutinized in the same way as doctors have scrutinized the patient's symptoms and physical signs: a search can be made for regularities, patterns, and meanings.

This new study by Byrne and Long is based on an analysis of a large number of tape recordings made of consultations in the general practitioner's surgery. It is a valuable book for two reasons. The first is that we are provided with a large number of transcripts of actual consultations. Some of them would be marvellously funny if they were not at the same time sad and disquieting. Each of these transcripts holds up a mirror not only to the consultation which it records, but also to our own consultations. The general practitioner who does not hear his own voice in these recorded strategies is suffering from hysterical, if not wilful, deafness. I recognized all too painfully my own strategies for shutting the patient up, changing the subject, and stopping the interview two seconds before the patient was about to unburden himself of yet another tale of woe. Therefore the chief value of the book is in its ability to take the reader on a voyage of discovery which proves to be a journey around himself.

The second reason for valuing the book is that it reveals much about the problem of applying the ideas of the behavioural scientist to the study of the general practitioner's consultation. Previous studies and reviews of the medical consultation (Bennett, 1976) take as their model the doctor as a transmitter of information and the patient as a receiver. In general practice, however badly we carry out the task (and the testimony of this book is embarrassing), the consultation is a process of negotiation. If we are to judge the consultation itself, or its effectiveness, then we have to devise some way of defining and measuring these reciprocities. What I found particularly disarming was the way in which the writers describe the progress of the study. The reader is told how a particular colleague, or a particular recording, influenced them, how they attempted to categorize their observations, failed and tried again. Although very different from the work of Balint and his co-workers, there is the same attempt to confront the reality of the consultation and to find a language to describe it. For the serious student of general practice, this attempt is not only important but refreshing in its honesty.

It is only too easy to criticize work like this for what it fails to do. The study takes a very lop-sided view of the interaction between general practitioners and their patients and it virtually ignores the contribution of the patient and the non-verbal component of the transaction. Nor does it provide us with solutions or validated tools for improving the performance of doctors in the consultation. But it does not set out to do any of these things. Byrne and Long have, here, quite simply uttered some of the first words in a new field of exploration. It will be a long time before their successors write the last ones.

MARSHALL MARINKER

(See over page for references)