

the incidence of otitis externa and consequent time off work.

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Reference

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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)

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UNWANTED PREGNANCY AND COUNSELLING

Juliet Cheetham

Routledge and Keegan Paul
 London, Henley, and Boston (1977)
 234 pages. Price £4.95

As an undergraduate I had little awareness of the feelings of the patients with whom I worked, I was so busy trying to maintain my professional image. However, during my first six months in general practice I was able to acknowledge a patient's feelings and became aware during antenatal clinics that not all mothers welcomed pregnancy and that some, although physically well, were very unhappy. Using the pattern of doctoring I had been taught, I tried to cure these feelings of unhappiness. This was unsuccessful and for a time made me less responsive to the feelings expressed by pregnant women.

I feel that this book might have been helpful to me as a clinical student or a trainee general practitioner, and I can also recommend it to those who teach general practice.

The first part puts pregnancy in the context of life outside the surgery and examines people's attitudes and beliefs about pregnancy and motherhood. It is not easy to read, but is just worth the effort. The middle part examines ways of helping pregnant women, covering financial aspects, contraception, and abortion. The third part is well written and, with good examples, looks particularly at counselling. It may be helpful to doctors trying to cope with women who have problems with their pregnancies.

M. F. HASENFUSS

A PRACTICE OF OBSTETRICS AND GYNAECOLOGY

G. Chamberlain and C. J. Dewhurst

Pitman Medical,
 Tunbridge Wells (1977)
 271 pages. Price £6

The old D.OBST.RCOG has lost its OBST. and now includes gynaecology as part of the examination. It is therefore appropriate that a book aimed at

general practitioners and designed to help diploma candidates has been written by the President and a senior member of the Royal College of Obstetricians and Gynaecologists, both members of the staff of Queen Charlotte's Hospital for Women. Its field is limited as it must be if obstetrics and gynaecology are to be compressed into less than 300 pages. As deliveries are more and more in the hands of specialists at hospital centres, the authors see the role of general practitioners as mainly providing antenatal and postnatal care and contraception. Special obstetric techniques such as forceps delivery and surgical induction are not described in detail, and the main theme, repeated almost to the point of nausea, is early referral to a specialist.

As the book is likely to become a guide essential to the diploma candidate it is disappointing to discover, as early as page five, that he is advised when carrying out an immunological pregnancy test first to mix sensitized cells and antigonadotrophic serum, then add the urine, thereby ensuring a negative every time and reducing his obstetric practice to nil.

Equally disconcerting is the literary style which is curate's egg: in parts old-fashioned English, elsewhere modern style in which doctors, domestic upheavals and cervical dilatation are 'involved' and hypovolaemic situations 'treated'; singular nouns are coupled with plural verbs, sentences end in prepositions, the plural forms of primigravida and multipara are used, and labia used in the singular; spontaneous version is 'accomplished', doctors 'do' obstetrics and the Apgar figure is, of course, 'computed'. Usually, however, we know what the authors mean even when they do not express themselves exactly: "... anti-D gamma globulin given to protect her against future more useful pregnancies" or "The mass may be picked up by the patient herself while washing or during an incidental examination by her doctor".

It is to be hoped that the authors will revise the book because it does contain a great deal of information useful to the general practitioner in a form easily absorbed if the language is overlooked. For practical advice on obstetrics it does not yet compete with David Brown's *Obstetrics, Contraception and Gynaecology*, but it deals more thoroughly with gynaecology, to which it devotes 40 per cent of its space, and is especially good on the intrauterine contraceptive device.

The two books, both from Pitman Medical, are approximately equal in content, but Chamberlain and Dewhurst have the advantage of larger print, requiring more pages. Much of the

space is taken up by 88 sketches (two numbered 14.1) and 15 tables. Brown, who has 15 sketches and one table, relies more on words and uses them more skilfully. Read Brown for dogmatic practical advice, especially on obstetrics; know Chamberlain and Dewhurst to pass the examination. Better still, if time permits, put off the examination until their next edition is published!

M. I. COOKSON

Reference

- Brown, D. (1976). *Obstetrics, Contraception and Gynaecology*. London: Pitman.

MASTECTOMY—A PATIENT'S GUIDE TO COPING WITH BREAST SURGERY

Nancy Robinson and Ian Swash

Thorsons, Wellingborough (1977)
 128 pages. Price £2.50

I have learnt a great deal from this book for I am ashamed to say I had no idea of the wide range of appliances and help available through the Mastectomy Association.

The book is intensely practical, down to earth and full of commonsense advice. The thoughtfulness of the authors is expressed, for example, in the advice they give to a woman about to be admitted for mastectomy to take with her to hospital a supply of small safety pins, large handkerchiefs and a silk scarf, so that she can experiment with breast forms before a more permanent prosthesis is fitted after her operation.

The main part of the book deals with prostheses, corsets and swimwear. The authors are aware not only of the younger woman's cosmetic needs but also those of the older woman—a welcome view in an age of youth cult, when very little thought is given to the menopausal or postmenopausal woman's need for help with her appearance.

The psychological adjustment to the loss of breast is discussed with tact and empathy, and much thought has been given to the involvement of husbands, children and friends in helping them to understand a woman's fears and difficulties.

Simple physiotherapy, exercises, driving a car with a manual rather than automatic transmission and even advice on crocheting or knitting are included in the list of useful hints.

A good section on self-examination of the breast is included, and the illustrations are excellent.

The book was written not only for the