

that there is a major discrepancy between the net income of general practitioners and that of registrars in the hospital service, whom the Association consider to have equivalent qualifications and experience. Salaries of junior doctors in house officer and senior registrar grades should, according to the Executive, be adjusted accordingly.

The Junior Hospital Doctors' Association is of the opinion that the most highly skilled members of the profession are to be found in the consultant grade and that consultants, of all doctors, should be receiving the highest salaries.

#### Reference

*On Call* (1978). 12, No. 2, 1.

### MCGP SINGAPORE

The Singapore Medical Council has recognized the diploma of membership of the College of General Practitioners of Singapore as being a diploma registrable as an additional qualification.

### INTERNATIONAL ELECTROTECHNICAL COMMISSION

The International Electrotechnical Commission (IEC) has just approved for release *IEC Publication 601 Part One* which lays down general standards of safety for medical electrical equipment. Further information about this can be obtained from the Information Officer, Central Office IEC, 1-3 Rue de Varembe, Geneva, Switzerland.

### MURDER OF A GENERAL PRACTITIONER

A 70-year-old patient has recently been committed to Broadmoor for an indefinite period by Leeds Crown Court after admitting that he had killed a general practitioner.

### GRANTS FOR MEDICAL RESEARCH

Mr Bruce Millan, Secretary of State for Scotland, on the recommendation of the Biomedical Research Committee has approved support for several research projects from NHS funds.

These total £128,820 over periods up to three years. None of the studies are from general practice.

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## LETTERS TO THE EDITOR

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### BALINT REAPPRAISED

Sir,

It seems to me that the article by Dr Sowerby (*October Journal*, p. 583) is biased by a misapprehension of psychoanalysis as Freud himself conceived it. To call tenets of psychoanalysis mere conjectures is vastly misleading, and Popper's criticism (1963) also misses the point insofar as the founder of psychoanalysis did not separate science from art. As a recent worker in this field puts it: "He (Freud) thought manner essential to matter—of its essence" (Schwaber, 1976), which is in line with the opinion of other perceptive analysts and must have been realized by the literary establishment when Freud received the high honour of the Goethe prize for Literature, in 1930.

To many it may still be a heresy to speak of scientific art, but this is how some of us would qualify psychoanalysis: a unique blend of science and art with an overwhelming predominance of science which nevertheless is a challenge to contemporary notions of science.

Balint, besides Winnicott, was the foremost representative of this way of thinking in Britain as testified by his scientific work, his singular approach to the diagnostic and therapeutic problems of general practitioners, and by what I know through a personal (but alas too short) acquaintance with him. It con-

curs with the letter of Dr Julian Tudor Hart (*January Journal*, p. 57) in which he speaks of his persistence "in an unrepentant confusion of art and science". I should rather call it fusion, as this constitutes an adequate expression of the workings characteristic of the mental apparatus in creative activity.

This touches again upon Popper's work, which is the basis of Sowerby's criticism. I will only say here that the rigid and dogmatic distinction between science and art is as disastrous as the one between soma and psyche in the aetiology of diseases has proved to be.

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#### References

- Popper, K. R. (1976). *Conjectures and Refutations*. London: Routledge and Kegan Paul.
- Schwaber, P. (1976). In *The Psychoanalytic Study of the Child*, 31, 515-533. London: Hogarth Press and Institute of Psychoanalysis.

### JAMES MACKENZIE LECTURE

Sir,

Having now read the full text of Dr Pereira Gray's lecture (*January Journal* p. 6) I would like to congratulate him on the central theme of his discourse.

Admittedly there were some lancinating glimpses of the obvious which were often dressed up in (pseudo-) scientific clothes, complete with references—but that seems to be the College way. However, by drawing attention to the figures for home visiting as presented by some of the outstanding figures in the College, I think Dr Gray has done a great service to general practice—even if it leaves me, for one, wondering about the credibility of some of those 'outstanding figures'.

The Leeuwenhorst Working Party definition (1977) says that the general practitioner "will attend his patients in his consulting room and in their homes".

I contend that one visit per day does not adequately reflect the spirit of this definition.

Even Dr Gray's figure of the equivalent of 19 visits per week hardly does this. My own figures for 1977, of which I am not particularly proud, show a rate of 1.24 visits per patient, which with 1,900 patients gives me an average of about 45 visits per week (making no allowance for time away from the practice) and I would contend that my figures are nearer the average, for Scottish general practice at least.

If my figures were like those described by Drs Fry, Marsh, and Gray I should certainly be worried about the kind of family medicine I was practising—many geriatricians must do more