of the University of Strathclyde, outlined the work of the Strathclyde Area Survey Team in assessing the impact of the Scottish Health Education Unit's campaign directed at persuading expectant mothers to stop smoking during pregnancy. Finally, Mr R. McCron, from the Centre for Mass Communication Research at the University of Leicester, highlighted some of the problems and advantages in using the mass media in health education.

Information services and resources for health education research provided the subject for two papers. Professor R. Harden and Ms V. Barker, of the Centre for Medical Education at the University of Dundee, described the setting up and operation of the Health Education Materials Information Services (HEMIS). Ms J. Bell, Research Assistant in the Department of Community and Occupational Medicine, University of Dundee, talked about her work in producing an annotated bibliography of health education research. She outlined the reasons for compiling this bibliography and the approach she had taken in doing so.

Two speakers described research related to dependance on cigarettes, drugs, and alcohol. Dr T. Lehrer, Director of Health Education in Jerusalem, described his work on sick role, self-labelling, and smoking withdrawal clinics. Mr N. Dorn of the Institute for the Study of Drug Dependance, outlined three approaches to social research and their possible contribution to the understanding of alcohol abuse among teenagers. Mr R. Croucher, from the Medical Psychology Unit at the University of Cambridge, presented a paper based on work being done as part of the Cambridge Dental Health Study. He dealt in particular with action research in preventive dental behaviour and studies in motivation.

The final session of the Conference was concerned with "The Way Ahead—Health Education Research in the UK". In this session four commentators attempted to draw together some of the trends developed during the week and put forward their own views from their various backgrounds and levels of experience. The four speakers were: Professor G. Jahoda, Psychology Department at the University of Strathclyde, Dr L. Baric, Reader, Department of Community Medicine at the University of Manchester, Dr D. Richards, of the Social Studies Department of Trent Polytechnic, and Dr D. R. Billington, of the Department of Community Medicine at Dundee.

The Conference attracted approximately 140 people, mostly from academic and health education backgrounds. Participants came, not just from Great Britain, but also from Europe, Israel, New Zealand, and Eire. It is felt that the Conference went a good way towards identifying some of the important issues for health education research and offered researchers the opportunity to co-ordinate their activities in a more planned and effective manner.

JUDITH BELL

International Balint Conference

THE fourth biennial conference was held in London on 7 to 10 September and about 300 doctors attended from Europe and elsewhere. There are new and active groups for general practitioners in Australia, New Zealand, America, and even in Argentina.

The theme of the conference was "Aims, Achievement, and Assessment of Balint Training." On the question "What skills should Balint training aim to produce in the doctor?" I was pleased to hear a French doctor say: "Patients use medical terminology and symptoms to convey the whole range of human distress to the doctor. We can learn to read this more correctly and help by listening and reflecting to the patient the problems he presents. Critics of this view must know what they are missing before they deny its value."

Achievements and assessment of Balint training were difficult to define. We were reminded that there is no clear standard of good doctoring. Papers on these subjects ranged from anecdotal case histories to assessment by group leaders of changes in doctors attending their group. The latter was fairly described as the cook approving his own pudding! However, there were also attempts at fact-finding; for example, an attempt was made to discover in group attenders a correlation between improvements in handling emotional problems and improvements in more traditional work. The skill required to pick up a history of angina is the same skill that hears what it means to the patient. There were many reminders that medicine is all one and that none of us can afford to forget physical, emotional, or social factors.

There were group demonstrations by British, Dutch, German, and Swiss groups, followed by general discussion. The Dutch group relied on role play, which is entirely different from the traditional Balint model, where the group try to sense the actual tensions in the consulting room through the doctor's case report. A large conference was not the best place to look calmly at these differences.

A British group for trainees was demonstrated, and

there was much interest in Europe, as in Britain, in sensitizing medical students to the personal side of medicine. Four general practitioners in a French medical school at Bobigny described an excellent programme with students, which included discussion of patients in the wards with groups of students and consultant staff. Two of the British students who were acting as ushers expressed the wish that their medical schools (which shall be nameless) paid as much attention to such matters!

We made what is no doubt the usual mistake of packing too much into the programme. The best part of the conference was informal discussions in the coffee room, where little groups conversing in many languages had to be broken up and chivvied back to the lecture theatres—which is hardly in the best Balint tradition!

Yet the conference helped us to see that however much we may have diverged in forms of training and organization, and whatever the differences of language and culture, the problems in the doctor/patient relationship are much the same everywhere.

The next conference will be in Cologne, probably in May 1981.

CYRIL GILL
Honorary Secretary

OBITUARY

George Francis Abercrombie, VRD, MA, MD, HON. FRCGP

GEORGE Abercrombie was born in 1896. His father was a solicitor. He was educated at Charterhouse School, Gonville and Caius College, Cambridge, and at St Bartholomew's Hospital. During the First World War, while still a medical student at Cambridge with only three months' clinical experience gained at Addenbrooke's, he joined the Royal Navy (1917-1918) as a surgeon-probationer. During 10 months he served in five different destroyers, including HMS Warwick when she was chosen by Admiral Keyes as his flagship for the Zeebrugge Raid. In that action young George Abercrombie was mentioned in despatches.

The Royal Navy remained one of the chief interests of his life. He had a long and distinguished association with the London Division of the RNVR. He served again during the Second World War (1939-1945), ending up with the rank of surgeon captain. He more than deserved his VRD. In 1950 he was appointed Honorary Physician to HM King George VI. On one occasion he attended a Levée at Buckingham Palace in that capacity with a small bottle of smelling salts in his pocket!

In 1918, after the First World War, he returned to Cambridge to finish the BA course before going on to Bart's to complete his medical training and do house appointments, with one more later at the Hospital for Sick Children in Great Ormond Street. Then he entered general practice in Hampstead, with a special interest in obstetrics. He stayed there, except for the war years, until he retired in 1966. *The Times* has said he "epitomized all that was best in the great tradition of British general practice". He was President of the Hampstead Medical Society, assistant in the antenatal department at Bart's, and Lecturer in General Practice at that hospital. He did much for the King's Fund, and was Chairman of the Emergency Bed Service for 15 years.

In 1950 he was appointed first President of the newly-formed Section of General Practice of the Royal Society of Medicine. His address there in 1951 on "The Occasional Obstetrician" was full of interest. He did a great deal for the new Section which earned him later the Honorary Fellowship of the Royal Society of Medicine. From the start that Section proved a success. It has been described recently as "one of the strongest in the Society". It played an important part in the early days of the even-younger College of General Practitioners, with close liaison being maintained between the two. No fewer than six members of its first two Councils were on the Steering Committee which founded the new College.

When George Abercrombie was invited to join the Steering Committee in May 1952 he hesitated at first, but not for long; and he soon became one of its most valued members. On the day the College was founded (19 November 1952) he was appointed Chairman of the Provisional Foundation Council. Soon after its foundation one of the most pleasing donations we received was from his mother, Mrs G. K. Abercrombie. In turn he became Chairman of the full Foundation Council and of the first three Councils of the College (1953-1956). He was President of the College for three years (1959-1962). During that time he played an important part in acquiring our new building (14 Princes Gate, London SW7), the President's chain of office (which he wore when his portrait was painted), and the College's Coat of Arms. Many members of our early Councils will remember the excellent dinners he arranged in HMS President on the evenings before our annual general meetings.

I have always thought that during these years George