
GENERAL PRACTICE LITERATURE

SECOND SIGHT

BERGER AND MOHR'S *A FORTUNATE MAN* *Reconsidered by Denis Pereira Gray*

When trainees, trainers and course organizers are asked by their colleagues in other disciplines exactly what general practice training is all about, it is sometimes difficult to answer succinctly.

Berger and Mohr's *A Fortunate Man* provides one answer. It is not a long book, only 188 pages, half of which are pictures. It can be read at different levels: as a medical novel for medical students, as a textbook for trainees, or as a philosophical essay for trainers. Like poetry and like general practice itself, it appeals to the emotions and to the intellect as it traces assiduously the life and work of the fortunate man, Sassall, a country doctor.

The book is important because it makes clear in a simple and convincing way why general practice and general practitioners are primarily concerned with people. "The general practitioner never separates an illness from the total personality of the patient—in this sense he is the opposite of a specialist."

Fundamental to this approach is the concept of 'recognition', which is required on both physical and psychological levels. On the physical level recognition constitutes the art of diagnosis, on the psychological level it means support for the person who is ill by dispelling his fear that his illness is unique. "This can be achieved by the doctor presenting himself to the patient as a comparable man. It demands from the doctor a true imaginative effort and a precise self-knowledge. The patient must be given the chance to recognize, despite his underrated self-consciousness, aspects of himself in the doctor in such a way that the doctor seems to be everyman" (p. 76). This expresses one of the greatest challenges of general practice and it relates directly to the concept of 'universal man', which is expounded a few pages later (p. 78). I know of no other book which covers this central challenge of personal doctoring more clearly, more simply or more beautifully than is done here.

Family care

In the consultation described on pages 21-31, readers can glimpse the delicacy and the dangers of family care, and in the following sections (pp. 24-41) Berger shows why domiciliary care is a fundamental feature of the family doctor's job. The moving descriptions of this work make it clear that homes and families are both the setting and the subject of the family doctor's task in a way that a simple statement could never do. "She answered without glancing away from the photo. 'You'll have to ask Jack about that, we do everything fifty-fifty.' Still holding the photograph she let her arm fall on to her lap and looked at the doctor, her eyes were angry. 'Can you tell me if I'm too old? Jack says I'm too old. I only want it every two or three months.'"

For trainees who still have to learn to make observations of that kind and who still have to learn the importance of non-verbal communication, such a story offers an ideal introduction.

The general practitioner's role

The main part of the book is a profound study of the role of the general practitioner today and can be regarded as a text on Area 4 of the *Future General Practitioner* (Medicine and Society). It deals particularly with the nature of the doctor's authority in relation to his understanding of illness, of people and of death, and with the development and maturation of a personal doctor. It also discusses the nature of the doctor's privilege in terms of education and social status and contrasts it with that of the local inhabitants who have "been brought up to settle for a minimum".

Need for training

One of the most striking parts of the book, and one which makes a case for training not readily available elsewhere,

is the classic conversion by the forces of life of the general practitioner with no special training into the kind of doctor needed by his patients.

The early parts of the book describe physical medicine in dramatic terms. The opening scene is a major accident and the doctor's enthusiasm for his role is described: "He is part of the accident: almost its accomplice" (p. 18). "The bowl with urine in it, and spit stained a little with blood" (p. 27) emphasizes starkly the physical aspects of illness, as does his training in diseases, his experience in the Navy and his traditional concept of continuing education (p. 62)—reading "the three main medical journals" and from time to time going on a refresher course at some hospital.

He discovers, however, that this is not enough. "... after a few years he began to change, he was in his mid-thirties... at that time of life it is necessary, in order to remain honest, to confront oneself and judge from a second position. Furthermore, he saw his patients changing, emergencies always present themselves as *faits accomplis*, at last because he was often called to the same cottage for different emergencies he began to notice how people developed." From being a man "inquisitive about things rather than feelings" (p. 52) and one who sees himself as a "sort of mobile one-manned hospital" (p. 55), he gradually becomes a different kind of man, a doctor directly concerned with his patients as people, involved with their hopes, aspirations and feelings. Whereas at first he was the central character, now the patient is the central character.

The later part of the book deals with the Balint view "that the patient should be treated as a total personality", and that "illness is almost as frequently a form of expression rather than a surrender to natural hazards" (p. 62). This is what general practice training is all about and it may comfort trainees, as it comforted me, while they are going through the painful process of broadening their base in order to become generalists, as they too learn to seek "the truth about a man" (p. 73).

A Fortunate Man is a special book with a special kind of magic. I believe it is a classic, with a timeless quality which will allow it to help successive generations of general practitioners. It is one of only six books I have ever read of which it is fair to say that it ought to be in every training practice. ▷

I see *A Fortunate Man* as a bridge—a bridge between a novel and a textbook, between the art and science of general practice, between trainees seeking to acquire the role and privilege of a family

doctor, and those who have already attained it; moreover, the fact that this beautifully written study of a doctor was created by two laymen makes it also a bridge between doctors and patients.

A Fortunate Man—The Story of a Country Doctor by John Berger and Jean Mohr was first published by Allen Lane in 1967 and is now published by The Writers and Readers Publishing Co-operative, £1.25, 188 pages.

NEW BOOKS

THE MEDICAL ANNUAL

Ronald Bodley Scott and James Fisher (Eds.)

John Wright and Sons
Bristol (1981)

311 pages. Price £15.00

The Medical Annual, now in its ninety-ninth year of publication, remains an invaluable source of information about the growing points in medicine and should be read by every general practitioner.

From such a plethora of excellent authoritative reviews, it is almost invidious to select any for particular mention. Dr Keith Ball's article emphasizes the importance of health education in the prevention of coronary heart disease, a theme echoed in Dr Pereira Gray's chapter about general practice, and underlines the influence of the general practitioner as health educator.

Other topics, among many likely to be of interest to general practitioners, include 'non-ulcer dyspepsia', the irritable colon, the early detection of large-bowel cancer, captopril, hirsutism and the management of patients with acute cholecystitis or stasis leg ulcers.

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TREAT OBESITY SERIOUSLY

J. S. Garrow

Churchill Livingstone
Edinburgh (1981)

245 pages. Price £10.00

Dr Garrow presents this work as a clinical manual for anyone involved in the management of overweight patients. His style is lean but not terse: much information and some quite difficult concepts are presented with admirable clarity.

The introductory chapters assess the risks of overweight, and the benefits

expected from reduction. Two useful graphs show a simple grading of obese subjects, and the time (lengthier than most dieters anticipate) from a particular grade of overweight back to normality. Further chapters contain management plans for the four grades of obesity. For grade 3 (one or two in every general practitioner's list) the author discusses the possibilities of a three-pints-of-milk diet, dental wiring and bypass surgery. At the other end of the range, grade 0 includes two types familiar to the family doctor: the borderline anorexic who is statistically slim but feels horribly fat, and the 'perpetual dieter' managing to retain normal weight by a dieting effort unrecognized by most of us. Both these types of patient require our sympathy and support. In between lie grades 1 and 2 for whom such strategies are discussed as anorectic drugs (not greatly favoured) and the professionally led slimming group, which seems to be our best hope.

Dr Garrow heads the Northwick Park Nutrition Research Group, so it is no surprise to find arguments well based on thermodynamic logic. However, the all-important behavioural aspects of weight reduction are given equal place. Particularly useful are the 10 questions by which expectations and motivation are assessed.

A useful and authoritative work which deserves its place in the postgraduate centre and surgery library.

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LECTURE NOTES ON RESPIRATORY DISEASE. 2nd EDITION

R. A. L. Brewis

Blackwell Scientific Publications
Oxford (1980)

312 pages. Price £6.25

The preface to this book indicates that it was written for undergraduates and candidates for the MRCP examination. It achieves this aim much better than most other concise textbooks of respiratory disease. It is clearly written and readable and it contains excellent illustrations of typical clinical features—for instance, a 'pigeon chest' and a 'pink puffer'.

Is this a book which general practitioners should be recommended to read? Indeed, is there any textbook of disorders of the respiratory system (not merely of the lungs) which meets the needs of general practitioners, for whom these assume such importance? The answer to the first question is a qualified 'yes' and to the second, an emphatic 'no'.

Several parts of this book would be valuable to general practitioners, especially the sections on history-taking and examination and those chapters which describe uncommon diseases, about which general practitioners should nevertheless have some knowledge. On the other hand, the book was not written for a general practitioner readership and therefore much of it has little relevance for them. Thus, there is scant guidance on the many less serious respiratory diseases with which general practitioners have to deal every day. Although many of these are minor, self-limiting conditions, often confined to the upper respiratory tract, they constitute one extreme of the continuum of respiratory disease. Traditionally, textbooks have always concentrated on the more serious diseases which represent the other extreme of this continuum, probably because these are the province of hospital specialists and it is they who write the textbooks. So far as I know, the only book about respiratory diseases which was written specially for general practitioners was by Neville Oswald and John Fry (1962). This is no longer available and, anyway, it is very much out of date.

The general practitioner will look in vain for a textbook which deals with both the very common as well as the more serious disorders of the respiratory tract. It should not be thought that the former, just because they are so common, are well understood and, therefore, of little importance. In fact, there is a great deal of ignorance about their aetiology, the role of host factors in individual susceptibility, their relationship to serious respiratory diseases and their long-term effects. All too often, the treatment which we prescribe for them in general practice is based on notions for which there is no scientific basis.

Unfortunately, the overall quality of the book is marred by a few statements which are misleading or factually inac-