bound to fail, like others before them. It is inappropriate to apply scientific method (implied by the term 'validate') to spiritual matters because, although the ability to recognize spiritual concepts, such as goodness, truth, beauty and love, is what sets man apart from other animals, they cannot be measured.

Spiritual healing is but one application of intercessory prayer; the results of such prayer can be seen only by the eye of faith. I believe this to be the principal difficulty but it is worth noting that it is never possible to isolate the method of treatment by spiritual healing from other forms of treatment, particularly medical intervention, nor to produce controls, nor to define sufficiently explicitly the objectives of spiritual healing; they involve more than the restoration of diseased tissues.

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Alternative medicine

Sir,

As I started to read Charles Freer's editorial (October *Journal,* pp.459-460) my heart sank. It seemed to be another attempt to justify conventional medicine and to put alternative medicine in its place, but in the last paragraph all was put right and I was able to have optimism for the future.

Most medically qualified alternative practitioners do not see their therapies as an alternative to conventional medicine, merely complimentary. What alternative practitioner would try and treat myxoedema without replacement therapy, or acute appendicitis without surgery? Many conventional practitioners who have been in practice for some time become aware of the inadequacies of what they are able to offer. Who has not found frustration with the self-employed man with backache desperate to get back to work but who does not respond to rest and analgesia?

It is right to point out that the holistic approach is not peculiar to alternative medicine; there are many truly holistic conventional practitioners and many unholistic alternative practitioners. I would suggest, though, that it is much easier to take a holistic approach when using many alternative therapies. To take a full homoeopathic history, for example, necessitates at least a glimpse of the whole person.

Most general practitioners would, I imagine, like more time in which to see their patients. The health care of the country could not conceivably be done if the NHS doctors were to give the time that alternative practitioners are able to give to their patients.

The public wants a wider approach to healing and this includes alternative medicine. At the present time the medical profession does not provide sufficient practitioners practising these skills to satisfy the need. The need is being met by lay practitioners, but is this what the medical profession wants?

Having spent almost 20 years doing general practice within the NHS, and one year doing mainly homoeopathy and acupuncture privately outside the NHS, I can see the advantages and disadvantages of both systems and approaches. I believe both can learn a lot from each other. Alternative therapies can indeed compliment and broaden our clinical skills, and greatly increase the satisfaction of the practitioner. Perhaps the medical profession has to decide if it wants to embrace different approaches to healing and, if it does, who is going to practise them, and whether as part of the primary health care team or outside it. I suggest that there are many advantages to both doctor and patient if alternative medicine is practised within the primary health care team.

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Sir,

I applaud the idea that future primary health care teams should include complementary practitioners (October *Journal,* pp.459-460) whose work should be available to all members of the community, irrespective of financial status. But until that day, work in improving communications should take place between doctors, complementary practitioners and the patient. The doctors should endeavour to acquaint themselves with the non-orthodox techniques so that optimal use can be made of such services.

The complementary practitioners must put their own houses in order and, by feeling more secure in their position in health care, break down the alternative 'barrier'.

The patient should be invited to discuss his treatment holistically, but with the knowledge that he must be prepared to take responsibility for his illness, with the understanding that the quality of his life can be improved by a concerted effort between both practitioner and patient.

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Developing family practice in Kuwait

Sir,

I was most interested to read the article 'Developing family practice in Kuwait — a summary of progress to date', by Professor Fraser in the news and reports section (October *Journal,* pp.500-501).

When Kuwait decided to develop its primary care system, it approached the Royal College of General Practitioners for advice. Following the visit of the President, Dr John Lawson, and Dr Alastair Donald to Kuwait, they undertook to produce a United Kingdom based training scheme for young Kuwaiti doctors, whose career intention was in primary care.

In Edinburgh during the last few years, we had been involved with overseas doctors in a variety of different ways. Professor John Howie and myself have been involved with the health service of the Ministry of Defence and Aviation in Saudia Arabia. I visited Kuwait with Professor John Walker in connection with the development of appropriate assessment for the Diploma in Family Practice. We have also been running short courses in Medical English for overseas doctors in association with the Institute for Applied Language Studies and the Edinburgh Postgraduate Board for Medicine. So it was not altogether surprising that the Royal College of General Practitioners turned to us to help develop this scheme, and we were invited to design a special introductory course to meet the needs of these young Kuwaiti doctors planning to enter primary care.

The problem was that though these doctors were graduating from English-medium Arab universities, they needed help with their English language, in addition to an introduction to the concepts of primary care. The Department of General Practice and Institute for Applied Language Studies combined to organize a course to provide English teaching based on primary care sources, plus individual clinical attachments and tutorials in primary care, so fulfilling the two objectives simultaneously. This seems to be an effective and stimulating way to improve the English of foreign medical graduates. With increasing interest in primary care worldwide, this scheme could be developed for more general application.

Britain is regarded as having the best primary care system in the world, and so it is understandable that overseas countries should turn to us for assistance. If we want to continue our historic role in medicine we need to take positive steps to meet their needs.